

**REQUEST FOR CHANGE FORM (RFC)**

**IMPORTANT NOTE:** Please note that for multiple transaction in one request or a few request on Investment Linked Plan submitted on same day, we will facilitate the request in sequential basis on different valuation date, which could result in differences of valuation of Net Asset Value price.

Policy No	: .....	IC or Birth Certificate No.	: .....
Policy Owner	: .....		: .....
Life Assured	: .....		: .....
Staff	: <input type="checkbox"/> Yes, PF Number : .....		<input type="checkbox"/> No

I / We hereby request that the above policy be changed according to the following particular marked . Please refer to overleaf for details.

Financial Alteration	Relevant Details	Non-financial Alteration	Relevant Details
F1 <input type="checkbox"/> Change Frequency of Premium Payment	Change to: ( ) Monthly ( ) Quarterly ( ) Half Yearly ( ) Yearly	N1 <input type="checkbox"/> Change Method of Payment	Change to: ( ) Bank Deduction ( ) Credit/Debit Card ( ) Salary Deduction ( ) Direct (Cash / Cheque)
F2 <input type="checkbox"/> Change of Sum Assured	Change Basic Sum Assured: From ..... To ..... RM ..... RM .....	N2 <input type="checkbox"/> Change of Name, IC No. or Other Personal Details	
F3 <input type="checkbox"/> Change of Term	Change Term: From ..... To .....	N3 <input type="checkbox"/> Request for Policy Contract Duplication	Please indicate reason:
F4 <input type="checkbox"/> Deletion of Rider	1. .... 2. ....	N4 <input type="checkbox"/> Change of Signature ( ) Policy Owner ( ) Life Assured	<div style="border: 1px dashed black; width: 150px; height: 40px; margin: 0 auto;"></div> New Signature's Specimen
F5 <input type="checkbox"/> *Inclusion of Rider  (with consent to Auto-Deduction of Units During Premium Holiday and this is only applicable to Investment Linked Product)	1. .... 2. ....  <u>Auto-Deduction of Units During Premium Holiday</u> Note: Should you not agree to the auto deduction of units during Premium Holiday, you may opt to apply to cancel your supplementary contract(s) / rider(s) to reduce the amount of risk charges deduction.	N5 <input type="checkbox"/> Change of Auto Credit Account No.	Bank : ..... Account No. : .....
F6 <input type="checkbox"/> Non-Forfeiture Option	( ) Extended Term Insurance ( ) Reduced Paid Up Insurance	N6 <input type="checkbox"/> Change of Payout Option	( ) Keep into account ( ) To payout (Auto Credit) and update the details as per N5
F7 <input type="checkbox"/> Change of Investment Linked Regular Premium  #See Notes.	Change: From ..... To .....  #For PremierValue Savers, PremierEducation Savers, PremierLady Savers, PremierInvest Regular and Smart Flexi Care, the increase will be treated as New Premium, beginning from Year 1 Allocation Rate effective from the date of premium increase.	N7 <input type="checkbox"/> Change of Contact Details ( ) Correspondence Address ( ) Telephone No. ( ) Email Address ( ) Others (please specify) .....	

\*Rider premium subject to 6% GST (where applicable)  
For Investment Linked policy, changes cannot be backdated and Financial Alterations are only allowed after 1st policy year for Regular Premium policies.

Signature of Witness Name .....	Signature of Policy Owner / Life Assured Name .....	Signature of Assignee / Trustee(s) Name .....
IC No. ....	IC No. ....	IC No. ....
Tel No. ....	Tel No. ....	Tel No. ....

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**Important Note on Document Required for Alterations**

Financial Alteration		Rules	Document Required
F1	Change Frequency of Premium Payment	<ol style="list-style-type: none"> <li>Effective from next due for new frequency of premium payment.</li> <li>RFC must reach Etiqa one month before the effective date of change.</li> </ol>	
F2	Change of Sum Assured	<ol style="list-style-type: none"> <li>Effective from next due date.</li> <li><b>For increase of Basic or Rider Sum Assured:</b> <ol style="list-style-type: none"> <li>For Conventional plans, allowed within the first 6 months and effective from the policy commencement date.</li> <li>For Investment-linked plans, effective from next policy anniversary date.</li> </ol> </li> <li>RFC must reach Etiqa one month before the effective date of change.</li> </ol>	Health Declaration Form to be completed - applicable only for increase of Basic or Rider Sum Assured.
F3	Change of Term	<ol style="list-style-type: none"> <li>Allowed within 6 months from the Policy Commencement Date.</li> <li>RFC must reach Etiqa one month before the effective date of change.</li> </ol>	Health Declaration Form to be completed.
F4	Deletion of Rider	<ol style="list-style-type: none"> <li>Effective from next due date.</li> <li>RFC must reach Etiqa one month before the effective date of change.</li> </ol>	
F5	Inclusion of Rider	<ol style="list-style-type: none"> <li>Effective from next Policy anniversary date.</li> <li>RFC must reach Etiqa one month before the effective date of change.</li> <li>Auto-Deduction of Units During Premium Holiday - only applicable to Investment Linked product.</li> </ol>	Health Declaration Form to be completed.
F6	Non-Forfeiture Option	RFC must reach Etiqa one month before the effective date of change.	
F7	Change of Investment Linked Regular Premium	As per Rules for F5.	For increase in Premium, Health Declaration Form to be completed.
Non-Financial Alteration		Rules	Document Required
N1	Change Method of Payment	Relevant supporting document.	<p>( ) <b>Bank Deduction</b></p> <ol style="list-style-type: none"> <li>Bank Auto Debit Application Form</li> <li>Certified copy of Identity Card</li> </ol> <p>( ) <b>Credit/Debit Card</b></p> <ol style="list-style-type: none"> <li>Credit/Debit Card Authorisation (AutoPay) Form</li> <li>Certified copy of Identity Card</li> </ol> <p>( ) <b>Salary Deduction</b></p> <ol style="list-style-type: none"> <li><i>Borang Kebenaran Potongan Gaji</i> / Biro Form</li> <li><i>Borang Penentuan Had Kelayakan</i> (For AG/BPA/UGAT)</li> <li>Certified copy of Identity Card</li> <li>Pay Slip certified by Employer</li> </ol>
N2	Change of Name, IC No. or Other Personal Details	Documentary proof is required.	Certified copy of Identity Card / Birth Certificate / Passport is required for change of name, IC No. or date of birth.
N3	Request for Policy Contract Duplication	Applicable only for Active policy.	<ol style="list-style-type: none"> <li>Declaration Loss of Policy with RM10 Stamp Duty.</li> <li>Policy Fee of RM30 subject to 6% GST.</li> </ol>
N4	Change of Signature	Must be witnessed by Etiqa Branch Manager, Customer Service Executive or Personal Financial Advisor (Maybank).	Certified copy of Identity Card / Passport.
N5	Change of Auto Credit Account No.		For Non-Malaysians/Permanent Residents : Certified copy of Passport
N6	Change of Payout Option	<ol style="list-style-type: none"> <li>Applicable only to products with benefits payout options.</li> <li>Effective on next payout due date.</li> </ol>	
N7	Change of Contact Details		Details of change.