

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 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 Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorce <input type="checkbox"/> Widowed														
Insured Person															
	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorce <input type="checkbox"/> Widowed														

Kindly tick at the appropriate box and fill up the relevant section only.

REVOCATION OF NOMINEE(S)

I hereby revoke all existing nominee(s).

CONSENT OF TRUSTEE(S)

I/We, the Trustee(s) in respect of this policy, consent to the change/revocation of the nomination existing prior to the date as signed under.

Signature of Trustee

Name :

ID Type* :

ID No. :

Contact No. : -

Date : DD - MM - YYYY

Signature of Witness**

Name :

ID Type* :

ID No. :

Contact No. : -

Date : DD - MM - YYYY

Signature of Trustee

Name :

ID Type* :

ID No. :

Contact No. : -

Date : DD - MM - YYYY

Signature of Witness**

Name :

ID Type* :

ID No. :

Contact No. : -

Date : DD - MM - YYYY

Signature of Trustee

Name :

ID Type* :

ID No. :

Contact No. : -

Date : DD - MM - YYYY

Signature of Witness**

Name :

ID Type* :

ID No. :

Contact No. : -

Date : DD - MM - YYYY

Notes: 1. *ID Type : Code : [01] NRIC [02] Old IC/Others [03] Passport [04] Police/Army
 2. **A witness shall be of age eighteen (18) years and above, of sound mind and not the nominee.



APPOINTMENT OF NOMINEE(S)

The following are my nominee(s) under this policy.

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
NOMINEE 1							
Name							
ID Type	Code : <input type="checkbox"/> [01] NRIC <input type="checkbox"/> [02] Old IC/Others <input type="checkbox"/> [03] Passport <input type="checkbox"/> [04] Police/Army						
ID No.							
Date of Birth	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Gender <input type="checkbox"/>					
Nationality	<input type="checkbox"/> (If Others, please specify)						
Relationship	<input type="checkbox"/> (If Others, please specify)						% of Share <input type="text"/> <input type="text"/>
Address							
<input type="checkbox"/> Non-residential							
<input type="checkbox"/> Residential							
Postcode	City						
State							Country
NOMINEE 2							
Name							
ID Type	Code : <input type="checkbox"/> [01] NRIC <input type="checkbox"/> [02] Old IC/Others <input type="checkbox"/> [03] Passport <input type="checkbox"/> [04] Police/Army						
ID No.							
Date of Birth	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Gender <input type="checkbox"/>					
Nationality	<input type="checkbox"/> (If Others, please specify)						
Relationship	<input type="checkbox"/> (If Others, please specify)						% of Share <input type="text"/> <input type="text"/>
Address							
<input type="checkbox"/> Non-residential							
<input type="checkbox"/> Residential							
Postcode	City						
State							Country
NOMINEE 3							
Name							
ID Type	Code : <input type="checkbox"/> [01] NRIC <input type="checkbox"/> [02] Old IC/Others <input type="checkbox"/> [03] Passport <input type="checkbox"/> [04] Police/Army						
ID No.							
Date of Birth	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Gender <input type="checkbox"/>					
Nationality	<input type="checkbox"/> (If Others, please specify)						
Relationship	<input type="checkbox"/> (If Others, please specify)						% of Share <input type="text"/> <input type="text"/>
Address							
<input type="checkbox"/> Non-residential							
<input type="checkbox"/> Residential							
Postcode	City						
State							Country

NOMINEE 4	
Name	<input type="text"/>
ID Type	<input type="text"/> Code : [01] NRIC [02] Old IC/Others [03] Passport [04] Police/Army
ID No.	<input type="text"/>
Date of Birth	<input type="text"/> DD - <input type="text"/> MM - <input type="text"/> YYYY Gender <input type="text"/>
Nationality	<input type="text"/> (If Others, please specify) <input type="text"/>
Relationship	<input type="text"/> (If Others, please specify) <input type="text"/> % of Share <input type="text"/>
Address	<input type="text"/>
<input type="checkbox"/> Non-residential	<input type="text"/>
<input type="checkbox"/> Residential	<input type="text"/>
Postcode	<input type="text"/> City <input type="text"/>
State	<input type="text"/> Country <input type="text"/>

REVOCATION OF TRUSTEE(S)

I hereby revoke the appointment of the following Trustee(s).

Name of Trustee(s)	ID Type*	ID No.
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Note: 1. *ID Type: Code : [01] NRIC [02] Old IC/Others [03] Passport [04] Police/Army

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.

TRUSTEE 1	
Name	<input type="text"/>
ID Type	<input type="text"/> Code : [01] NRIC [02] Old IC/Others [03] Passport [04] Police/Army
ID No.	<input type="text"/>
Date of Birth	<input type="text"/> DD - <input type="text"/> MM - <input type="text"/> YYYY Gender <input type="text"/>
Nationality	<input type="text"/> (If Others, please specify) <input type="text"/>
Relationship	<input type="text"/> (If Others, please specify) <input type="text"/> % of Share <input type="text"/>
Address	<input type="text"/>
<input type="checkbox"/> Non-residential	<input type="text"/>
<input type="checkbox"/> Residential	<input type="text"/>
Postcode	<input type="text"/> City <input type="text"/>
State	<input type="text"/> Country <input type="text"/>

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 by the policy owner of the above mentioned policy.

Signature

DD - MM - YYYY
Date

TRUSTEE 2	
Name	<input type="text"/>
ID Type	<input type="text"/> Code : [01] NRIC [02] Old IC/Others [03] Passport [04] Police/Army
ID No.	<input type="text"/>
Date of Birth	<input type="text"/> DD - <input type="text"/> MM - <input type="text"/> YYYY Gender <input type="text"/>
Nationality	<input type="text"/> (If Others, please specify)
Relationship	<input type="text"/> (If Others, please specify) % of Share <input type="text"/>
Address	<input type="text"/>
<input type="checkbox"/> Non-residential	<input type="text"/>
<input type="checkbox"/> Residential	<input type="text"/>
Postcode	<input type="text"/> City <input type="text"/>
State	<input type="text"/> Country <input type="text"/>

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 by the policy owner of the above mentioned policy.

Signature

DD - MM - YYYY
Date

SIGNATURE OF POLICY OWNER

Signature of Policy Owner

Name :

ID Type* :

ID No. :

Contact No. : -

Date : DD - MM - YYYY

Signature of Witness*

Name :

ID Type* :

ID No. :

Contact No. : -

Date : DD - MM - YYYY

- Notes: 1. ID Type* : Code : [01] NRIC [02] Old IC/Others [03] Passport [04] Police/Army
2. A witness shall be of age eighteen (18) years and above, of sound mind and not the nominee.

IMPORTANT NOTICE: THIS FORM HAS TO BE RECEIVED BY THE COMPANY DURING THE LIFETIME OF THE POLICY OWNER.

A copy of this form has this day been filed at the Head Office of ALLIANZ GENERAL INSURANCE COMPANY (MALAYSIA) BERHAD.

For **ALLIANZ GENERAL INSURANCE COMPANY (MALAYSIA) BERHAD**

Authorized Personnel

DD - MM - YYYY
Date