



Policy No.

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**NOMINATION & TRUST FORM**

PART 1: PARTICULARS																					
Full Name of Policy Owner	<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
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			-																		
Email Address	<input style="width: 100%;" type="text"/>																				
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed                    Number of Children: <input style="width: 50px;" type="text"/>																				
Religion	<input type="checkbox"/> Muslim <input type="checkbox"/> Non-Muslim																				
Full Name of Life Assured	<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																				
CONSENT FOR eCORRESPONDENCES																					
By confirming the above email address or update the email address, I hereby authorize Tokio Marine Life Insurance Malaysia Bhd. (TMLIM) to send future correspondences [Letters/Statements/Notices and other communication materials] to my email address stated above. With this consent, I am agreeable in receiving correspondences in electronic format and not hard copies.																					
PART 2: APPOINTMENT/REVOCATION OF NOMINEE(S)																					
<p><b>IMPORTANT NOTICE:</b>                  If You have attained the age of sixteen (16) years, You may nominate a natural person to receive policy moneys payable under Your Policy upon Your death. It is advisable to appoint at least one nominee and keep the nominee informed of the appointment in order to expedite the payment of policy moneys payable upon Your death</p> <p><input type="checkbox"/> I, the Policy Owner of the abovementioned Policy, hereby appoint the following person(s) as Nominee and revoke all existing nominee(s) (if any) named earlier.</p> <p><b>Statement pursuant to Schedule 10, Paragraph 5 of the Financial Services Act 2013</b>                  Pursuant to Paragraph 5(1), a nomination by a policy owner, other than a Muslim policy owner, shall create a trust in favour of the nominee of the policy moneys payable upon death of the policy owner if (a) the nominee is his spouse or child, or (b) where there is no spouse or child living at the time of nomination, the nominee is his parent. When a policy is subject to a trust, a policy owner cannot deal with the policy by changing the nomination, varying or surrendering, assigning and pledging the policy as security without the written consent of the trustee(s).</p> <p><b>Statement pursuant to Schedule 10, Paragraph 6 of the Financial Services Act 2013</b>                  A nominee other than a nominee under Paragraph 5(1) shall receive the policy moneys payable on the death of the policy owner as an executor and not solely as beneficiary.                  Nominees of Muslim policy owners shall receive the policy moneys payable on death of the policy owner in the capacity of an executor, and upon receipt of such policy moneys shall distribute the same in accordance with the Islamic Law.</p> <p><b>Statement pursuant to Schedule 10, Paragraph 2(4)(a) of the Financial Services Act 2013</b>                  If your intention is for your nominee(s) (who is/are not a nominee under Paragraph 5(1) of the Financial Services Act 2013) to receive the policy benefits beneficially and not as executor(s), you have to assign the policy benefits to them.</p>																					





Policy No.



	Nominee 1	Nominee 2
Full Name	<input type="text"/>	<input type="text"/>
Percent (%) of Share	<input type="text"/>	<input type="text"/>
New NRIC/BC/Passport No.	<input type="text"/>	<input type="text"/>
Nationality	<input type="checkbox"/> Malaysian <input type="checkbox"/> Others: _____	<input type="checkbox"/> Malaysian <input type="checkbox"/> Others: _____
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth	<input type="text"/>	<input type="text"/>
Relationship with Policy Owner	<input type="text"/>	<input type="text"/>
Residential Address	<input type="text"/>	<input type="text"/>
Handphone No.	<input type="text"/>	<input type="text"/>
Email Address	<input type="text"/>	<input type="text"/>
	Nominee 3	Nominee 4
Full Name	<input type="text"/>	<input type="text"/>
Percent (%) of Share	<input type="text"/>	<input type="text"/>
New NRIC/BC/Passport No.	<input type="text"/>	<input type="text"/>
Nationality	<input type="checkbox"/> Malaysian <input type="checkbox"/> Others: _____	<input type="checkbox"/> Malaysian <input type="checkbox"/> Others: _____
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth	<input type="text"/>	<input type="text"/>
Relationship with Policy Owner	<input type="text"/>	<input type="text"/>
Residential Address	<input type="text"/>	<input type="text"/>
Handphone No.	<input type="text"/>	<input type="text"/>
Email Address	<input type="text"/>	<input type="text"/>



