

**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.*