

FORM B: NOMINATION OF BENEFICIARY (CONDITIONAL HIBAH)

Certificate No. : _____
 Participant : _____
 Participant's ID/IC No. : _____

Important Notes:

1. This Nomination of Beneficiary (Conditional Hibah) form is to be completed by the takaful Participant who has attained the age of 16 years where the Person(s) named below shall receive the takaful benefits including accumulated amount in the Participant Investment Fund as a Beneficiary and not as an Executor.
2. The Beneficiary(s) is entitled to receive the takaful benefits on the basis of Conditional Hibah (Gift). Conditional Hibah has the effect of transferring ownership of the takaful benefits payable to the Beneficiary(s) upon the death of the Participant and shall not form part of the estate of the Participant or be subject to his/her debts. Conditional Hibah is however a revocable gift which the Participant may revoke during his/her lifetime.
3. If the Participant is also the Person Covered, the Participant may nominate a person to receive the takaful benefits payable under the Certificate.
4. If the Beneficiary under Conditional Hibah predeceases the Participant, the share of the deceased Beneficiary, upon the death of the Participant shall be paid to the estate of the Participant unless the Participant has made a subsequent nomination in place of the deceased Beneficiary.

Declaration & Authorization:

1. I, the above named Participant do hereby agree that in the event of my death all takaful benefits payable under the terms and conditions of the Certificate be paid to the Beneficiary(s) named below on the basis of Conditional Hibah. Payment to the Beneficiary(s) named herein shall discharge Etiqa Takaful Berhad from all obligations and liabilities under the Certificate.
2. I hereby nominate the following as Beneficiary(s) for the above certificate.

Beneficiary Details			
	Beneficiary I	Beneficiary II	Beneficiary III
Name*			
Gender*			
ID Description*			
ID Number* (Old IC/ Birth Certificate/ Army ID/ Police ID/ Passport)			
New I.C. Number (if any)*			
Date of Birth *			
Age			
Nationality*			
Occupation* (State the exact duty)			
Name of Employer*			
Nature of Business, if self employed*			
Relationship with Participant*			
Current / Saving Account Number			
Bank's Name			
Share (%)			

to be continued



Beneficiary Details			
	Beneficiary I	Beneficiary II	Beneficiary III
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.**
- **Submission of a copy of the beneficiary's IC / Passport is encouraged.**

Date

Signature of Witness**
Name : _____
I.C. No : _____
Address : _____

Tel No : _____

Signature of Participant
Name : _____
I.C. No : _____
Address : _____

Tel No : _____

Note:

- ** **Witness must be at least 18 years of age, of sound mind and cannot be a named beneficiary.**
- **This document is prepared in accordance with Islamic Financial Services Act 2013.**