Allianz General Insurance Company (Malaysia) Berhad 200601015674 (735426-V)

(Licensed under the Financial Services Act 2013 and regulated by Bank Negara Malaysia)



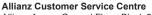
Nomination Form (Nominees and Trustees)

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 State	us	Single	Married	Divorce	d/Widowe
				- Indintal State					
Insured Perso	n								
				Marital State	us	Single	Married	Divorce	d/Widowe
ndly tick 🗸	at the appropriate box and	fill up the relevant	t acction only						
		illi up trie reievarit	section only.						
REVOCA	ATION OF NOMINEE(S)								
I hereby revok	ke all existing nominee(s).								
CONSENT OF	F TRUSTEE(S)								
/We, the Trus	stee(s) in respect of this poli	icy, consent to the	change/revocat	ion of the nomina	tion e	xisting prior	to the date as	signed und	er.
	Signature of Trustee					•	ature of Witnes		
				Name					
RIC No. : _ ontact				NRIC No. Contact	: –				
1-				No.	: _				
)ate : _				Date	: _				
	Signature of Trustee	<u>,</u>				Sign	ature of Witnes	ss*	
	g			Name	:	•			
lame :									
-				NRIC No.	: _				
NRIC No. : _				NRIC No. Contact	: _				
IRIC No. : _ Contact Io. : _				Contact No.	: _				
IRIC No. : _ contact				Contact	: _				
IRIC No. : _ Contact Io. : _				Contact No.	: _				
RIC No. : _ contact				Contact No.	: _				
RIC No. : _ contact				Contact No.	: _				
IRIC No. : _ contact lo. : _ pate : _	Signature of Trustee			Contact No. Date	: _	Sign	ature of Witnes	·s*	
IRIC No. : _ contact lo. : _ pate : _	Signature of Trustee)		Contact No. Date	: _	Sign	ature of Witnes	ss*	
IRIC No. : _ contact lo. : _ that is _ that is _ lame : _ IRIC No. : _	Signature of Trustee)		Contact No. Date	: _	Sign	ature of Witnes	ss*	
NRIC No. : _ Contact No. : _ Date : _	Signature of Trustee)		Contact No. Date	: _	Sign	ature of Witnes	ss*	

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





	21 page 3/4
our appointment by the policy	05/21
	PBNFE00100
Date	PB

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	
PEVOCATION	ON OF TRUSTEE(S)	
REVOCATION	W 01 11(00122(0)	

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

	ey owner is not allowed to appoint himself/herself as the musice.
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 is subject to the absolute right of revocation of my/our appointment is subject to the absolute right of revocation of my/our appointment is subject to the absolute right of revocation of my/our appointment is subject to the absolute right of revocation of my/our appointment is subject to the absolute right of revocation of my/our appointment is subject to the absolute right of revocation of my/our appointment is subject to the absolute right of revocation of my/our appointment is subject to the absolute right of revocation of my/our appointment is subject to the absolute right of revocation of my/our appointment is subject to the absolute right of revocation of my/our appointment is subject to the absolute right of revocation of my/our appointment is subject to the absolute right of revocation of my/our appointment is subject to the absolute right of the absolute right right of the absolute right ri owner of the above mentioned policy.

Authorized Personnel

Date