

## NOMINATION FORM

Application/ Policy No: \_\_\_\_\_

Policy Owner: \_\_\_\_\_

Policy Owner's I.C. No: \_\_\_\_\_

Please tick  wherever is applicable.

Policy Owner's Religion:

Muslim

Non Muslim

Policy Owner's Marital Status:

Single

Married

Divorced

Widow/ Widower

Do you have any living child?

Yes

No

### Important notes for Nomination and Trust:

1. (a) A trust in favour of the nominee(s) is created under Section 130 of the Financial Services Act 2013 (Schedule 10), if the nominee(s) of the Policy Owner (other than a Muslim Policy Owner) named herein shall be one or more individuals in the following categories:
  - i) Spouse
  - ii) Child
  - iii) Parent (where there is no spouse or child living at the time of making this nomination)
- (b) A Policy Owner should appoint a trustee for the policy moneys and in the event of failure to do so, the competent nominee shall be the Trustee.
- (c) The Policy Owner may appoint any person, other than himself/herself, to be trustee(s) for the policy moneys by completing the details for trustee. The Policy Owner shall not be the Trustee.
2. A nomination by a Muslim Policy Owner shall not create a trust in favour of the nominee of the policy moneys payable upon death of such Muslim policy owner. A nominee of a Muslim Policy Owner upon receipt of the policy moneys shall distribute the policy moneys in accordance with Islamic Laws.
3. For nominees other than those described in item no. 1(a) above, the nominee shall receive the policy moneys in the capacity as an executor and not solely as a beneficiary. If the Policy Owner's intention is for such nominee to receive the policy benefits beneficially and not as an executor, the Policy Owner must assign the benefits of the policy to such person.

### Section A - Nominee(s) Details

I, the above named hereby nominate the following as nominee(s) for the above application/ policy.

	Nominee I	Nominee II	Nominee III
Name*			
Gender*			
ID Description*			
ID Number* (Old IC / Birth Cert / Army ID / Police ID / Passport)			
New I.C Number (if any)*			
Date of Birth (dd/mm/yyyy)*			
Nationality*			
Occupation* (State the exact duty)			
Name of Employer*			
Nature of business, if self employed*			
Relationship to Policy Owner*			
Current / Savings Account Number			
Bank's Name			
Share (%)			

*to be continued*



<b>Section A - Nominee(s) Details (continued)</b>			
	<b>Nominee I</b>	<b>Nominee II</b>	<b>Nominee III</b>
Mailing Address*			
Residential Address (if different from mailing address)*			
Contact Number*	Home : Office : Mobile :	Home : Office : Mobile :	Home : Office : Mobile :
Purpose of Nomination*			

**Note:**

- \* Mandatory fields to be filled.
- Nominations are not allowed for policies effected by the policy owner upon the life of another person
- Submission of a copy of the nominee(s) IC / Passport / Birth Certificate is/are encouraged.
- If there are more than 3 nominees, please submit an additional nomination form.

<b>Section B - Trustee(s)</b> (Not valid for Muslim Policy Owner and will be automatically void.)
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I hereby appoint the following person(s) to be my Trustee(s) in respect of the moneys payable under this policy(s) and the receipt of the policy moneys by the Trustee(s) shall be a discharge to the Company of all their liabilities under the policy. I hereby reserve the right to revoke the appointment of the Trustee(s) and substitute any other person thereof or to appoint additional Trustee(s). I further declare that I shall not deal with the policy by revoking a nomination, varying or surrendering and assigning or pledging the policy as security without the consent of the Trustee(s).

<b>(i) Trustee(s) Details</b>
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	<b>Trustee 1</b>	<b>Trustee 2</b>
Name*		
Gender*		
ID Description*		
ID Number* (Old IC / Army ID / Police ID / Passport)		
New IC Number (if any)*		
Date of Birth (dd/mm/yyyy)*		
Current / Savings Account Number		
Bank's Name		
Nationality*		
Occupation* (State the exact duty)		
Name of Employer*		
Nature of business, if self-employed*		

*to be continued*

<b>(i) Trustee(s) Details (continued)</b>		
	<b>Trustee 1</b>	<b>Trustee 2</b>
Mailing Address*		
Residential Address* (if different from Mailing Address)		
Contact Number*	Home : Office : Mobile :	Home : Office : Mobile :
Reason for appointment of Trustee*		

**Note:**

- \* Mandatory fields to be filled.
- Submission of a copy of the trustee's IC/ Passport is COMPULSORY.

**(ii) Declaration by Trustee(s)**

I/We the undersigned hereby accept the appointment as Trustee(s) and undertake to carry out all my/our duties as Trustee(s) in accordance with the trust deed if any, or according to the provisions of the Trustee Act 1949 in relation to the said policy.

Dated \_\_\_\_\_ day of \_\_\_\_\_ year \_\_\_\_\_

\_\_\_\_\_  
Signature of Trustee 1\*\*  
Name : \_\_\_\_\_

\_\_\_\_\_  
Signature of Trustee 2\*\*  
Name : \_\_\_\_\_

\_\_\_\_\_  
Signature of Witness\*\*\*  
Name : \_\_\_\_\_  
I.C. No : \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Tel. No : \_\_\_\_\_

\_\_\_\_\_  
Signature of Policy Owner  
Name : \_\_\_\_\_  
I.C. No : \_\_\_\_\_  
Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Tel No : \_\_\_\_\_

\*\* Trustee must be at least 18 years of age, of sound mind and cannot be the witness.

\*\*\* Witness must be at least 18 years of age, of sound mind and cannot be a named nominee or the spouse to the Policy Owner.