

REQUEST FOR CHANGE (INVESTMENT LINKED FUNDS)
Applicable for Change of Fund Split, Fund Switching and Top Up Premium

Life Insurance

Policy No		Date	
Name of Life Assured		Policy Owner's Mobile No.	
Name of Policy Owner		Policy Owner's Email	
Address			

IMPORTANT NOTE

- You are to disclose fully and faithfully, all the facts which you know or ought to know, otherwise the application may be invalidated.
- Please note that for multiple transactions in one request or a few requests 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.
- Etiqa Life Insurance Berhad reserves the right to request for further requirements as and when necessary.
- Any request below is subject to terms & conditions. The company reserves the right to request for any further information should it deem necessary or even reject the application if any of the term & conditions stated is not met.
- A copy of the completed application with date of submission to Etiqa is **COMPULSORY** to be provided to Policy Owner.

Part A: Change of Fund Split (For future premium allocation)

Fund	Percentage (%)	Note:
		<ol style="list-style-type: none"> All future premiums will be allocated based on the fund split selected aside. Please specify the fund split in term of percentage (%) and the total percentage of selected funds should be equal to 100%. Percentage (%) must be in Whole Number. The change of fund split will be effected after the application is accepted by the Company.
Total Percentage	100	

Part B: Unit Switching (For current fund switch)

Fund – Switch FROM	Percentage (%)	Fund – Switch TO	Percentage (%)	Note:
				<ol style="list-style-type: none"> Unit switching will switch all available units in your policy to the fund selected aside. All future premiums will continue be allocated based on the current fund split in your policy. First four (4) switches for each policy year are free of charge. Subsequent switches within the same policy year will be charged at RM25.00, where applicable. Percentage (%) must be in Whole Number. Total percentage (%) of Fund - Switch TO must be equal to 100%.

Part C: Top Up Premium

<input type="checkbox"/> Single / Ad hoc Top Up Premium: RM _____ *Top up premium will be allocated based on current fund split in your policy. If you wish for the top up premium to be allocated into different fund(s), you are required to complete PART A: Change of Fund Split .	Note: <ol style="list-style-type: none"> For Single/Ad hoc Top Up, full payment must be submitted together with this application. Minimum Single/Ad hoc top up amount is RM500.00. Top up may be subject to charges. Subject to pre-existing condition as per policy contract.
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STATEMENT OF DECLARATION AND AUTHORIZATION**I/We being the legal owner(s) of this Policy, hereby**

- Request Etiqa Life Insurance Berhad to make the above changes to my policy.
- Understand and agree that the transaction(s) of unit(s) shall be determined by the valuation of the unit price as of the Acceptance Date, and subject to the receipt of this application by the Etiqa Head Office on its business and by 1pm day ("Day received"), otherwise the Acceptance Date shall mean the next business day from the Day Received. I/We also understand that Etiqa shall only accept and process this application if all required information(s) and document(s) have been fully satisfied.
- Declare that this policy is not currently assigned to any party whatsoever, unless as indicated below by the signature of the assignee.
- Agree that a photographic or facsimile copy of this Application for the abovementioned shall be as effective and valid as the Original.
- Understand and agree to provide Etiqa Life Insurance Berhad with my updated personal information, including NRIC/Passport number, date of birth, residential and mailing address, nationality, occupation and employer details, if such information in policy record is not up-to-date. Please refer to <https://www.etiqa.com.my/v2/download-documents/life-insurance> for the form required.

For Investment-Linked Policy Only

I hereby acknowledge that I have read and understood the explanation regarding my policy sustainability which will be or will not be impacted as per the quotation number _____ if I proceed to perform the transaction that has been selected.

_____ Signature of Witness *	_____ Signature of Policy Owner	_____ Signature of Assignee
Name : _____	Name : _____	Name : _____
IC No. : _____	IC No. : _____	IC No.: _____

* **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 and Assignee (if any) under the policy.

Note: Witness must be at least 18 years of age, of sound mind and cannot be the named nominee or trustee.

For Office Use Only	Date & Time Received at MBB / Branch
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