

REQUEST FOR SURRENDER/PARTIAL SURRENDER/REFUND OF EXCESS PREMIUM/MATURITY
PERMOHONAN UNTUK PEMBATALAN POLISI/PENGELUARAN DANA/PEMULANGAN LEBIHAN PREMIUM/KEMATANGAN

All fields are mandatory. Semua butiran adalah wajib untuk dilengkapkan.

Name of Life Assured
Nama Hayat Diasuranskan

Scheme No
No Skema

Contract No
No Kontrak

New IC No
No K.P. Baru

Old IC No
No K.P. Lama

* Address
Alamat

** Contact No (1)
No Telefon

(2)

A. TYPE OF TRANSACTION / JENIS TRANSAKSI

Please tick box where appropriate / Sila tandakan kotak yang sesuai

(i) Surrender of Assurance / Pembatalan Polisi

(iii) Maturity / Kematangan

(ii) Partial Surrender / Pengeluaran Dana

(iv) Refund of excess premium / Pemulangan Lebihan Premium

B. PAYMENT METHOD / KAEDAH PEMBAYARAN

Please tick box where appropriate / Sila tandakan kotak yang sesuai

(i) Please issue the amount payable in cheque to my address as stated above.*
Sila bayar dalam bentuk cek dan kirim kepada saya berdasar alamat yang dinyatakan seperti di atas.

(ii) Please credit the amount payable into my selected bank account as stated below:
Sila kredit dalam bank akaun saya seperti yang dinyatakan di bawah:

Bank Name / Nama Bank : _____

Bank Account No / No Akaun Bank : _____

Account Holder Name / Nama Pemegang Akaun : _____

Please enclose copy of bank passbook or bank statement with the details of the account holder's name & account number.
Please refer to the back of the form for the list of the GIRO participating banks.
Sila lampirkan salinan buku akaun ataupun penyata akaun yang mengandungi butiran nama pemegang akaun dan nombor akaun. Sila rujuk muka surat belakang borang ini untuk senarai bank-bank yang menyertai GIRO.

(iii) Self-collection. Please call me at the contact number as stated above once the cheque is ready.**
Ambil sendiri. Sila hubungi saya melalui nombor telefon yang dinyatakan seperti di atas apabila cek tersebut sudah disediakan.

(iv) Agent collection.
Penggambilan oleh ejen.

C. REASON FOR SURRENDER OF ASSURANCE / SEBAB-SEBAB PEMBATALAN POLISI

Please tick box where appropriate / Sila tandakan kotak yang sesuai

Financial problem / Masalah Kewangan

Not Interested / Tidak borminat

Retired / Bersara

Resigned / Lotak jawalan

Others. Please specify _____
Lain-lain. Sila nyatakan _____

Surrender value, refund of excess premium or maturity value will be paid into the life assured's name, except for dependant (s) of which it will be paid into the member's name.

For payment method (ii) above, for member & spouse's assurances, only life assured's bank account is accepted, we are unable to credit the amount into third party's bank account. As for dependant's assurance, only member's bank account is accepted. Please allow up to 2 weeks for direct crediting into bank account. Crediting of the payment by the Company to the Account aforesaid shall amount to receipt by the account holder of such payment and shall be deemed a good, valid and sufficient discharge to the Company in respect of such payment. The account holder shall be responsible for this payment arrangement and agree to indemnify the Company against any losses or damages incurred or may be incurred by the Company arising directly or indirectly from this payment arrangement or this authority.

Nilai pembatalan polisi, pemulangan lebihan premium atau nilai kematangan akan dibayar atas nama pemegang polisi, kecuali asuran anak di mana ia akan dibayar atas nama ahli.

