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| PRODUCT DISCLOSURE SHEET | Etiqa Life Insurance Berhad ("Company"/"We"/"Us"/"Our") |
| Read this Product Disclosure Sheet before you decide to take up the MORTGAGE REDUCING TERM ASSURANCE. Be sure to also read the general terms and conditions. | MORTGAGE REDUCING TERM ASSURANCE |
| | DD/MM/YYYY |

1. What is this product about?

Mortgage Reducing Term Assurance (MRTA) is a protection plan designed to cover your mortgage obligation should death or total and permanent disability (TPD) happens to the life insured within the cover period.

2. What are the covers / benefits provided?

| No | Coverage / Benefit | Description | Cover Period |
|----|--------------------|---|--|
| 1 | Death | Upon death of the life insured, the amount of reducing sum insured as at date of death would be payable for repayment of the outstanding balance of mortgage facility/financing. | <term> years |
| 2 | TPD | <p>Upon TPD of the life insured before the expiry of the cover period or up to policy anniversary nearest to age 70 of the life insured, whichever is earlier, the amount of reducing sum insured will be payable up to RM1,000,000. The balance, if any, up to RM1,000,000 is payable one year from the date of the first payment.</p> <p>Should the life insured dies or the Certificate of Insurance expires before the second installment is due, the remaining balance would be paid immediately and the Certificate of Insurance will be terminated.</p> <p>The amount of reducing sum insured will be utilized for repayment of the outstanding balance of mortgage facility/financing.</p> <p>The total aggregate payout for the TPD benefit shall not exceed a sum of RM2,000,000 for this Certificate of Insurance and all other policies within the Company, if any, of the same life insured.</p> | <term> years or up to policy anniversary nearest to age 70 of the life insured, whichever is earlier |

The benefit(s) payable under eligible product is(are) protected by PIDM up to limits. Please refer to PIDM's TIPS Brochure or contact Us or PIDM (visit www.pidm.gov.my).

3. How much premium do I have to pay?

The single premium that you as life insured have to pay varies depending on your age, sum insured, interest rate and cover period
The estimated total premium that you have to pay is RM <Single Premium> .
The total premium may also vary based on Our underwriting decision.

4. What are the fees and charges that I have to pay?

Policy related expenses such as management expenses have been incorporated in your total premium. Should you as a life insured decide to terminate your Certificate of Insurance earlier within the cover period, your surrender value may be lower than your total premium to cover the above expenses.

5. What are some of the key terms and conditions that I should be aware of?

- Importance of Disclosure - You are required to disclose fully and accurately all the relevant information that you know to be relevant to our decision in accepting the risks and determining the rates and terms to be applied. Otherwise it will result in voidance of Certificate of Insurance, a claim not being paid, or terms and conditions of the Certificate of Insurance being changed.
- You should satisfy yourself that the plan serves your needs and that you can afford the premium.

Note: This list is non-exhaustive. Please refer to the Certificate of Insurance for the detailed terms and conditions.

6. What are the major exclusions under this policy?

If the life insured commits suicide within the first 12 months from the commencement date, while sane or insane, total premium paid will be refunded.

This policy shall not cover TPD arising from:

- a) Pre-existing condition, unless the life insured affected by these conditions has been covered under this Certificate of Insurance for more than 1 year from the commencement date;
- b) Self-inflicted injuries or attempted suicide, while sane or insane;
- c) Injuries or hospitalization under the influence of any alcohol, narcotics or drugs;
- d) Entering, operating, or servicing ascending or descending, from or with any aerial devices or conveyance except while the life insured is in an aircraft operated by a commercial passenger airline on a regular scheduled passenger trip over its established passenger route;
- e) Participation in any criminal act, riot, civil commotion, insurrection, war (whether declared or not), revolution or any warlike operations, acts of foreign enemies, any act of terrorism and chemical warfare; or
- f) Involvement in any dangerous sports and hobbies such as racing (other than on foot), glider flying, sailing or other hobbies which are comparably dangerous and risky unless sports risk premium is paid.

Note: This list is non-exhaustive. Please refer to the Certificate of Insurance for the full list of exclusions.

7. Can I cancel my policy?

- Cancellation during cooling-off period - The life insured has the right, for any reason, to return the Certificate of Insurance together with the written cancellation request within 15 days after the Certificate of Insurance has been received by you or by a person who resides at your residence or within 1 year from commencement date, whichever is later. Then we shall cancel the coverage and refund to you all premium that you have paid, less any medical fee incurred.
- Please note that for the purpose of determining the period of 15 days, the Certificate of Insurance will be deemed to be returned to Us on the date We have received it or the date that it has been posted to Us by registered post or on the date of transmission if it is electronically transmitted.
- If We receive any written cancellation notice from you (with agreement from your mortgage financier) after 1 year from the commencement date, we shall pay you the surrender value.

8. What do I need to do if there are changes to my contact details?

It is important that you inform Us of any change in your contact details to ensure that all correspondences reach you in a timely manner.

9. Where can I get further information?

If you have any enquiries, please contact:

Etiqua Life Insurance Berhad (201701025113)
(Licensed under Financial Services Act 2013 and Regulated by Bank Negara Malaysia)
Dataran Maybank, No. 1, Jalan Maarof,
59000 Kuala Lumpur, Malaysia
Tel: 03-2297 3888 Faks : 03-2297 3800
Etiqua Online : 1 300 13 8888
Email: info@etiqua.com.my
Homepage: www.etiqua.com.my

Or you can contact:

Etiqua Life Insurance Berhad (201701025113)
Government Business Unit
No.15 & 15A,
Jalan P8G1, Presint 8,
62000 Putrajaya.
Tel: 03-8861 6862 / 6772 / 6362 / 6172
Fax: 03-8861 6782

10. Other similar types of cover available

Please refer to Our distributors for other similar types of cover available.

