

Benefit Election Option 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

The following benefit options are made available in pursuant to the provisions of the Policy Contract for the above-mentioned policy. Please mark your selected option with a tick [✓] below.

For Traditional Life Plans

To withdraw the Guaranteed Cash Payment

To deposit the Guaranteed Cash Payment with Us to accumulate with interest at a rate to be determined by Us which may vary from year to year

For Universal Life Plans

To withdraw the Guaranteed Cash Payment/ Guaranteed Retirement Income Payment, Guaranteed Education Benefit

To deposit the Guaranteed Cash Payment/ Guaranteed Retirement Income Payment, Guaranteed Education Benefit with Us to accumulate with interest at a rate to be determined by Us which may vary from year to year

To reinvest the Guaranteed Cash Payment/ Guaranteed Retirement Income Payment/, Guaranteed Education Benefit in the Policy Account 2

For Income Provider Plan (IPP)

To deposit the Guaranteed Cash Payment with Us to accumulate with interest at a rate to be determined by Us which may vary from year to year

To reinvest the Guaranteed Cash Payment in the Policy Account 2

For Income Generator Plan (IGP)

To withdraw the Guaranteed Cash Payment

To deposit the Guaranteed Cash Payment with Us to accumulate with interest at a rate to be determined by Us which may vary from year to year

To use Guaranteed Cash Payment to offset Regular Premium and deposit the remaining Guaranteed Cash Payment with Us to accumulate with interest at a rate to be determined by Us which may vary from year to year

To use Guaranteed Cash Payment to offset Regular Premium and deposit the remaining Guaranteed Cash Payment to be reinvested in the Policy Account 2



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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

For Allianz RetirePlus Plan

<input type="checkbox"/>	To withdraw Guaranteed Cash Payment (GCP)	Not to withdraw Deferred Retirement Benefit (DRB)	Not to withdraw Enhanced Retirement Benefit (ERB)
<input type="checkbox"/>	To deposit GCP with Company	Not to withdraw DRB	Not to withdraw ERB
<input type="checkbox"/>	To deposit GCP with Company	To withdraw DRB @ age 55	Not to withdraw ERB
<input type="checkbox"/>	To deposit GCP with Company	To withdraw DRB @ age 55	To withdraw ERB @ age 55
<input type="checkbox"/>	To deposit GCP with Company	To withdraw DRB @ age 60	Not to withdraw ERB
<input type="checkbox"/>	To deposit GCP with Company	To withdraw DRB @ age 60	To withdraw ERB @ age 60
<input type="checkbox"/>	To deposit GCP in Policy Account 2	Not to withdraw DRB	Not to withdraw ERB
<input type="checkbox"/>	To deposit GCP in Policy Account 2	To withdraw DRB @ age 55	Not to withdraw ERB
<input type="checkbox"/>	To deposit GCP in Policy Account 2	To withdraw DRB @ age 55	To withdraw ERB @ age 55
<input type="checkbox"/>	To deposit GCP in Policy Account 2	To withdraw DRB @ age 60	Not to withdraw ERB
<input type="checkbox"/>	To deposit GCP in Policy Account 2	To withdraw DRB @ age 60	To withdraw ERB @ age 60

- I hereby agree and confirm that any subsequent election will supersede the previous election & shall be given effect without further reference to me.
- The same option that I have elected for Guaranteed Education Benefit shall apply to Non-guaranteed Education Benefit (only applicable for product with Guaranteed Education Benefit and Non-guaranteed Education Benefit).
- The same option that I have elected for Guaranteed/Regular Cash Payment shall apply to Loyalty Bonus (only applicable for product with Loyalty Bonus).

Direct Credit Account (E-Payment) Advice (Please fill this section if you opt to withdraw GCP)

Account Holder's Authorisation

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 upon ALIM's approval of this form. I agree that this request is governed by the Terms and Conditions as specified below.

Bank Name _____

Bank Account Holder's Full Name _____

Bank Account No. _____

Account Type [] Individual [] Joint (Primary holder)

Mobile No. (compulsory) _____

Email Address (compulsory) _____

Important Notes

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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

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

 Signature of Policy Owner
 Name: _____

 Signature of Trustee
 Name: _____

 Signature of Trustee
 Name: _____

 NRIC: _____

 NRIC: _____

 NRIC: _____

 Signature of Witness
 Name: _____

 Signature of Witness
 Name: _____

 Signature of Witness
 Name: _____

 NRIC: _____

 NRIC: _____

 NRIC: _____