



NOMINATION FORM

IMPORTANT NOTICE

Pursuant to Schedule 10 of Financial Services Act 2013 ("FSA 2013"):

- A policy owner who has attained the age of sixteen (16) years may nominate a natural person to receive policy moneys payable under his Personal Accident ("PA") policy upon his death. It is advisable to appoint at least one nominee and keep the nominee informed of the appointment in order to facilitate the payment of policy moneys payable upon death of the Insured Person.
- The nomination must be witnessed by a witness who is eighteen (18) years old and above, who is of sound mind and is not named a nominee hereunder.
- Failure to make a nomination may delay the payment of the policy moneys become payable.
- If you are a non-Muslim policy owner, when you appoint your spouse, child or parent (if you have no spouse or child living at the date of making the nomination) as the nominee, you will create a trust of policy moneys payable upon your death in favour of the nominee.
- You are advised to appoint a trustee for the policy moneys and in the event of failure to do so, the competent nominee shall be the trustee.
- For a policy with such trust created, written consent of the trustee is required before you change the nomination, vary, surrender, assign or pledge the policy.
- Any nominee who is other than the spouse, child or parent (if there is no spouse or child living at the date of nomination) of a non- Muslim policy owner, shall receive the policy moneys payable upon death of the policy owner as an executor.
- If the Policy owner's intention is for such nominee to receive the policy moneys solely as a beneficiary i.e. not as an executor, then the policy owner must assign the benefits of the policy to such nominee.
- Please refer to Schedule 10 of FSA 2013, for more information on, 'Payment of Policy Moneys under Life Policy and Personal Accident Policy'.

POLICY DETAILS

Policy No

Policy Owner

Marital Status Single Married Divorced Windowed

Insured Person

Marital Status Single Married Divorced Windowed

Tune Protect Malaysia

Tune Insurance Malaysia Berhad
Company No.: 197601004719 (30686-K)

Level 9, Wisma Tune, No 19, Lorong Dungun, Damansara Heights, 50490, Kuala Lumpur

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Kindly tick at the appropriate box and fill up the relevant section only.

REVOCAION OF NOMINEE(S)
I hereby revoke all existing nominee(s).

APPOINTMENT OF NOMINEE(S)
The following are my nominee(s) under this policy.

NOMINEE 1

| | | | |
|---|---|---------------|--|
| Name | | NRIC No | |
| Date of Birth | Relationship | % share | |
| Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | Nationality <input type="checkbox"/> Malaysian <input type="checkbox"/> Others _____ | | |
| Mobile number | | Email address | |
| Address | | | |

NOMINEE 2

| | | | |
|---|---|---------------|--|
| Name | | NRIC No | |
| Date of Birth | Relationship | % share | |
| Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | Nationality <input type="checkbox"/> Malaysian <input type="checkbox"/> Others _____ | | |
| Mobile number | | Email address | |
| Address | | | |

NOMINEE 3

| | | | |
|---|---|---------------|--|
| Name | | NRIC No | |
| Date of Birth | Relationship | % share | |
| Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | Nationality <input type="checkbox"/> Malaysian <input type="checkbox"/> Others _____ | | |
| Mobile number | | Email address | |
| Address | | | |



| NOMINEE 4 | | | |
|---|---|---------------|--|
| Name | | NRIC No | |
| Date of Birth | Relationship | % share | |
| Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | Nationality <input type="checkbox"/> Malaysian <input type="checkbox"/> Others _____ | | |
| Mobile number | | Email address | |
| Address | | | |

* total share (%) must be equivalent to 100% and limited to whole numbers

Kindly tick at the appropriate box and fill up the relevant section only.

REVOCAION OF TRUSTEE(S)

I hereby revoke the appointment of the following Trustee(s).

| Name of Trustee(s) | NRIC/BC/Old IC/Passport No. |
|--------------------|-----------------------------|
| | |
| | |
| | |
| | |

APPOINTMENT OF TRUSTEE(S)

The Policy Owner shall, at any time, retain the sole discretion to revoke/ amend/ substitute or terminate the appointment of the trustee, with or without the consent of the nominee/trustee. Such trustee(s) involve whether trustee that is appointed by Policy Owner or automatically appointed pursuant to the FSA 2013.

This trustee section is only to be completed for Non-Muslim Policy Owners and the nominees are the Policy Owner's husband, wife and/or child, or parent (in the instance where there no husband, wife or child living at the time of making this nomination)

- I hereby appoint the following Trustee(s)/additional Trustee(s) to receive such money payable under this policy upon my death and the receipt by the Trustee(s) shall be a complete discharge to the Company from all liability in respect of the policy moneys so paid to them. I reserve the right to revoke and reappoint the Trustee(s) at any time at my sole discretion without the consent of the Trustee(s).

IMPORTANT: Policy owner is not allowed to appoint himself/herself as the Trustee.



| TRUSTEE 1 | | |
|---|---|---------------|
| Name | NRIC No | |
| Date of Birth | Mobile number | Email address |
| Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | Nationality <input type="checkbox"/> Malaysian <input type="checkbox"/> Others _____ | |
| Address | | |

| TRUSTEE 2 | | |
|---|---|---------------|
| Name | NRIC No | |
| Date of Birth | Mobile number | Email address |
| Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | Nationality <input type="checkbox"/> Malaysian <input type="checkbox"/> Others _____ | |
| Address | | |

I/We hereby agree to act as Trustee(s) and my/our appointment is subject to the absolute right of revocation of my/our appointment by the policy owner of the above- mentioned policy.

| | |
|------------------------|------------------------|
| Signature of Trustee 1 | Signature of Trustee 2 |
|------------------------|------------------------|

| | |
|----------------------|------------|
| Signature of Witness | Name |
| | NRIC No |
| | Contact No |



STATEMENT BY WITNESS

I hereby witness and certify that the signature(s) in this form was/were made before me and that to the best of my knowledge it is/are the signature(s) of the Trustee(s) under the Policy.

1. The Witness must be at least 18 years of age and of sound mind.
2. The Witness cannot be a Named Nominee.

IMPORTANT NOTICE

THIS FORM HAS TO BE RECEIVED BY THE COMPANY DURING THE LIFETIME OF THE POLICY OWNER

CONSENT OF TRUSTEE(S) (if applicable)

I/We, the Trustee(s), hereby irrevocably and unconditionally give my/our consent
(Please tick the appropriate box)

- To revoke all existing nominee(s) or/and appoint the new nominee(s)
- To appoint the following individual(s) (in Appointment of Trustee) to be appointed Trustee(s) for the Policy and I/We resign as Trustee(s)

** For Presumed Trustees pursuant to Schedule 10, Paragraph 5 of the Financial Services Act 2013

| | |
|------------------------|------------|
| Signature of Trustee 1 | Name |
| | NRIC No |
| | Contact No |
| | Date |

| | |
|------------------------|------------|
| Signature of Trustee 2 | Name |
| | NRIC No |
| | Contact No |
| | Date |

| | |
|-----------------------|------------|
| Signature of Witness* | Name |
| | NRIC No |
| | Contact No |
| | Date |

*Note: A witness shall be of age eighteen (18) years and above, of sound mind and not the nominee.

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