



Policy No.



NOMINATION & TRUST FORM

PART 1: PARTICULARS	
Full Name of Policy Owner as per NRIC /Passport	<input type="text"/>
Handphone No.	<input type="text"/>
Email Address	<input type="text"/>
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed Number of Children: <input type="text"/>
Religion	<input type="checkbox"/> Muslim <input type="checkbox"/> Non-Muslim
Full Name of Life Assured as per NRIC /Passport	<input type="text"/>

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.

PART 2: APPOINTMENT/REVOCAION OF NOMINEE(S)

IMPORTANT NOTICE:
 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

I, the Policy Owner of the Policy, hereby appoint the following person(s) as Nominee(s) and revoke all existing nominee(s) (if any) named earlier.

Statement pursuant to Schedule 10, Paragraph 5(1) of the Financial Services Act 2013
 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 the 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).

Statement pursuant to Schedule 10, Paragraph 6 of the Financial Services Act 2013
 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. The nominee shall distribute the policy moneys in accordance with the will or the law relating to the distribution of the deceased policy owner's estate.

Statement pursuant to Schedule 10, Paragraph 2(4)(a) of the Financial Services Act 2013
 If your intention is for your nominee(s) (who is/are not a nominee under Paragraph 5(1)) to receive the policy benefits beneficially and not as executor(s), you have to assign the policy benefits to them.

<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid gray; border-radius: 50%; width: 100px; height: 100px; display: flex; align-items: center; justify-content: center;"> RECEIVED DATE </div> <div style="border: 1px solid gray; border-radius: 50%; width: 100px; height: 100px; display: flex; align-items: center; justify-content: center;"> RECEIVED DATE </div> </div>	For Office Use:
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	Nominee 1	Nominee 2
Full Name as per NRIC /Passport		
Percent (%) of Share		
New NRIC/BC/ Passport No.		
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		
Relationship with Policy Owner	_____	_____
Residential Address		
Handphone No.		
Email Address	_____	_____
	Nominee 3	Nominee 4
Full Name as per NRIC /Passport		
Percent (%) of Share		
New NRIC/BC/ Passport No.		
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		
Relationship with Policy Owner	_____	_____
Residential Address		
Handphone No.		
Email Address	_____	_____



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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, 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 Policy, hereby (Please tick the appropriate box)

- Appoint the following person(s) to be trustee(s) - Newly appointed 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 the Policy (if issued by the Company) and their receipt 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 as per NRIC /Passport		
New NRIC/BC/ Passport No.		
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		
Relationship with Policy Owner	_____	_____
Residential Address		
Handphone No.		
Email Address	_____	_____

Declaration by Newly Appointed 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 Policy.

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/are the signature(s) of the Trustee(s) under the Policy.
- The Witness must be at least 18 years of age and of sound mind.
- The Witness cannot be a Named Nominee.



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PART 4: CONSENT OF TRUSTEE(S) (if applicable)

I/We, the Trustee(s), hereby irrevocably and unconditionally give my/our consent (Please tick the appropriate box)

- To revoke all existing nominee(s) or/and appoint the new nominee(s)
- To appoint the following individual(s) in Part 3 to be appointed Trustee(s) for the Policy and I/We resign as Trustee(s)
** For Presumed Trustees pursuant to Schedule 10, Paragraph 5 of the Financial Services Act 2013

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/are the signature(s) of the Trustee(s) under the Policy.
- The Witness must be at least 18 years of age and of sound mind.
- The Witness cannot be a Named Nominee.

PART 5: DECLARATION BY POLICY OWNER AND WITNESS

I, the Policy Owner of the Policy, hereby authorize and request that the Policy be changed in accordance with the above particulars.

Signed at _____ (Place) on _____ (Date)

Signature of Policy Owner

*Signature of Witness

Name : _____

Name : _____

NRIC No. : _____

NRIC No. : _____

Tel No. : _____

Tel. No. : _____

***STATEMENT OF WITNESS :**

- I hereby witness and certify that the signature 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.
- The Witness must be at least 18 years of age and of sound mind.
- The Witness cannot be a Named Nominee.

Note: A copy of NRIC/Passport/Birth Certificate of the Policy Owner/Nominee/Trustee is submitted for verification by the Company.

PART 6: DATA PRIVACY

I understand and agree that the information I supply will be collected, used and processed by the Company, its agents and its authorised parties (within or outside of Malaysia) for the purposes of processing this application and to facilitate the Company's function as an insurance company. I understand that I have a right to obtain access to and to request correction of my personal information held by the Company by contacting the Company's Customer Service Representatives.

Signed at _____ (Place) on _____ (Date)

Signature of Policy Owner

Name:

NRIC No.:

IMPORTANT NOTES:

- The effective date of the change requested herein is the date Tokio Marine Life Insurance Malaysia Bhd. ("the Company") registers the request.
- This Form is valid for one (1) month from the date the Form is signed.