

**REQUEST FOR CHANGE OF POLICY
CONDITION**
**PERMOHONAN UNTUK MEMBUAT PERUBAHAN
KEADAAN POLICY**
IMPORTANT / PENTING:

PLEASE FILL IN THE INDIVIDUAL/ENTITY/CONTROLLING PERSON TAX RESIDENCY SELF CERTIFICATION STATUS FORM IF THERE IS ANY CHANGE IN NATIONALITY, CITIZENSHIP, RESIDENCY, OR COUNTRY OF ADDRESS/CONTACT NUMBER. / SILA ISIKAN BORANG PENGESAHAN DIRI PEMASTAUTIN CUKAI INDIVIDU/ENTITI/INDIVIDU YANG MENGAWAL JIKA ADA PERUBAHAN UNTUK KEWARGANEGARAAN, KERAKYATAN, KEDIAMAN, ATAU ALAMAT NEGARA/NOMBOR TELEFON.

Insured / Orang yang Diinsuranskan : _____

Policy No. / No. Polisi : _____ **IC No. / No. KP :** _____

I hereby request for the following changes to be made to the above policy with the understanding and agreement that this Request for Change shall form part of the Policy Contract. / Saya, dengan ini memohon perubahan yang berikut dilakukan terhadap Polisi yang di atas dengan pemahaman dan persetujuan bahawa Permohonan Untuk Membuat Perubahan ini akan menjadi sebahagian daripada kontrak polisi tersebut:-

**A REVIEW OCCUPATION RATING/CHANGE OF OCCUPATION /
MENGKAJI SEMULA PERKADARAN PEKERJAAN/PERTUKARAN PEKERJAAN**
**** Please provide a copy of New Employment Letter / Sile lampirkan salinan Surat Pekerjaan Baru**
New Occupation / Pekerjaan Baru
Since / Sejak

.....

 /
(MM/BB) (YYYY/TTTT)

Name of Employer / Nama Majikan
Nature of Business / Jenis Perniagaan

.....

.....

Exact Duties / Tugas Terperinci

.....

B REDUCTION OF REGULAR PREMIUM / PENGURANGAN PREMIUM TETAP
 Reduce Basic Investment Premium to / Pengurangan Premium Pelaburan Asas Kepada: RM **per annum / tahunan**
 Reduce Regular Top Up Premium to / Pengurangan Top Up Premium Biasa Kepada: RM **per annum / tahunan**
IMPORTANT NOTE / NOTA PENTING:

HEALTH DECLARATION FOR CHANGE OF POLICY CONDITION (FROM NO. LF4066) WOULD BE REQUIRED FOR INCREASE OF FACE AMOUNT, ADDITIONAL OF RIDER(S) AND REVIEW OF MEDICAL RATING OR EXCLUSION. / PENGAKUAN KESIHATAN BAGI PERUBAHAN KEADAAN POLICY (NO. BORANG LF4066) ADALAH DIPERLUKAN BAGI PENAMBAHAN AMAUN MUKA, PENAMBAHAN RIDER DAN MENGKAJI SEMULA KADAR PERUBAHAN ATAU PENGECUALIAN.

C INCREASE OF FACE AMOUNT / PENAMBAHAN AMAUN MUKA
 Increase Basic Plan Face Amount to / Penambahan Amaun Muka Plan Asas Kepada: RM

**** Not applicable for Traditional policy in force for more than One (1) year / Tidak berkenaan dengan Polisi Tradisional yang berkuatkuasa lebih daripada Satu (1) tahun.**

 Rider(s) / Rider
Increase Face Amount to / Penambahan Amaun Muka kepada

1.

1. RM

2.

2. RM

3.

3. RM



D ADDITIONAL OF RIDER(S) / PENAMBAHAN RIDER

<input type="checkbox"/> Rider(s) / Rider	Term (if applicable) / Tempoh (jika berkenaan)	Face Amount / Amaun Muka
1.	1.	1. RM
2.	2.	2. RM
3.	3.	3. RM

E REVIEW OF MEDICAL RATING OR EXCLUSION / MENGAJAI SEMULA KADAR PERUBATAN ATAU PENGECUALIAN

**** Please furnish a copy of existing medical reports (if any). / Sila lampirkan salinan laporan perubatan yang sedia ada (sekiranya ada). Further medical requirement maybe required. / Laporan perubatan yang selanjutnya mungkin diperlukan.**

Medical Rating / Perkadaran Perubatan Exclusion / Pengecualian

IMPORTANT NOTE / NOTA PENTING:

THE TRUST NOMINEES' (UNDER SCHEDULE 10 [SECTION 130] OF THE FINANCIAL SERVICES ACT 2013) CONSENT IS REQUIRED IF THERE IS NO TRUSTEE BEING APPOINTED FOR THE REQUEST OF REDUCTION OF FACE AMOUNT AND CANCELLATION OF RIDER(S). / PERSETUJUAN PENAMA-PENAMA AMANAH (DI BAWAH JADUAL 10 [SEKSYEN 130] AKTA PERKHIDMATAN KEWANGAN 2013) ADALAH DIPERLUKAN SEKIRANYA TIADA PEMEGANG AMANAH TELAH DILANTIK BAGI PERMOHONAN PENGURANGAN AMAUN MUKA DAN PEMBATALAN RIDER.

F REDUCTION OF FACE AMOUNT / PENGURANGAN AMAUN MUKA

Reduce Basic Plan Face Amount to / Pengurangan Amaun Muka Plan Asas Kepada: RM

Rider(s) / Rider

	Reduce Face Amount to / Pengurangan Amaun Muka kepada
1.	1. RM
2.	2. RM
3.	3. RM

G CANCELLATION OF RIDER(S) / PEMBATALAN RIDER

Rider(s) / Rider

1.	4.
2.	5.
3.	6.

H MEDICAL CARD / KAD PERUBATAN

Replacement of Medical Card / Penggantian Kad Perubatan

**** A payment of RM5.00 per card is required. / Bayaran sebanyak RM5.00 adalah diperlukan bagi setiap kad.**

I OTHERS / LAIN-LAIN

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Signed at / Ditandatangani di on / pada day of / haribulan ,
state / negeri date / tarikh month / bulan year / tahun

.....
Signature of Policy Owner/Assignee /
*Tandatangan Pemunya Polisi/
Penerima Serahhakan*

.....
Signature of Trustee(s)/Nominee(s) /
Tandatangan Pemegang Amanah/Penama

.....
Signature of Witness / Tandatangan Saksi

Name / Nama :

Name / Nama :

Name / Nama :

IC No. / No. KP :

IC No. / No. KP :

IC No. / No. KP :

Tel No. / No. Tel :

Note / Nota:

- 1. Signature of the Policy Owner/ Trustee/ Assignee/ Nominee (where applicable) should be the same as our records and witnessed by a third party with no insurable interest.** / *Tandatangan Pemunya polisi / Pemegang Amanah/ Penerima Serahhakan/ Penama seharusnya sama seperti rekod kami dan disaksikan oleh pihak ketiga yang tidak mempunyai kepentingan.*
- 2. It is important that the Company is notified of any change of address/telephone no. of the Policy Owner.** / *Adalah penting Syarikat diberi notis sekiranya ada sebarang pertukaran alamat/no.telefon Pemunya Polisi.*