IMPORTANT NOTE:

BUYING A LIFE INSURANCE POLICY IS A LONG-TERM FINANCIAL COMMITMENT. YOU MUST CHOOSE THE TYPE OF POLICY THAT BEST SUITS YOUR PERSONAL CIRCUMSTANCES. YOU SHOULD READ AND UNDERSTAND THE INSURANCE POLICY OR CONTACT US DIRECTLY FOR MORE INFORMATION.

The information provided in this disclosure sheet is valid within 3 months after the issue date.

DECLARATION & AUTHORISATION

Please read carefully before signing this application.

1. I am aware that I must answer all questions and declarations in this application, and that these answers and declarations are accurate and complete. I agree that failure to answer a question or declaration, or incorrectly answering a question or declaration, may result in termination of the policy, a claim not being paid, or the terms and conditions of the policy being changed.
2. I agree to notify Etiqa Life Insurance in writing should there be a change to any answers or declarations in this application, prior to the date of issuance of the policy. I agree that failure to notify Etiqa Life Insurance of any such change, may result in termination of the policy, a claim not being paid, or the terms and conditions of the policy being changed.
3. I have read and understood the contents of the application including all notices therein and I have fully, truthfully and voluntarily answered all the questions in this application and any questionnaires, after having fully understood the questions.
4. I confirm that I fully understand that my answers and declarations given in this application and any other relevant documents completed by me in connection with this application or amendments thereto shall be relied upon by Etiqa Life Insurance in deciding whether to accept my application or not.
5. I hereby authorise any physician, hospital, clinic, insurance company/ takaful operator, financial institution or any other organization or company or person that has any records or knowledge about me, my financial standing or my health, to disclose to Etiqa Life Insurance or its representatives any or all such information about me before or after my death. I agree that a photocopy or facsimile of this authorization shall be considered as effective and as valid as the original and legally binding on anyone who takes over any of my legal rights.
6. I understand and agree that the insurance coverage I have applied for shall only commence on date of the first loan disbursed provided always that the application has been approved and that the full premium has been received by Etiqa Life Insurance during my lifetime and that prior to or at the date of commencement, there has been no alteration to my health.
7. **PERSONAL DATA PROTECTION ACT 2010 (PDPA)**
I, agree, consent and allow Etiqa Life Insurance to process my/our personal data including sensitive personal data, with the intention of entering into a contract of Insurance, in compliance with the provisions of the Personal Data Protection Act 2010 (PDPA).
I, understand and agree that any personal data collected or held by Etiqa Life Insurance, whether contained in this application or subsequently obtained, may be held, used, processed and disclosed by Etiqa Life Insurance to individuals and/or organizations related to and associated with Etiqa Life Insurance or selected third parties (within or outside Malaysia, including medical institutions, reinsurers, claim adjusters, claim investigators, solicitors, industry associations, regulators, statutory bodies and government authorities), for the purpose of processing this application, providing subsequent service related to it, communicate with me for such purposes and any purpose required by law or regulations. I understand that I have a right to obtain access to and to request correction of any personal data held by Etiqa Life Insurance concerning me. Such request can be made by completing the Access Request Form available at all Etiqa Life Insurance branches or contact Etiqa Life Insurance via email at PDPA@etiqa.com.my. I understand that in accordance with the provisions of the PDPA, I may contact the Customer Service Centre at Etiqa Online 1 300 13 8888 for the details of my Personal Data. Such information shall only be granted upon verification.
I agree, consent and allow Etiqa Life Insurance to share my Personal Data with Maybank Group, strategic partners and other third parties ("other entities") as Etiqa Life Insurance deems fit.
8. **Foreign Account Tax Compliance Act (FATCA) / Common Reporting Standard (CRS)**
I represent and declare that all statements made in this form are true, accurate and complete.
I understand that the term "United States person" means any citizen or resident of the United States.
I hereby consent Etiqa Life Insurance or any of its affiliates, including branches (collectively "Etiqa Life Insurance") disclosing the personal data and financial accounts information to regulatory authorities in accordance with the requirements of the Foreign Account Tax Compliance Act and Common Reporting Standard as may be stipulated by applicable laws, regulations, agreements or regulatory guidelines or directives.
I hereby agree that Etiqa Life Insurance may classify me as reportable account and/or suspend or terminate my account(s) and/or facilities granted to me, in the event I fail to provide accurate and complete information and/or documentation as Etiqa Life Insurance may require.
9. **Sanction Limitation And Exclusion**
I understand and agree that Etiqa Life Insurance is entitled not to accept or process this application should I, life insured, assignee and nominee named found to be a prohibited person, meaning a person or entity subject to any laws, regulations and/ or sanctions administered by any regulatory authorities in any country, which have the effect of prohibiting Etiqa Life Insurance from providing insurance coverage, transacting business with or otherwise offering any economic benefits to me or any other beneficiaries or assignees under the relevant Policy, and the decision of Etiqa Life Insurance shall be final.
I further agree that in the event that Etiqa Life Insurance becomes aware subsequently that I, life Insured, assignee and nominee named has become a prohibited person, Etiqa Life Insurance may block and/ or terminate the relevant Policy, including but not limited to, making or receiving any payments under the relevant Policy.

If an application is accepted or processed by Etiqa Life Insurance despite I, life insured, assignee and nominee named being a prohibited person, Etiqa Life Insurance shall be entitled to block and/ or terminate the relevant policy at any time, whether with effect from inception of the relevant Policy or otherwise.