

**REQUEST FOR CHANGE FORM (RFC)**



**IMPORTANT NOTE:** Please note that for multiple transactions in one request or a few requests 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. **For Investment-Linked Plan, changes cannot be backdated.**

A copy of the completed application with date of submission to Etiqa is **COMPULSORY** to be provided to Policy Owner.

Policy No : .....	Date : .....
Policy Owner : .....	IC No. : .....
Email Address : .....	H/P No. : .....
Life Insured : .....	IC No. : .....

**STATEMENT OF DECLARATION:**

- I/We hereby understand and agree that the transaction(s) of unit(s) shall be determined by the valuation of the unit price as of the Acceptance Date, and subject to the receipt of this application by the Etiqa Head Office on its business and by 1pm day ("Day received"), otherwise the Acceptance Date shall mean the next business day from the Day Received. I/We also understand that Etiqa shall only accept and process this application if all required information(s) and document(s) have been fully satisfied. (For Investment-Linked Policy Only).
- I/We hereby request that the above policy be changed according to the following particular marked  after having read and understood all the (important) note and details on this page and overleaf.

Financial Alteration	Relevant Details	Non-financial Alteration	Relevant Details
F1 <input type="checkbox"/> Change Frequency of Premium Payment	Change to: ( ) Monthly ( ) Half Yearly ( ) Quarterly ( ) Yearly	N1 <input type="checkbox"/> Change of Name, IC No. or Other Personal Details	
F2 <input type="checkbox"/> Change of Sum Assured	Change Basic/Rider Sum Assured (RM): ( ) Basic Plan From ..... To ..... ( ) Rider ..... From ..... To ..... ( ) Rider ..... From ..... To .....	N2 <input type="checkbox"/> Change of Contact Details ( ) Correspondence Address ( ) Telephone No. ( ) Email Address	
F3 <input type="checkbox"/> Deletion of Rider	1. .... 2. ....	N3 <input type="checkbox"/> Request for Policy Contract Duplication	Please indicate reason:
F4 <input type="checkbox"/> Inclusion of Rider  (with consent to Auto-Deduction of Units During Premium Holiday and this is only applicable to Investment-Linked Product)	1. .... 2. ....  <b><u>Auto-Deduction of Units During Premium Holiday</u></b> <b>Note:</b> Should you not agree to the auto deduction of units during Premium Holiday, you may opt to apply to cancel your supplementary contract(s) / rider(s) to reduce the amount of risk charges deduction.	N4 <input type="checkbox"/> Change of Signature ( ) Policy Owner ( ) Life Insured	<div style="border: 1px dashed black; width: 150px; height: 50px; margin: 0 auto;"></div> New Signature's Specimen
F5 <input type="checkbox"/> Change of Investment-Linked Regular Premium	Increase / Decrease Premium (RM): From ..... To .....	N5 <input type="checkbox"/> Change of Auto Credit Account No.	Bank : ..... Account No. : ..... TIN No. : .....
		N6 <input type="checkbox"/> Change of Payout Option	( ) Keep into account ( ) To payout (Auto Credit) with full withdrawal of the Accumulated value. Update the details as per N5.
		N7 <input type="checkbox"/> Change method of payment	Change to: ( ) Direct
		99 <input type="checkbox"/> Others (please specify)	

**For Investment-Linked Policy only**

I hereby acknowledge that I have read and understood the explanation regarding my policy sustainability which will be or will not be impacted as per the quotation number ..... if I proceed to perform the transaction that has been selected.

Signature of Witness *	Signature of Policy Owner / Life Assured	Signature of Assignee / Trustee(s)
Name .....	Name .....	Name .....
IC No. ....	IC No. ....	IC No. ....

\* **STATEMENT OF WITNESS:** I hereby certify that all signature in this form was made in my presence and that to my best knowledge it is the signature of the Policy Owner/ Assignee/ Trustee under the policy.

**Note:** Witness must be at least 18 years of age, of sound mind and cannot be the named nominee or trustee.

<b>For Office Use Only</b>	Date & Time Received at MBB / Branch	DD/MM/YYYY HH:SS AM/PM	<b>MANDATORY FOR INVESTMENT-LINKED</b>
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**IMPORTANT NOTE on Document Required for Alterations**

For Financial Alterations, the complete application must reach Etiqa one month before the effective date of change.

