

E-Payment Authorization Form

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.

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

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.

Currency (please specify) _____
Bank Name _____
Bank Account No. _____
Swift Code _____
Bank Code _____
Bank Country _____



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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, a copy of your NRIC/passport and your bank statement/first page of your bank account passbook with account details together is required 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

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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

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.

 Signature of Policy Owner/ Assignee

Name: _____

Date: _____

 Signature of Witness

Name: _____

Date: _____

Internal Use

Scan to Policy No. _____

Updated By _____ Updated Date _____

Approved By _____ Approved Date _____