



Policy No.



PERSONAL PARTICULARS UPDATE FORM

PART 1: UPDATE PERSONAL DETAILS

(Please tick where applicable)

Title Mr Miss Madam Master Others _____

Name Policy Owner Life Assured Nominee Trustee Assignee

Full Name as per NRIC / Passport

NRIC/BC/ Passport No.

Nationality

DOB Gender Male Female

PART 2: UPDATE ADDRESS OR CONTACT

Policy Owner Life Assured Nominee Trustee Assignee

Address

Postcode

Country

Contact No. Handphone _____ House _____ Office _____

Email Address

CONSENT FOR eCORRESPONDENCES

By completing the email address above or by updating the email address, I hereby consent to receive all future correspondence relating to the Policy via electronic format and I authorize Tokio Marine Life Insurance Malaysia Bhd. to email such correspondences to me.

		<p>For Office Use:</p>
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Policy No.

PART 3: MARKETING CONSENT

To receive updates and information about products, services, promotions, charitable causes or other marketing information from the Company, its agents, group of companies and other affiliates of the Company, please tick below:

- Yes, I wish to be contacted No, I do not wish to be contacted for such purpose

PART 4: FATCA DECLARATION

DECLARATION OF U.S. PERSON AND CHANGE OF CIRCUMSTANCES

Are you a U.S. Person (eg. U.S. 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. Person 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, a U.S. Person, example: U.S. citizen / U.S. Permanent Resident / Green Card Holder & etc must complete an IRS Form W-9).

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

You can find relevant FATCA forms and instruction on form completion from the below websites:

- **FATCA Forms for Entity**
 1. **W-8BEN-E**
Form <http://www.irs.gov/pub/irs-pdf/fw8bene.pdf>
Instructions <http://www.irs.gov/pub/irs-pdf/iw8bene.pdf>
 2. **W-9**
Form <http://www.irs.gov/pub/irs-pdf/fw9.pdf>
Instructions <http://www.irs.gov/pub/irs-pdf/iw9.pdf>
- **FATCA Forms for Individual**
 1. **W-8BEN**
Form <http://www.irs.gov/pub/irs-pdf/fw8ben.pdf>
Instructions <http://www.irs.gov/pub/irs-pdf/iw8ben.pdf>
 2. **W-9**
Form <http://www.irs.gov/pub/irs-pdf/fw9.pdf>
Instructions <http://www.irs.gov/pub/irs-pdf/iw9.pdf>

