

## Request for E-Payment (Direct Credit) Form

## Important Notes:

- This form is to facilitate your request for certain payments issued by us to be credited to your bank account directly ("Direct Credit") as the Policy Owner of the Policy as stated herein.
- To process and approve your request, a copy of the following documents is required together with this form for our verification purposes: (i) NRIC/Passport (ii) Bank statement/first page of your bank account passbook with account details. We reserve the right to waive this requirement at our discretion.
- Direct Credit is only available for direct credit to banks participating in the Interbank Giro Payment System (IBG).
- 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.
- Allianz Life Insurance Malaysia Berhad ("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.

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I hereby request and authorize Allianz Life Insurance Malaysia Berhad to direct credit the payment for the opted transaction type which is payable to me into my bank account stated in this form. I agree that this request is governed by the Terms and Conditions as specified in this form.

Policy No.			
Name of Policy Owner/Assignee/ Insured Member (Group Policy)			
NRIC No. (New)			
NRIC No. (Old)/Passport No./Others			
Transaction Type	Surrender	Partial Withdrawal	Others, please specify
	Policy Loan	Claim (except Death Claim)	New Business
Bank Name			
Bank Account Holder Full Name			
Bank Account No.			
Account Type	Single Account	Joint Account (Primary accounth	nolder only)
Mobile Phone No.	(compulsory for payment notification)		
Email Address			

## **Terms & Conditions**

In consideration of ALIM agreeing to accept my request for direct credit facility to my bank account, I agree and confirm that:

- I am the holder of the bank account specified above ("Account") and the details provided above are correct, true and complete, whether or not I have provided any documents to ALIM for verification. I shall inform ALIM about any change in the above details in writing as and when the change occurs.
- I further confirm that I have full power and authority to operate the Account and I authorize ALIM to direct credit the payments for the above opted transaction type which is payable to me into the Account.
- The payment into the Account shall be a valid discharge of ALIM's liability under the Policy.
- 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 effected at all or the payment is credited into an incorrect bank account due to incomplete or incorrect information provided by me in this form.
- I shall immediately refund to ALIM in full any monies paid into the Account which I am not entitled to receive.
- 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.
- Notwithstanding the above, ALIM reserves the right to release payment to you by cheque.
- 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.

Signature of Policy Owner/Assignee/Insured Member	Signature of Witness
Name:	Name:
Date:	NRIC:
	Address: