

Benefit Withdrawal Form

Please complete your details

Policy Number _____

Policy Owner _____

Life Assured _____

Allianz Customer Service Centre
 Allianz Arena, Ground Floor
 Block 2A, Plaza Sentral
 Jalan Stesen Sentral 5
 Kuala Lumpur Sentral
 50470 Kuala Lumpur

Tel : 1 300 22 5542 /
 1 300 88 2229*
 Email : customer.service
 @allianz.com.my /
 HSBC.customercare
 @allianz.com.my*

*HSBC Bancassurance Customer

Traditional & Universal Life Benefits Withdrawal Request

Type of Benefit	Amount (RM)
Cash Dividend	
Regular Cash Payment (RCP)	
*Guarantee Cash Payment (GCP)	
*Account Value 2	
Others, please specify: _____	

* Note: Rider's benefits (if any) will be withdrawn first followed by the benefits for Basic plan.

Investment-Linked Partial Withdrawal Request

Type of Fund	Amount (RM)	No. of Units

* Note: Minimum withdrawal is RM1,000.00 and account balance after withdrawal is M1,000.00 for regular premium or RM5,000.00 for single premium. Withdrawal amount may subject to partial withdrawal penalty/charge. Please refer to your policy contract for the details.



BWF001

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Country of Residence for Tax Purpose – Individual Customer (MANDATORY to fill up)

Not applicable

Malaysia (if country of residence is Malaysia)

Malaysia (if country of residence is NOT Malaysia). Reason*:
 Work/Business Trainee/ Intern/ Student Others_____

Other Country (please specify below)
Country 1: _____ Reason*:
 Work/Business Trainee/ Intern/ Student Others_____

Tax Identification Number (TIN): _____

Country 2: _____ Reason*:
 Work/Business Trainee/ Intern/ Student Others_____

Tax Identification Number (TIN): _____

* It is mandatory to provide relevant supporting document eg. working visa, student visa, confirmation letter from employer/ education institution, business registration, certificate of residence, etc.

Country of Residence for Tax Purpose – Entity Customer (MANDATORY to fill up)

Not applicable

Malaysia

Other Country (please specify below)
Country 1: _____ Reason*:
 Business Others_____

Tax Identification Number (TIN): _____

Country 2: _____ Reason*:
 Business Others_____

Tax Identification Number (TIN): _____

* It is mandatory to provide relevant supporting document

Customer Declaration (Please specify the information which you would like to update)

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Miss <input type="checkbox"/> Madam <input type="checkbox"/> Others_____
Name (as per NRIC/BC/ Passport)	
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow <input type="checkbox"/> Divorced
No. of Children	

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Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Residential Address	_____ _____ Postcode _____ Country of Residence _____
Mailing Address	_____ _____ Postcode _____ Country of Mailing _____
Mobile No. 1	_____-_____-_____ Country Code Area Code
Mobile No. 2	_____-_____-_____ Country Code Area Code
Office No.	_____-_____-_____ Country Code Area Code
House No.	_____-_____-_____ Country Code Area Code
Email Address	
Date of Birth	
Country of Birth	
New NRIC	
Old NRIC	
Passport No.	
Passport Expiry Date	
For Entity Customer Only	
Type of Entity	<input type="checkbox"/> Private/Public Limited Company <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship/Club/Society/Charity
No. of Certificate of Incorporation/ Partnership Cert/ Business Registration	
Country of Incorporation	
Country of Operations	
Citizenship/ Nationality	<input type="checkbox"/> Malaysian <input type="checkbox"/> Others _____

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Declaration To Comply with Relevant Requirements

I agree to disclose and allow the transfer of my personal and contact information including nationality, tax status or tax residencies ("Relevant Information") kept with the Company to any local and foreign regulatory or self-regulatory persons in any jurisdiction, or foreign government authorities ("Relevant Authorities") that the Company is obliged to comply with or choose to comply in its absolute discretion or to meet the requirements of the laws, regulations, guidelines or terms of an agreement with such Relevant Authorities that is in force or may be declared to be in force and as amended from time to time ("Relevant Requirements").

I also agree to cooperate with the Company to provide any information or documents as may be requested by the Company from time to time that is required for disclosure by the Company to any Relevant Authorities, in a timely manner and within a reasonable period of time. I undertake that I must promptly update the Company of any changes to the Relevant Information stated under this application.

I further agree and accept that in case I fail to disclose or update any change to the Relevant Information or submit any requested documents, the Company may, to the extent permitted under applicable law, take any step to ensure the Company's compliance with the Relevant Requirements including withholding payment of any amount due to me or my personal representatives under my policy in compliance with the Relevant Requirements and/or pay such amount withheld to the Relevant Authorities.

