



Policy No.



**DEED OF ASSIGNMENT**

PART 1: PARTICULARS	
Full Name of Life Assured	<input type="text"/>
Basic Sum Assured	R M <input type="text"/>
<b>Assignor</b>	
Full Name	<input type="text"/>
NRIC/BC/Passport No.	<input type="text"/>
Residence Address	<input type="text"/>
Contact Details	Handphone <input type="text"/> - <input type="text"/> House <input type="text"/> - <input type="text"/>
Email Address	<input type="text"/>
Reason for Assignment	<input type="text"/>
<b>Assignee</b>	
Full Name	<input type="text"/>
NRIC/BC/Passport No.	<input type="text"/>
Company/Business/ Partnership Registration No.	<input type="text"/>
Date of Birth <input type="text"/> / <input type="text"/> / <input type="text"/>	Nationality <input type="checkbox"/> Malaysian <input type="checkbox"/> Others <input type="text"/>
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Race <input type="checkbox"/> Malay <input type="checkbox"/> Chinese <input type="checkbox"/> Indian <input type="checkbox"/> Others <input type="text"/>	Religion <input type="checkbox"/> Muslim <input type="checkbox"/> Buddhist <input type="checkbox"/> Hindu <input type="checkbox"/> Christian <input type="checkbox"/> Others <input type="text"/>
Relationship to the Life Assured <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Employer <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Others <input type="text"/>	
Occupation	<input type="text"/>
Exact Nature of Work/Duties	<input type="text"/>
Nature of Business/Industry	<input type="text"/>
Name of Employer/Business	<input type="text"/>





Policy No. 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--



<b>Address of Employer/Business</b>															
<b>Residence Address (As per NRIC No.)</b>															
<b>Correspondence Address (if different from Residence Address)</b>															
<b>Contact Details</b>	<b>Handphone</b>					-					<b>House</b>				
<b>Email Address</b>															

**PART 2: ABSOLUTE ASSIGNMENT IMPORTANT NOTES**

1. This document has to be stamped **within thirty (30) days** of execution in accordance with the **Stamp Act, 1949**.
2. This Deed must be completed in full and in **BLOCK** letters. Please complete the Deed carefully and accurately. Do not use correction fluid or eraser to correct any mistakes or make any alterations. Refill a fresh Deed if any wrong information has been filled in.
3. The Company may ask for identification document of Assignee etc. for verification purpose.
4. Please take notice that :
  - i. Where the **Assignee** is a minor who has attained the age of 10 but has not attained the age of 16 years he/she may take an assignment of a life policy with the consent of his/her parent or guardian. Once the Assignee has attained age 16, he/she may not need the consent of his/her parent /guardian to take an assignment of a life policy.
  - ii. Where the **Assignor** is a minor i.e. has not attained age 18 years, he/she may only assign the Life policy on his/her life with the consent of his/ her parent or guardian.
5. The written consent of the Trustee is required if it is a trust policy.
6. This Deed is furnished by the Company as a matter of courtesy. The Company takes no responsibility for the validity of this assignment, nor for its effects on the rights of the parties to it.
7. The parties to an assignment should satisfy themselves (with advice from their solicitors, if necessary) that the Deed and provisions of the assignment are appropriate in creating the desired results. As it is not possible for the Company to draw up assignment Deed for every requirement, this specimen is only intended to serve as a guide. Where this Deed is unsuitable, a separate assignment should be drawn up.
8. As soon as an assignment has been executed, written notice should be lodged with the Company at its Head Office, together with the original deed of assignment for registration.

**PART 3: ASSIGNMENT DECLARATION**

I, the Assignor named above, in consideration of the sum of RM \_\_\_\_\_, do hereby absolutely assign and transfer all my rights, title, obligations and interests in the Policy including all the benefits and all moneys to become payable under the above numbered POLICY to the ASSIGNEE. I further confirm that I have not been adjudicated bankrupt in any court of law.

I declare that a receipt signed by the assignee shall fully discharge Tokio Marine Life Insurance Malaysia Bhd. from its liabilities and obligations under the policy.

