



Policy No.

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



Nationality	<input type="checkbox"/> Malaysian <input type="checkbox"/> Others: _____	<input type="checkbox"/> Malaysian <input type="checkbox"/> Others: _____
Date of Birth	DD / MM / YYYY	DD / MM / YYYY
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Relationship with Policy Owner	_____	_____
Percent (%) of Share	XXX	XXX
Handphone No.	XXXX - XXXXXXXX	XXXX - XXXXXXXX
Email Address	_____	_____
	Nominee 3	Nominee 4
Full Name	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX
Address	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX
New NRIC/BC/Passport No.	XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXX
Nationality	<input type="checkbox"/> Malaysian <input type="checkbox"/> Others: _____	<input type="checkbox"/> Malaysian <input type="checkbox"/> Others: _____
Date of Birth	DD / MM / YYYY	DD / MM / YYYY
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Relationship with Policy Owner	_____	_____
Percent (%) of Share	XXX	XXX
Handphone No.	XXXX - XXXXXXXX	XXXX - XXXXXXXX
Email Address	_____	_____



Policy No.



PART 3: APPOINTMENT/REVOCAION OF TRUSTEE(S)

IMPORTANT NOTICE: Policy Owner cannot appoint yourself as Trustee.

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 Trustees shall receive all policy moneys payable under this policy and any attaching supplementary benefits if issued by the Company, payable only upon my death and their receipts shall be a discharge to the Company for all liability in respect of the policy money so paid to them. And I reserve the right of revocation to be exercised at my sole discretion and without the need to have consent of the trustee(s) to revoke the appointment of such trustee(s) and substitute any other name therefore or to appoint additional trustee(s) at any time that I may deem fit.

	Trustee 1	Trustee 2
Full Name	<input type="text"/>	<input type="text"/>
Address	<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: _____
Date of Birth	<input type="text"/> DD / <input type="text"/> MM / <input type="text"/> YYYY	<input type="text"/> DD / <input type="text"/> MM / <input type="text"/> YYYY
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Relationship with Policy Owner	<input type="text"/>	<input type="text"/>
Handphone No.	<input type="text"/>	<input type="text"/>
Email Address	<input type="text"/>	<input type="text"/>

Declaration by Trustee(s)

I/We, hereby consent to act as Trustee(s) in respect of the abovementioned policy. I/We understand and agree that my/our appointment is revocable at the sole discretion of the Policy Owner.

Signature of Trustee 1 _____

Signature of Trustee 2 _____

*Signature of Witness _____

Name : _____

Name : _____

Name : _____

NRIC No. : _____

Tel No. : _____

***STATEMENT OF WITNESS :**

- 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.
- The Witness must be an **INDEPENDENT** party who is of at least 18 years of age and of sound mind.
- The Witness cannot be a Named Nominee.



Policy No.

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



PART 4: CONSENT OF TRUSTEE(S) ON APPOINTMENT/REVOCATION 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 _____ place _____ 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.