The Company is also entitled to claim, to the extent permitted by law, compensation for any loss, liability or damage which the Company may suffer as a result of my default as declared above.

Direct Credit Account (E-Payment) Advice Account Holder's Authorisation

Kindly tick at the appropriate boxes and fill up the bank account details

I hereby request and authorise Allianz Life Insurance Malaysia Berhad (ALIM) to directly credit any relevant payment due from any of my Policies with ALIM into my bank account according to the policy currency upon ALIM's approval of this form. I agree that this request is governed by the Terms and Conditions as specified below.

Name of Policyowner/ Assignee _____

Bank Account Holder's Full Name _____

NRIC No. (New) _____

NRIC No. (Old)/ Passport No. _____

Mobile No. (compulsory) _____

Email Address (compulsory) _____

Malaysia Ringgit (MYR) Currency Bank Account

Bank Name _____

Bank Account No. _____

Account Type Individual Joint (Primary holder)

Foreign Currency Bank Account

Disclaimer: For a foreign currency denominated Policy, kindly provide details of your bank account that transacts in the relevant foreign currency. If the bank is not capable of transacting in or accepting the relevant foreign currency, any payout in foreign currency will be subject to foreign currency exchange rate charged by the receiving bank. Remittance of the payout in foreign currency may also be subject to other fees and charges by the receiving bank.

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Currency (please specify) _____

Bank Name _____

Bank Account No. _____

Swift Code _____

Bank Code _____

Bank Country _____

Important Notes

1. This option is to facilitate payment to be credited to your bank account directly ("Direct Credit") as the Policy Owner of the Policy as stated herein.
2. For this purpose, copies of your NRIC/passport and your bank statement/first page of your bank account passbook with account details together are required for our verification purposes.
3. Direct Credit is only available for direct credit to banks participating in the Interbank Giro Payment System (IBG).
4. Direct Credit is not allowed for the following bank accounts:
 - I. Overseas bank account
 - II. Corporate bank account (for keyman policy, mortgage reducing term assurance policy)
 - III. Any local bank account that is not in the name of the Policy Owner as stated in this form
 - IV. Any joint bank account unless the Policy Owner is the primary joint account holder

Terms & Conditions

In consideration of Allianz Life Insurance Malaysia Berhad ("ALIM") agreeing to accept my request for direct credit facility to my bank account, I agree and confirm that:

1. The payment into the Account shall be a valid discharge of ALIM's liability under the Policy.
2. ALIM shall not be held liable for any damages, losses, claims, costs and/or expenses which I may incur if the payment transaction is delayed or is not affected at all, or the payment is credited into an incorrect bank account due to incomplete or incorrect information provided by me in this form.
3. I shall immediately refund to ALIM in full any monies paid into the Account which I am not entitled to receive.
4. I hereby indemnify ALIM for any damages, losses, claims, costs and/or expenses incurred by ALIM arising from or in connection with payments made to the Account in accordance with my instructions herein.
5. ALIM reserves the right to release payment by cheque if ALIM finds that any information and/or document(s) provided in or submitted with this form is incomplete, invalid and/or inconsistent.
6. The information provided by me may be disclosed to relevant third parties for the purpose of this form and in compliance with any legal or regulatory requirements.
7. ALIM may update my contact details on the information provided in this form.

Signed at _____ this _____ / _____ / _____
Place Day Month Year

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Allianz Life Insurance Malaysia Berhad – Head Office
 Level 29, Menara Allianz Sentral
 203, Jalan Tun Sambanthan
 Kuala Lumpur Sentral
 50470 Kuala Lumpur

Tel : 603 2264 1188/0688
 Fax : 603 2264 1199
 Website : allianz.com.my

 Signature of Policy Owner/
 Assignee

Name: _____

 NRIC: _____

 Signature of Trustee

Name: _____

 NRIC: _____

 Signature of Trustee

Name: _____

 NRIC: _____

 Signature of Witness

Name: _____

 NRIC: _____

 Signature of Witness

Name: _____

 NRIC: _____

 Signature of Witness

Name: _____

 NRIC: _____

Please ensure that the below documents/requirements are submitted/completed:
 ✓ Benefits Withdrawal form
 ✓ Signature of policy owner/ assignee/ and trustee(s)
 ✓ Proof of age for policy owner/ assignee and life assured (photocopy of NRIC or birth certificate)

To be completed by Agent/Staff/Authorised Bank Staff

Pursuant to the requirement of Section 16 of Anti-Money Laundering, Anti-Terrorism Financing and Proceeds of Unlawful Activities Act 2001, I hereby declare that I have sighted the original NRIC/Birth Cert. or original & valid Passport and verified the identity of the Policy Owner/Life Assured/Claimant for the above Policy.

 Signature of Agent/Staff/Authorised Bank Staff

Name: _____

Agent Code: _____

Date: _____