								쁹눢	P
Policy No.								<b>■</b> X	



## **NOMINATION & TRUST FORM**

## IMPORTANT NOTICE:

Pursuant to Schedule 10 of Financial Services Act 2013 ("FSA 2013")

- 1. 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. You may make the nomination using Our Company's prescribed Nomination Form.
- 2. If You are a non-Muslim Policy owner, You shall create a trust of policy moneys payable upon Your death when You name Your spouse, child or parent (if You have no spouse or child living at the date of making Your parent's nomination) as the nominee. The nominee of the trust created shall receive the policy moneys payable upon Your death as the beneficiary. You are advised to appoint a trustee, who shall not be Yourself, for this trust of policy moneys created and keep the nominee informed of the trustee appointed. Where there is no trustee appointed, the nominee who is competent to contract shall be the trustee. You must get the prior written consent of the trustee in order to change the trust nomination, vary, surrender, assign or pledge the trust Policy.
- 3. If You name a nominee who is other than the trust nominee mentioned in item 2. above and Your intention is for this nominee to receive the policy moneys payable upon Your death as the beneficiary and not as an executor, You have to assign Your Policy to this nominee.
- 4. The nominee, who is not a trust nominee and is not assigned the policy moneys, shall receive the policy moneys as an executor and shall distribute the policy moneys in due course of administration of Your estate in accordance with Your will or the law relating to the distribution of Your estate as applicable to You.

Your will or the law relating to the distribution of Your estate as applicable to You.								
	PART 1: PARTICULARS							
Full Name of Policy Owner								
Handphone No.								
Email Address								
Marital Status	Single Married Divorced Widowed Number of Children:							
Religion	Muslim Non-Muslim							
Full Name of Life Assured								
	PART 2: APPOINTMENT/REVOCATION OF NOMINEE(S)							
	y Owner of the abovementioned Policy, hereby appoint the following person(s) as Nominee and existing nominee(s) (if any) named earlier.							
	Nominee 1 Nominee 2							
Full Name								
Address								
New NRIC/BC/ Passport No.								

Page 1 of 4

Tokio Marine Life Insurance Malaysia Bhd. (457556-X)

Ground Floor, Menara Tokio Marine Life, 189, Jalan Tun Razak, 50400 Kuala Lumpur. T : (603) 2059 6188 F : (603) 2162 8068 tokinmarine com







TOKIO MARINE
INSURANCE GROUP

Policy No.	95 HA 95 HA 98 HA	TOKIO MAR INSURANCE GRO
Nationality	Malaysian Others:	Malaysian Others:
Date of Birth	D D / M M / Y Y Y Y	D D 1 M M 1 Y Y Y Y
Gender	Male Female	Male Female
Relationship with Policy Owner		
Percent (%) of Share		
Handphone No.		
Email Address		
	Nominee 3	Nominee 4
Full Name		
Address		
New NRIC/BC/ Passport No.		
Nationality	Malaysian Others:	Malaysian Others:
Date of Birth	D D / M M / Y Y Y Y	D D / M M / Y Y Y
Gender	Male Female	Male Female
Relationship with Policy Owner		
Percent (%) of Share		
Handphone No.		
Email Address		

Page 2 of 4

CS/NOM/042017

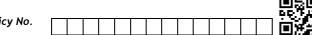


								쁞쮂	뜮
Policy No.								■ **.	=3

	PART 3: APPOINTMENT/REVOCATI	ON 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)									
Revoke the	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)								
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 a	any other name therefore or to appoint additional to								
	Trustee 1	Trustee 2							
Full Name									
Address									
New NRIC/BC/									
Passport No.	Malaysian Others:	Malaysian Others:							
Nationality	mataysian Others.								
Date of Birth	D D / M M / Y Y Y Y	D D / M M / Y Y Y Y							
Gender	Male Female	Male Female							
Relationship with Policy Owner									
Handphone No.									
Email Address									
	Declaration by Trust	ree(s)							
	nsent to act as Trustee(s) in respect of the abovement								
my/our appointr	nent is revocable at the sole discretion of the Policy O	wner.							
Signature of Tru	Signature of Trustee 1 Signature of Trustee 2 *Signature of Witness								
Name :	Name :	Name :							
		NRIC No. :							
		Tel No. :							
*STATEMENT OF 1. I hereby wi	F WITNESSS : tness and certify that the signature(s) in this form wa:	s/were made before me and that to the best of mv							
knowledge	knowledge it is the signature(s) of the Trustee(s) under the Policy Number as mentioned above.								
	, ,								

Page 3 of 4 CS/NOM/042017





DART 4: CONSEN	IT OF TRUSTEE(S) ON APPOINTME	NT/REVOCATION OF NOMINEE(S)
PART 4: CONSER	IT OF TRUSTEE(S) ON APPOINTME	NT/REVOCATION OF NOMINEE(S)
		ur consent to the Policy Owner to revoke all
existing nominee(s) or/and apport	nt the new nominee(s).	
Signature of Trustee 1	Signature of Trustee 2	*Signature of Witness
	-	
Name :	Name:	
		NRIC No. :
		Tel No. :
*STATEMENT OF WITNESSS:		
	that the signature(s) in this form was	/were made before me and that to the best of my
	re(s) of the Trustee(s) under the Policy	
2. The Witness must be an INC	DEPENDENT party who is of at least 18	years of age and of sound mind.
3. The Witness cannot be a Na	med Nominee.	
P.	ART 5: SIGNATURE OF POLICY OW	NER AND WITNESS
Signed at	place on D	D / M M / Y Y Y Y
	<u></u>	
Signature of Policy Owner	*Si	gnature of Witness
Name :		ame :
NRIC No.:		RIC No.:
		el. No. :
Tel No. :		et. No
*STATEMENT OF WITNESSS:		
		made before me and that to the best of my
	e of the Policy Owner under the Policy	
	DEPENDENT party who is of at least 18	years or age and or sound mind.
<ol><li>The Witness cannot be a Na</li></ol>	med nominee.	

Page 4 of 4

CS/NOM/042017