

CONSENT OF REASSIGNMENT

We / I

I/C No of

in consideration of the sum of RM having been repaid to us / me on this day of

..... do hereby reassign all our / my benefits and rights in respect of moneys to become payable under the Policy of Assurance No. of Etiqa Insurance

Berhad on the Life of dated

assuring the sum of RM to

I/C No. presently residing at

and declare that we / I have no more interest whatsoever in the said policy / certificate.

Dated this day of year

.....
Signature of Witness

Full Name

I/C No

Address

.....
Signature of Assignee

Full Name

I/C No

Address

Tel. No.

A copy of this Reassignment has this day been filed at the Head Office of Etiqa Insurance Berhad.

Date:

Authorized Signatory

Note:

This form is furnished by Etiqa Insurance Berhad as a matter of courtesy, but the Company assumes no responsibility for the validity or legality of the Reassignment.