

NOMINATION FORM
(Applicable only for policy effected by Policy Owner upon his/her own life)



Life Insurance

POLICY NO. : _____

PERSONAL DETAILS OF POLICY OWNER

Name : _____ ID No. : _____

Please tick whichever is applicable.

Religion: Muslim Non-Muslim, _____

Marital Status: Single Married Divorced Widowed

Do you have any living child? Yes, no. of children _____ No

IMPORTANT NOTES FOR NOMINATION AND TRUST

- Policy Owner must be at least 16 years of age.
- (a) A trust in favour of the nominee(s) is created under Section 130 of the Financial Services Act 2013 (Schedule 10), if the nominee(s) of the Policy Owner (other than a Muslim Policy Owner) named herein shall be one or more individuals in the following categories:
 - Spouse
 - Child
 - Parent (where there is no spouse or child living at the time of making this nomination)
 (b) When a trust is created, Policy Owner may appoint a Trustee for the policy moneys. In the event of no trustee appointed, the competent Nominee(s) shall be the Trustee(s). Where the nominee(s) is/are incompetent to contract, the parent of the incompetent nominee other than the policy owner and where there is no surviving parent, the Public Trustee or a trust company nominated by the policy owner, shall be the Trustee.
 (c) The Policy Owner may appoint any person, other than himself/herself, to be trustee(s) for the policy moneys by completing the details for trustee in Section B of the form.
- A nomination by a Muslim Policy Owner shall not create a trust in favour of the nominee of the policy moneys payable upon death of such Muslim policy owner. A nominee of a Muslim Policy Owner shall distribute the policy moneys in accordance with Islamic Laws, upon receipt of the policy moneys.
- For nominees other than those described in item no. 2(a) above, the nominee shall receive the policy moneys in the capacity as an executor and not solely as a beneficiary. If the Policy Owner's intention is for such nominee to receive the policy benefits beneficially and not as an executor, the Policy Owner must assign the benefits of the policy to such person.
- The latest submission and endorsement of a nomination by the Company will supersede any previous nomination made.
- Please inform your nominee(s) or trustee(s) about the nomination pursuant to this application.

SECTION A – NOMINATION

I, the above named Policy Owner hereby nominate the following as nominee(s) for this policy.

Nominee(s) Details	Nominee I	Nominee II	Nominee III
Name *			
Gender *	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth (DD/MM/YYYY)*	__ / __ / ____	__ / __ / ____	__ / __ / ____
NRIC Number (For Malaysian / MyPR only) *			
Passport Number (For Non-Malaysian only) *			
Nationality (For Non-Malaysian only) *			
Relationship to Policy Owner *			
Share (%) *			
Address *			
Email Address			
Contact Number *			
Current/Savings Account Number			
Bank Name			

to be continued

POLICY NO. : _____

Nominee(s) Details (continued)	Nominee I	Nominee II	Nominee III
Occupation (State the exact duty)			
Name of Employer			
Nature of business, if self employed			

Note:

- * Mandatory fields to be completed.
- Shares (%) must be in whole number and the total shares to all nominees must equal to 100%.
- Submission of a copy of all nominee's NRIC/Passport/Birth Certificate is **ENCOURAGED**.
- For Nominee(s) below 18 years of age, submission of a copy of Birth Certificate is **COMPULSORY**.
- If there are more than 3 nominees, please submit an additional form.

REVOCAION OF EXISTING NOMINEE(S) OR TRUSTEE(S)

I wish to make the changes as following (Please tick the boxes accordingly, can select more than one):

Revoke all existing nominee(s).

Revoke all existing nominee(s) and nominate new nominee(s) as stated in Section A.

Revoke all existing trustee(s).

Revoke all existing trustee(s) appoint new trustee(s) as stated in Section B.

DECLARATION & AUTHORISATION

I, the Policy Owner, make this nomination/appointment and/or revocation of nominee(s)/trustee(s) after having read and understood the Important Notes for Nomination and Trust as well all the notes as stated on the form.