Financial Alteration		Rules	Document Required
F1	Change Frequency of Premium Payment	<ol style="list-style-type: none"> <li>Effective from next due for new frequency of premium payment.</li> <li>Subject to terms and conditions of plan.</li> </ol>	
F2	Change of Sum Assured	<ol style="list-style-type: none"> <li>Effective from next due date subject to terms and conditions of plan.</li> <li><b>For increase in Basic Sum Assured</b> for Conventional plans, allowed within the first 6 months and effective from the policy commencement date, subject to terms and conditions of plan.</li> </ol>	For increase in Basic or Rider Sum Assured only: <ol style="list-style-type: none"> <li>Health Declaration Form to be completed.</li> <li>Sustainability Quotation <ul style="list-style-type: none"> <li>- Applicable to Investment-Linked plans only.</li> </ul> </li> </ol>
F3	Deletion of Rider	<ol style="list-style-type: none"> <li>Effective from next due date subject to terms and conditions of plan.</li> </ol>	Sustainability Quotation <ul style="list-style-type: none"> <li>- Applicable to Top Up rider of Investment-Linked plans only.</li> </ul>
F4	Inclusion of Rider	<ol style="list-style-type: none"> <li>Effective from next due date subject to terms and conditions of plan.</li> <li>Auto-Deduction of Units During Premium Holiday - only applicable to Investment-Linked product.</li> </ol>	<ol style="list-style-type: none"> <li>Health Declaration Form to be completed only applicable for plans where Top Up rider amount aggregated in Waiver of Premium amount, eg: Smart Flexi Care, Smart Flexi Plus, Smart Wealth, MegaLink and Megaplius.</li> <li>Sustainability Quotation <ul style="list-style-type: none"> <li>- Applicable to Investment-Linked plans only.</li> </ul> </li> <li>Sales Illustration/Quotation, upon request.</li> </ol>
F5	Change of Investment-Linked Regular Premium	<ol style="list-style-type: none"> <li>Effective from next due date subject to terms and conditions of plan.</li> <li>For PremierValue Savers, PremierValue Edu Savers, PremierLady Savers and PremierInvest Regular, the increase will be treated as New Premium, beginning from Year 1 Allocation Rate effective from the date of premium increase.</li> </ol>	<ol style="list-style-type: none"> <li>Health Declaration Form to be completed. <ul style="list-style-type: none"> <li>- Applicable to increase in Premium for riders and/or plans as per note F4.</li> </ul> </li> <li>Sustainability Quotation <ul style="list-style-type: none"> <li>Applicable to decrease in Premium of Basic and top up rider premiums.</li> </ul> </li> </ol>
99	Others	Subject to terms and conditions of plan. Documentary proof may be required.	Details of change.
	Upgrade/Downgrade of Medical/Hospital Benefit Rider	<ol style="list-style-type: none"> <li>Upgrade is disallowed for stop selling plan.</li> <li>Effective from next policy anniversary date.</li> </ol>	Health Declaration Form to be completed <ul style="list-style-type: none"> <li>- for upgrade only</li> </ul>
	Change of Medical Deductible Limit	<ol style="list-style-type: none"> <li>Effective from next policy anniversary date.</li> </ol>	For change to lower limit, required: <ol style="list-style-type: none"> <li>Health Declaration Form to be completed.</li> <li>For IL Policies, Sustainability Quotation is required.</li> </ol>
	Change of Term (for Conventional plans only)	<ol style="list-style-type: none"> <li>Allowed within 6 months from the Policy Commencement Date.</li> <li>Subject to terms and conditions of plan.</li> </ol>	Health Declaration Form to be completed. Sales Illustration / Quotation upon request.
	Non-Forfeiture Option ( ) Extended Term Insurance ( ) Reduced Paid Up Insurance	Subject to terms and conditions of plan. Documentary proof may be required.	Details of change.
Non-Financial Alteration		Rules	Document Required
N1	Change of Name, IC No. or Other Personal Details	Documentary proof is required.	Certified copy of Identity Card / Birth Certificate / Passport is required for change of name, IC No. or date of birth.
N2	Change of Contact Details		Details of change.
N3	Request for Policy Contract Duplication	Applicable only for Active policy.	Declaration Loss of Policy with Stamp Duty duly stamped or affixed/attached with STAMP Certificate issued by LHDN.
N4	Change of Signature	Must be witnessed by Etiqa Branch Manager, Customer Service Executive or Personal Financial Advisor (Maybank) / Agent.	Certified copy of Identity Card / Passport.
N5	Change of Auto Credit Account No.	Joint account/Credit Card/Debit Card number is disallowed.	For Non-Malaysians/Permanent Residents: Certified copy of Passport
		Taxpayer Identification Number (TIN) only applicable to United States Citizen or United States Permanent Resident.	For United States Citizen/Permanent Residents: U.S. IRS Form W9
N6	Change of Payout Option	<ol style="list-style-type: none"> <li>Applicable only to products with benefits payout options.</li> <li>Effective on next payout due date.</li> </ol>	
N7	Change Method of Payment to Direct		
99	Others	Other Details of change. Subject to terms and conditions of plan.	Documentary proof may be required.