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**PART 3: APPOINTMENT/REVOCAION OF TRUSTEE(S)**

**IMPORTANT NOTICE:**  
You may appoint any person aged 18 years and above and of sound mind, other than yourself (Policy Owner) to be the trustee(s) of the policy moneys. If no trustee is appointed, one or more of the nominee(s) who are competent to contract shall be the trustee or the joint trustees of the policy moneys.

I, the Policy Owner of the abovementioned Policy, hereby (Please tick the appropriate box)

- Appoint the following person(s) to be trustee(s)
- Appoint the following person(s) to be trustee(s), in addition to all existing trustee(s)
- Revoke the appointment of all existing trustee(s), and appoint the following person(s) to be trustee(s)
- Revoke the appointment of all existing trustee(s)

The Trustee(s) shall receive the moneys payable upon my death under this policy (if issued by the Company) and their receipt(s) shall be a complete discharge to the Company in respect of all its liabilities and obligations whatsoever under or in respect of the policy. And I reserve the right, at my sole discretion, to revoke the appointment of the trustee(s) and/or to substitute any other name thereof or to appoint additional trustee(s).

	Trustee 1	Trustee 2																																						
Full Name	<table border="1" style="width: 100%; height: 25px; border-collapse: collapse;"><tr><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td></tr></table>																				<table border="1" style="width: 100%; height: 25px; border-collapse: collapse;"><tr><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td><td style="width: 20px; height: 15px;"></td></tr></table>																			
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Email Address	_____	_____																																						

**Declaration by Trustee(s)**

I/We, hereby consent to act as Trustee(s) and my/our appointment is subject to the absolute right of revocation of my/our appointment by the Policy Owner of the abovementioned policy.

\_\_\_\_\_  
Signature of Trustee 1  
Name : \_\_\_\_\_

\_\_\_\_\_  
Signature of Trustee 2  
Name : \_\_\_\_\_

\_\_\_\_\_  
\*Signature of Witness  
Name : \_\_\_\_\_  
NRIC No. : \_\_\_\_\_  
Tel No. : \_\_\_\_\_

**\*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 Trustee(s) 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.



Policy No.



**PART 4: CONSENT OF TRUSTEE(S) ON APPOINTMENT/REVOCAION OF NOMINEE(S)**

I/We, the Trustee(s), hereby irrevocably and unconditionally give my/our consent to the Policy Owner to revoke all existing nominee(s) or/and appoint the new nominee(s).

\_\_\_\_\_  
Signature of Trustee 1

\_\_\_\_\_  
Signature of Trustee 2

\_\_\_\_\_  
\*Signature of Witness

Name : \_\_\_\_\_

Name : \_\_\_\_\_

Name : \_\_\_\_\_

NRIC No. : \_\_\_\_\_

Tel No. : \_\_\_\_\_

**\*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 Trustee(s) 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.

**PART 5: SIGNATURE OF POLICY OWNER AND WITNESS**

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

D	D
---	---

 / 

M	M
---	---

 / 

Y	Y	Y	Y
---	---	---	---

\_\_\_\_\_  
Signature of Policy Owner

\_\_\_\_\_  
\*Signature of Witness

Name : \_\_\_\_\_

Name : \_\_\_\_\_

NRIC No.: \_\_\_\_\_

NRIC No.: \_\_\_\_\_

Tel No. : \_\_\_\_\_

Tel. No. : \_\_\_\_\_

**\*STATEMENT OF WITNESS :**

1. I hereby witness and certify that the signature(s) in this form was made before me and that to the best of my knowledge it is the signature of the Policy Owner 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.