Dated this day _____ of _____ year _____ (DD/MM/YYYY)

Signature of Witness **	Signature of Policy Owner
Name : _____	Name : _____
ID No. : _____	ID No. : _____
Address : _____ _____ _____	Address : _____ _____ _____
Mobile No. : _____	Email : _____
	Mobile No. : _____

CONSENT FROM EXISTING TRUSTEE(S)

Signature of Witness **	Signature of Existing Trustee	Signature of Existing Trustee
	Applicable only for the purpose of changing/revoking the previous nomination of the Policy under Paragraph 5 of Schedule 10 of the Financial Services Act 2013.	
Name : _____	Name : _____	Name : _____
ID No. : _____	ID No. : _____	ID No. : _____
Date : _____	Date : _____	Date : _____

**** STATEMENT OF WITNESS:** I hereby certify that all signature in this form was made in my presence and that to my best knowledge it is the signature of the Policy Owner/ Assignee/ Trustee(s) under the policy.
Note: Witness must be at least 18 years of age, of sound mind and cannot be a named nominee or trustee.

Policy No. : _____

Date : _____

SECTION B - APPOINTMENT OF TRUSTEE

IMPORTANT NOTE: Applicable only for Non-Muslim Policy Owner and nominated nominee(s) in accordance with item no. 1(a) of Important Notes for Nomination and Trust as stated on the form.

STATEMENT OF DECLARATION: I, the Policy Owner, understand that pursuant to Schedule 10 Paragraph 5(3) of Financial Services Act 2013, I shall not appoint myself as the Trustee to this policy. I hereby appoint the following person(s) to be my Trustee(s) in respect of the moneys payable under this policy(s) and the receipt of the policy moneys by the Trustee(s) shall be a discharge to the Company of all their liabilities under the policy. I hereby reserve the right to revoke the appointment of the Trustee(s) and substitute any other person thereof or to appoint additional Trustee(s) at any time at my sole discretion without consent of any trustee or nominee. Such right applies in respect of any trustee(s), whether appointed by the myself or appointed pursuant to Financial Services Act 2013, Paragraph 5(3) of Schedule 10. I further declare that I shall not deal with the policy by revoking a nomination, varying or surrendering and assigning or pledging the policy as security without the consent of the Trustee(s).

(i) Trustee(s) Details	Trustee 1	Trustee 2
Name *		
Gender Date of Birth (DD/MM/YYYY) *	<input type="checkbox"/> Male <input type="checkbox"/> Female __/__/____	<input type="checkbox"/> Male <input type="checkbox"/> Female __/__/____
NRIC No. / Company Registration No. (For Malaysia/MyPR/Company) *		
Passport Number (For Non-Malaysian only) *		
Nationality (for Non-Malaysian only) *		
Address *		
Contact Number *		
Email Address		
Current/Savings Account Number		
Bank Name		
Occupation (State the exact duty)		
Name of Employer		
Nature of business, if self-employed		

Note:
 - * Mandatory fields to be completed if the trustee is an individual.
 - Individual Trustee(s) must be at least 18 years of age and of sound mind.
 - If a trust company is appointed, the mandatory fields to be completed are Name, Company Registration Number, Address & Contact Number.
 - Submission of a copy of the trustee's NRIC/Passport/Company Circular Resolution and Trustee Contract is/are **COMPULSORY**.

(ii) Declaration by Trustee(s)

I/We the undersigned hereby accept the appointment as Trustee(s) and undertake to carry out all my/our duties as Trustee(s) in accordance with the trust deed if any, or according to the provisions of the Trustee Act 1949 in relation to the said policy.

Signature of Trustee 1	Signature of Trustee 2
Name : _____	Name : _____
Date : _____	Date : _____

DECLARATION & AUTHORISATION

I, the Policy Owner, make this appointment of trustee(s) after having read and understood the statement of declaration and all the notes for Appointment of Trustee(s) as stated on the form.

Signature of Witness **	Signature of Policy Owner
Name : _____	Name : _____
ID No. : _____	ID No. : _____
Address : _____	Address : _____
Mobile No. : _____	Mobile No. : _____
Date : _____	Date : _____

**** STATEMENT OF WITNESS:** I hereby certify that all signature in this form was made in my presence and that to my best knowledge it is the signature of the Policy Owner/ Assignee/ Trustee(s) under the policy.
Note: Witness must be at least 18 years of age, of sound mind and cannot be a named nominee or trustee.