Signed at \_\_\_\_\_ place \_\_\_\_\_ on 

--	--

 / 

--	--

 / 

--	--	--	--

\_\_\_\_\_  
Signature of Assignor  
Name :  
NRIC No.:

\_\_\_\_\_  
Signature of Assignee  
Name :  
NRIC No.:



Policy No. 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--



**PART 3: ASSIGNMENT DECLARATION**

<p>Consent of Trustee/Parent/Guardian (where applicable)</p> <p>Name : _____</p> <p>NRIC No.: _____</p> <p>Tel. No. : _____</p>	<p>*Signature of Witness</p> <p>Name : _____</p> <p>NRIC No.: _____</p> <p>Tel. No. : _____</p>
---	---

**\*STATEMENT OF WITNESS :**

1. I hereby witness and certify that the signature(s) in this form was/were made before me and that to the best of my knowledge it is the signature(s) of the Assignor/Assignee/Trustee under the Policy Number as mentioned above.
2. The Witness must be an **INDEPENDENT** party who is of at least 18 years of age and of sound mind.
3. The Witness cannot be a Named Nominee.

**Mandatory Section (Declaration by Agent / Staff)**

I have sighted the original NRIC/Passport/Birth Certificate of the Assignor/Assignee/Trustee. The CTC copy is submitted for verification by the Company.

Name: _____	Date: _____
Code: _____	Signature: _____

**For Office Use Only**

Received By: _____	Date: _____
Signature: _____	Received From _____

**PART 4: FATCA DECLARATION**

**DECLARATION OF U.S. PERSON AND CHANGE OF CIRCUMSTANCES**

Are you a US Person (eg. US Citizen / U.S. Permanent Resident / Green Card Holder, etc?)  Yes  No

I/We understand that the Company, believing this statement to be true, will rely on it and act on it. In the event this statement is false, any policy issued may be considered void in which case the Company shall notify me/us and repay the premiums less reasonable charges and policy withdrawals. In view that this is a fundamental term, the Company shall be entitled to cancel this Policy and pay reasonable compensation to me/us in consideration of such termination.

\*Note: A false statement or misrepresentation of tax status by a U.S. citizen could lead to penalties under U.S. law.

\*Note: The below paragraph applies only to Account Holders who have or may have U.S. Indicia:

- (i) U.S. persons for U.S. federal income tax purposes; or
- (ii) If your tax status changes and you become a U.S. Person; or
- (iii) You or beneficiaries in connection with this Policy have indicated through information provided to us that you or such Beneficiary may be in fact a U.S. person for U.S. federal income tax purposes (including for example a U.S. address, a U.S. telephone number, a TIN, etc.)

The term "U.S. Indicia" as used below refers to any of the three circumstances described in (i) to (iii) above.

This is a fundamental term and in the event you have U.S. Indicia and fail after request to provide such information, consent and/or assistance as the Company may from time to time reasonably require to allow it to comply with its contractual, legal and/or regulatory obligations under the United States Foreign Account Tax Compliance Act, including any required reporting to the Internal Revenue Service of information relating to you or Beneficiaries in connection with this Policy, The Company reserves the right and shall be entitled to take the necessary action which may include submitting the necessary reports, suspending your account/policy, withholding the necessary monies to be remitted, terminating this Policy and returning the cash value (if any) less any indebtedness without interest in the event of such termination.

**Declaration of Change of Circumstances:**

I/We agree to notify the Company within thirty days of any change in my status as U.S. person for the purposes of U.S. federal income tax. (Please note that on the making an application for insurance, U.S. citizen or permanent resident or green card holder must complete an IRS Form W-9).



Policy No.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--



**PART 4: FATCA DECLARATION**

**FATCA Data Privacy Waiver (applicable to both individuals and corporates)**

“The Company is subject to and required to, or has agreed to, comply with certain legal, regulatory and/or other requirements (the “Reporting Requirements”). As such, I/we provide our express consent that the Company shall have the right to provide such personal data and information to any governmental authorities, regulatory bodies and/or any other person(s) in respect of the Reporting Requirements. I/We understand that such disclosures may involve the cross border transfer of personal data outside the jurisdiction and that such disclosures may be with respect to i) the personal data of the proposer, life assured, beneficiaries, trustees, personal representatives, nominees, assignees and other persons specified in this insurance application (collectively “other persons”), or any of them; ii) any information relating to this Policy; and iii) any information relating to any other policies held by the other persons or any of them. I/We understand that the Company will not be able to sell any insurance product to me/us and provide any service if I/we refuse to give the said express consent.”

**Note:** Please take note that the Company will not be able to process this application without your consent to the above.