

Nomination Form (Nominees and Trustees)

IMPORTANT NOTICE:

Pursuant to Schedule 10 of Financial Services Act 2013 ("FSA 2013"): A policy owner who has attained the age of sixteen (16) years may nominate a natural person to receive policy moneys payable under his Personal Accident ("PA") policy upon his death. It is advisable to appoint at least one nominee and keep the nominee informed of the appointment in order to facilitate the payment of policy moneys payable upon death of the Insured Person. Failure to make a nomination may delay the payment of the policy moneys become payable. If you are a non-Muslim policy owner, when you appoint your spouse, child or parent (if you have no spouse or child living at the date of making the nomination) as the nominee, you will create a trust of policy moneys payable upon your death in favor of the nominee. You are advised to appoint a trustee for the policy moneys and in the event of failure to do so, the competent nominee shall be the trustee. For a policy with such trust created, written consent of the trustee is required before you change the nomination, vary, surrender, assign or pledge the policy. Any nominee who is other than the spouse, child or parent (if there is no spouse or child living at the date of nomination) of a non-Muslim policy owner, shall receive the policy moneys payable upon death of the policy owner as an executor. If the Policy owner's intention is for such nominee to receive the policy moneys solely as a beneficiary i.e. not as an executor, then the policy owner must assign the benefits of the policy to such nominee.

Policy No.															
Policy Owner															
	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced/Widowed														
Insured Person															
	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced/Widowed														

Kindly tick at the appropriate box and fill up the relevant section only.

REVOCATION OF NOMINEE(S)

I hereby revoke all existing nominee(s).

CONSENT OF TRUSTEE(S)

I/We, the Trustee(s) in respect of this policy, consent to the change/revocation of the nomination existing prior to the date as signed under.

Signature of Trustee

Name : _____
 NRIC No. : _____
 Contact No. : _____
 Date : _____

Signature of Witness*

Name : _____
 NRIC No. : _____
 Contact No. : _____
 Date : _____

Signature of Trustee

Name : _____
 NRIC No. : _____
 Contact No. : _____
 Date : _____

Signature of Witness*

Name : _____
 NRIC No. : _____
 Contact No. : _____
 Date : _____

Signature of Trustee

Name : _____
 NRIC No. : _____
 Contact No. : _____
 Date : _____

Signature of Witness*

Name : _____
 NRIC No. : _____
 Contact No. : _____
 Date : _____

*Note: A witness shall be of age eighteen (18) years and above, of sound mind and not the nominee.



APPOINTMENT OF NOMINEE(S)

The following are my nominee(s) under this policy.

Gender	<input type="checkbox"/> [M] Male	<input type="checkbox"/> [F] Female	Nationality		<input type="checkbox"/> [M] Malaysian	<input type="checkbox"/> [S] Singaporean	<input type="checkbox"/> [O] Others
Relationship	<input type="checkbox"/> [F] Father	<input type="checkbox"/> [M] Mother	<input type="checkbox"/> [H] Husband	<input type="checkbox"/> [W] Wife	<input type="checkbox"/> [S] Son	<input type="checkbox"/> [D] Daughter	<input type="checkbox"/> [O] Others

NOMINEE 1							
Name							
NRIC No.	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	Old IC No./ Others	<input type="text"/>
Date of Birth	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	Gender <input type="text"/>	Nationality <input type="text"/> (If others, please specify) _____
Relationship	<input type="text"/> (If others, please specify) _____					% of Share	<input type="text"/>
Address							
Postcode	<input type="text"/>	City		<input type="text"/>			
State	<input type="text"/>	Country		<input type="text"/>			

NOMINEE 2							
Name							
NRIC No.	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	Old IC No./ Others	<input type="text"/>
Date of Birth	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	Gender <input type="text"/>	Nationality <input type="text"/> (If others, please specify) _____
Relationship	<input type="text"/> (If others, please specify) _____					% of Share	<input type="text"/>
Address							
Postcode	<input type="text"/>	City		<input type="text"/>			
State	<input type="text"/>	Country		<input type="text"/>			

NOMINEE 3							
Name							
NRIC No.	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	Old IC No./ Others	<input type="text"/>
Date of Birth	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	Gender <input type="text"/>	Nationality <input type="text"/> (If others, please specify) _____
Relationship	<input type="text"/> (If others, please specify) _____					% of Share	<input type="text"/>
Address							
Postcode	<input type="text"/>	City		<input type="text"/>			
State	<input type="text"/>	Country		<input type="text"/>			

NOMINEE 4	
Name	
NRIC No.	Old IC No./ Others
Date of Birth	Gender Nationality (If others, please specify)
Relationship	(If others, please specify) % of Share
Address	
Postcode	City
State	Country

REVOCATION OF TRUSTEE(S)

I hereby revoke the appointment of the following Trustee(s).

Name of Trustee(s)	NRIC/Old IC/Passport/others

APPOINTMENT OF TRUSTEE(S)

I hereby appoint the following Trustee(s)/additional Trustee(s) to receive such money payable under this policy upon my death and the receipt by the Trustee(s) shall be a complete discharge to the Company from all liability in respect of the policy moneys so paid to them. I reserve the right to revoke and reappoint the Trustee(s) at any time at my sole discretion without the consent of the Trustee(s).

IMPORTANT: Policy owner is not allowed to appoint himself/herself as the Trustee.

TRUSTEE 1

Name	
NRIC No.	Old IC No./ Others
Date of Birth	Gender Nationality (If others, please specify)
Relationship	(If others, please specify)
Address	
Postcode	City
State	Country

I/We hereby agree 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 above mentioned policy.

Signature

Date

TRUSTEE 2	
Name	
NRIC No.	<input type="text"/> - <input type="text"/> - <input type="text"/> Old IC No./ Others <input type="text"/>
Date of Birth	<input type="text"/> - <input type="text"/> - <input type="text"/> Gender <input type="text"/> Nationality <input type="text"/> (If others, please specify) <input type="text"/>
Relationship	<input type="text"/> (If others, please specify) <input type="text"/>
Address	
Postcode	<input type="text"/> City <input type="text"/>
State	<input type="text"/> Country <input type="text"/>

I/We hereby agree 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 above mentioned policy.

_____ Signature _____ Date

SIGNATURE OF POLICY OWNER

_____ Signature of Policy Owner	_____ Signature of Witness*
Name : _____	Name : _____
NRIC No. : _____	NRIC No. : _____
Contact No. : _____	Contact No. : _____
Date : _____	Date : _____

*Note: A witness shall be of age eighteen (18) years and above, of sound mind and not the nominee.

IMPORTANT NOTICE: THIS FORM HAS TO BE RECEIVED BY THE COMPANY DURING THE LIFETIME OF THE POLICY OWNER.

A copy of this form has this day been filed at the Head Office of ALLIANZ GENERAL INSURANCE COMPANY (MALAYSIA) BERHAD.

For **ALLIANZ GENERAL INSURANCE COMPANY (MALAYSIA) BERHAD**

_____ Authorized Personnel _____ Date