

# Nomination 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  
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\*HSBC Bancassurance Customer

**Important Notice:**

- Pursuant to Schedule 10 of Financial Services Act 2013 (“FSA 2013”)
  1. A reference to a policy is a reference to a life policy, including a life policy under section 23 of the Civil Law Act 1956, and a personal accident policy, effected by a policy owner upon his own life providing for payment of policy moneys on his death.
  2. A policy owner who has attained the age of sixteen (16) years may nominate a natural person to receive policy moneys payable under his life policy upon his death.
  3. 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 your death as life assured. Failure to make a nomination may delay the payment of the policy moneys when payable.
  4. 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, a trust will be created in respect of the policy moneys payable upon your death in favor of the nominees and such policy moneys shall not form part of your estate or be subject to your debts. You are advised to appoint a trustee for the policy moneys and in the event of failure to do so, the competent nominee(s) shall be the trustee(s). For a policy with such trust created, written consent of the trustee(s) is required before you revoke the nomination or add a nominee, vary, surrender, assign or pledge the policy as security.
  5. Any nominee other than your spouse, child or parent (if there is no spouse or child living at the date of nomination), shall receive the policy moneys payable upon death of the policy owner as an executor and not solely as a beneficiary. If your intention is for such nominee to receive the policy moneys solely as a beneficiary i.e. not as an executor, then you must assign the benefits of the policy to such nominee.
  6. A witness shall be of age eighteen (18) years and above, of sound mind and not a nominee under the policy stated above.
- If the signed Nomination form is scanned and submitted via policy owner’s own email registered with Allianz Life Insurance Malaysia Berhad (ALIM), you as the policy owner hereby agree that the scanned Nomination form submitted shall be valid as the original and conclusive evidence of the notification of nomination to ALIM.
- This form duly completed has to be received by ALIM during your lifetime.

**Part 1: Details of Policy Owner**

Religion	<input type="checkbox"/> Muslim	<input type="checkbox"/> Non-Muslim		
Marital Status	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed
Do you have any child?	<input type="checkbox"/> Yes [No. of child: _____]		<input type="checkbox"/> No	



**Part 2: Appointment or Change of Nominees/ Revocation of Nomination**

Kindly tick  at the appropriate boxes and fill up the relevant section only

**Appointment/ Change of Nominees**

Note: Nominees stated in this form will supersede all existing nominee(s)

I, the policy owner of the abovementioned policy, hereby appoint the following named person(s) as nominee(s) under the abovementioned policy:

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**Nominee 1**

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	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Others _____
Residential Address	_____ _____ Postcode _____ Country of Residence _____
Mobile No.	_____-_____-_____ Country Code Area Code
Email Address	
Nomination Share (%)	

**Nominee 2**

Name	
NRIC No. (New)	
NRIC No. (Old)	
Passport No.	

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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	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Others _____
Residential Address	_____ _____ Postcode _____ Country of Residence _____
Mobile No.	_____ - _____ - _____ Country Code Area Code
Email Address	
Nomination Share (%)	

**Nominee 3**

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	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Others _____
Residential Address	_____ _____ Postcode _____ Country of Residence _____

Mobile No.	_____ - _____ - _____ Country Code    Area Code
Email Address	_____
Nomination Share (%)	_____

**Nominee 4**

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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	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Others _____
Residential Address	_____ _____ Postcode _____ Country of Residence _____
Mobile No.	_____ - _____ - _____ Country Code    Area Code
Email Address	_____
Nomination Share (%)	_____

**Revocation of Nomination**

I, the policy owner of the abovementioned policy, hereby revoke the nomination of all existing nominees under the abovementioned policy made prior to the date of signing of this form.

**Consent of Trustee**

Consent of Trustee is required if you are revoking or changing any of the existing nominees who are classified as trust nominees (Refer point 4 of the Important Notice in page 1 for details)

I/We, the Trustee(s) in respect of the abovementioned policy, hereby consent to the change/revocation of the existing nomination under the abovementioned policy made prior to the date of signing of this form by the policy owner.

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_____	_____	_____
Signature of Trustee	Signature of Trustee	Signature of Trustee
Name: _____	Name: _____	Name: _____
_____	_____	_____
NRIC: _____	NRIC: _____	NRIC: _____
Date: _____	Date: _____	Date: _____
_____	_____	_____
Signature of Witness	Signature of Witness	Signature of Witness
Name: _____	Name: _____	Name: _____
_____	_____	_____
NRIC: _____	NRIC: _____	NRIC: _____

**Part 3: Appointment/ Revocation of Trustee**

Kindly tick  at the appropriate boxes and fill up the relevant section only

**Appointment of Trustee (Note: Policy owner cannot be the Trustee)**

I, the policy owner of the abovementioned policy, hereby appoint the following Trustee(s) to receive such money payable under the abovementioned policy upon my death and the receipt by the Trustee(s) shall be a complete discharge to ALIM for all liability in respect of the policy moneys so paid to them. I reserve the right to revoke and reappoint Trustee(s) at any time at my sole discretion without the consent of the Trustee(s).

**Trustee 1**

Name	_____
NRIC No. (New)	_____
NRIC No. (Old)	_____
Passport No.	_____
Passport Expiry Date	_____
Date of Birth	_____

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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	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Others _____
Residential Address	_____ _____ Postcode _____ Country of Residence _____
Mobile No.	_____ - _____ - _____ Country Code Area Code
Email Address	

**Trustee 2**

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	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Others _____
Residential Address	_____ _____ Postcode _____ Country of Residence _____
Mobile No.	_____ - _____ - _____ Country Code Area Code
Email Address	

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**Trustee 3**

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	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Others _____
Residential Address	_____ _____ Postcode _____ Country of Residence _____
Mobile No.	_____ - _____ - _____ Country Code Area Code
Email Address	

I/We, as named above, hereby agree to act as Trustee(s) and that my/our appointment is subject to the absolute right of revocation of my/our appointment by the policy owner of the abovementioned policy.

\_\_\_\_\_  
 Signature of Trustee 1

\_\_\_\_\_  
 Signature of Trustee 2

\_\_\_\_\_  
 Signature of Trustee 2

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Revocation of Trustee**

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I, the policy owner of the abovementioned policy, hereby revoke the appointment of the following trustee(s) in respect of the abovementioned policy.

1. Name: \_\_\_\_\_ NRIC No: \_\_\_\_\_
2. Name: \_\_\_\_\_ NRIC No: \_\_\_\_\_
3. Name: \_\_\_\_\_ NRIC No: \_\_\_\_\_

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**Allianz Life Insurance Malaysia  
Berhad – Head Office**

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50470 Kuala Lumpur

Tel : +603 2264 1188/0688  
Fax : +603 2264 1199  
Website : allianz.com.my

**Part 4: Signature of Policy Owner**

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

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

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

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

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

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

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

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