

(FOR AGENCY TAKAFUL ONLY)

REQUEST FOR CHANGE (INVESTMENT LINKED FUNDS) – Applicable for Change of Fund Split, Fund Switching and Top Up Contribution

Important Notes:			
1) You are to disclose fully and faithfully, all the facts which you know or ought to know, otherwise the application may be invalidated.			
2) Please note that for multiple transaction in one request or a few request on Investment Linked Plan submitted on same day, we will facilitate the request in sequential basis on different valuation date, which could result in differences of valuation of Net Asset Value price.			
3) Etiqa Family Takaful Berhad reserves the right to request for further requirements as and when necessary.			
Certificate No.		Date:	
Name of Person Covered			
Name of Certificate Owner			
Address			
Contact No			
A. Change of Fund Split			
Funds	Percentage (%)	Note: 1. All future contribution will be based on the fund split selected beside. 2. Please specify the fund allocation in term of percentage (%) and the total percentage of selected funds should be equal to 100%. 3. The fund allocation must be in Round Figure. 4. The revised contribution allocation will be effected after the application is accepted by Etiqa Family Takaful Berhad.	
Dana Ekuiti Prima Takaful			
Dana Pendapatan Prima Takaful			
Others, please specify : _____			
Total Percentage	100		
B. Unit Switching			
Switching From ___Fund	Unit %	Switch to ___Fund	No. of Units / Percentage
	<input type="checkbox"/> <input type="checkbox"/>		
	<input type="checkbox"/> <input type="checkbox"/>		
C. Top Up Contribution			
Top Up Contribution : RM _____			
I/We being the legal owner(s) of this Certificate, hereby			
1. Request Etiqa Family Takaful Berhad to make the above changes to my certificate.			
2. Declare that this certificate is not currently assigned to any party whatsoever, unless as indicated below by the signature of the assignee.			
3. Agree that a photographic or facsimile copy of this Application for the abovementioned shall be as effective and valid as the Original.			
4. Understand that Pre-existing condition as per certificate contract is applicable to this Top up application. Subject to 6% GST on top up charges (where applicable).			
Signature of Witness _____	Signature of Certificate Owner _____	Signature of Assignee _____	
Name : _____	Name : _____	Name : _____	
NRIC No : _____	NRIC No : _____	NRIC No : _____	
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Any request(s) below is subject to terms & conditions. Etiqa Family Takaful Berhad reserves the right to request for any further information should it deem necessary or even reject the application if any of the term & conditions stated is not met.

