

# Application for Contingent Owner

(Applicable for Juvenile Life Policy only)

**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

**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

**Please complete your details**

**Policy Number** \_\_\_\_\_

**Policy Owner** \_\_\_\_\_

**Life Assured** \_\_\_\_\_

**Details of Contingent Owner**

Name	_____
NRIC No. (New)	_____
NRIC No. (Old)	_____
Passport No.	_____
Passport Expiry Date	_____
Date of Birth	_____
Country of Birth	_____
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Nationality	<input type="checkbox"/> Malaysian <input type="checkbox"/> Singaporean <input type="checkbox"/> Others _____
Relationship To Life Assured	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian Note: Contingent Owner must either be the father, mother, or legal guardian of the life assured
Residential Address	_____ _____ Postcode _____ Country of Residence _____
Correspondence Address	_____ _____ Postcode _____ Country of Residence _____
Mobile No.	_____-_____-_____ Country Code Area Code
Mobile No.	_____-_____-_____ Country Code Area Code
Email Address	_____





**Allianz Life Insurance Malaysia Berhad** (198301008983)  
(Licensed under the Financial Services Act 2013 and regulated by Bank Negara Malaysia)

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### Declaration by Contingent Owner

I agree to be nominated and act as the Contingent Owner for this Policy in accordance with the terms and conditions of the Policy.

\_\_\_\_\_  
Signature of Contingent Owner

Name: \_\_\_\_\_

NRIC: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Witness

Name: \_\_\_\_\_

NRIC: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

### Declaration by Policy Owner & Data Privacy and Disclosure of Personal Information

I, the Policy Owner hereby expressly declare that I shall exercise my rights as the legal owner of this Policy during my lifetime, and shall only divest all my said rights, privileges and options and benefits under this Policy available to me as the Policy owner to the Life Assured upon my death.

Subject to the terms and conditions of the Policy, I hereby appoint the person named hereinabove as the Contingent Owner of this Policy, who shall hold the Policy in trust for the Life Assured upon my death while the Life Assured is still a minor. The Contingent Owner shall replace me as the legal owner and may exercise such rights, privileges and options and benefits provided under this Policy for the benefit of the Life Assured while the Life Assured is still a minor. The Contingent Owner shall cease to be the legal owner of the Policy when the Life Assured attains the age of 16 years whereupon the ownership of this Policy shall be automatically transferred to and be vested in the Life Assured, who shall at that point in time be entitled to become the legal owner replacing the Contingent Owner and shall be entitled to deal with the Policy in the capacity as both the policy Owner and Life Assured. In the event that the Contingent Owner predeceases me or upon the Life Assured attaining age of sixteen (16) years old during my lifetime, whichever event is earlier, this nomination shall automatically lapse and become null and void with no legal effect.

Notwithstanding the above, the Contingent Owner cannot assign the Policy for whatsoever reasons. I further reserve the right to remove or replace or revoke the Contingent Owner without his/her consent. And I declare that this appointment shall supersede all previous appointment of Contingent Owner(s), made by me, if any.

It is hereby declared that all the particulars given above are true and correct and that the same shall together with the above declaration constitute an integral part of the Policy.

### Data Privacy and Disclosure of Personal Information

We promise to respect and safeguard the personal information that you supplied to us. We shall try to ensure that your details are accurate and kept up to date.



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**Purpose of Using and Disclosure of Personal Information**

The information you supply will be used by the Allianz Group and its agents to facilitate the performance of our function as an insurance company (such as checks with licensed credit referencing agency, exchange of information with other insurers through various authorized and approved databases to check the information provided and also to prevent fraudulent claims, disclosure of information to regulatory authorities in response to formal requests, disclosure of personal information to authorized third parties such as other insurers, reinsurers, loss adjustors, external claims data collectors, investigators and parties required by law).

**Your Rights of Access to Your Personal Data**

You have the right to request in writing, access to and correction of your Personal Data held by the Company and you may make any enquiries or complaints in respect of your Personal Data by contacting the Company’s Customer Service Officer at 1 300 22 5542, from 8 am to 8 pm, Monday to Friday or email at customer.service@allianz.com.my. You also have the right to request in writing for the Company to cease processing your Personal Data including for marketing purposes.

Protecting your Privacy is very important to us. Please visit our website [www.allianz.com.my](http://www.allianz.com.my) to view our Privacy Statement.

\_\_\_\_\_  
Signature of Policy Owner

Name: \_\_\_\_\_

\_\_\_\_\_  
NRIC: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Witness

Name: \_\_\_\_\_

\_\_\_\_\_  
NRIC: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_