Untuk kaedah pembayaran (ii) yang dinyatakan di atas, untuk asuran ahli dan suamifisteri ahli, hanya akaun bank atas nama pemegang polisi yang dibenarkan, akaun bank pihak ketiga tidak dibenarkan sama sekali. Untuk asuran anak, sila gunakan bank akaun atas nama ahli. Ia akan mengambil masa selama dua minggu untuk kredit ke dalam bank akaun. Pengkreditan bayaran itu oleh pihak Syarikat ke Akaun yang dinyatakan adalah jumlah penerimaan yang sama oleh pemegang akaun dan bayaran itu akan dianggap baik, sah dan pengeluaran yang secukupnya kepada Syarikat. Pemegang akaun bertanggungjawab untuk pengaluran bayaran dan bersetuju untuk melindungi pihak Syarikat dari sebarang kerugian atau kerosakan yang berlaku atau mungkin berlaku kepada Syarikat yang disebabkan secara langsung atau tidak langsung dari pengaluran bayaran atau pemberian kuasa ini.

I hereby declare that I am not an undischarged bankrupt.

I hereby declare that the above answers are full and true. I hereby undertake to indemnify and keep the Company fully indemnified from and against any and all losses, actions, claims, suits, demands, proceedings, damages, compensation, fines, costs and expenses including legal costs in taking and defending any legal actions that the Company may incur directly or indirectly arising out of or in consequence of agreeing to and acting upon my request herein.

*** Signature of Life Assured / *Tandatangan Hayat Diasuranskan*

Name / *Nama* : _____

NRIC / *No. K.P.* : _____

Date / *Tarikh* : _____

*** For dependant's assurance, to be signed by the member / *Untuk asuran anak, ahli dikohendaki tandatangan*

IBG facility is only available to the following GIRO participating banks:-

(Date Updated: 14 January 2009)

No.	Financial Institution	No.	Financial Institution
1.	OCBC Bank	11.	Deutsche Bank (M) Sdn Bhd
2.	Affin Bank	12.	Hong Leong Bank
3.	Alliance Bank	13.	HSBC Bank
4.	AmBank	14.	Maybank
5.	Bank Islam Malaysia	15.	Public Bank
6.	Bank Rakyat	16.	RHB Bank
7.	Bank Muamalat	17.	Standard Chartered Bank
8.	Bank Simpanan Nasional	18.	UOB Bank
9.	Bumiputra Commerce Bank / CIMB	19.	The Royal Bank of Scotland Berhad
10.	Citibank	20.	Bank of America (Malaysia) Berhad

DIRECT CREDIT FACILITY FORM

Important Notes:

1. This Direct Credit facility is only available for accounts maintained in banks participating in the Interbank GIRO payment system (IBG) in Malaysia.
2. This Direct Credit facility is not allowed for any joint bank accounts unless the Policy Owner/Payee is the primary account holder.
3. We reserve the right to release payment by cheque in the event of (a) insufficient/incorrect information having been provided in this Direct Credit Facility form, (b) payment being made to joint Payees (e.g. joint administrators or joint executors), and/or (c) failure of transfer to the beneficiary bank for any reason whatsoever.

Payee* refers to any person/company who is the person entitled to the Policy monies, e.g. policyowner, life assured, nominee, assignee, trustee, Public Trustee/Amanah Raya, executor/executrix, administrator/administratrix, or for group employee benefit policies, employer. In relation to a Payee* who is a minor, payments shall only be made to accounts maintained by the parent or lawful guardian.

Name of Policy Owner / Payee*													
NRIC No. / Company Registration No.	* same as in Policy and Bank Account												
Group Scheme Number	* only applicable for Group Insurance												
Policy No. / Certificate No. / Contract No.	1									3			
	2									4			
Beneficiary Bank													
Bank Account No.													
Account Type	<input type="checkbox"/> Single Account					<input type="checkbox"/> Joint Account <small>(Only allowed if Policy Owner / Payee is the primary account holder)</small>							
Email Address (mandatory)													
Mobile (mandatory)	+												
<small>example: 012-345 6789 (Malaysia)</small>		Country Code	6	0	1	2	3	4	5	6	7	8	9

* The mobile and email address **REQUIRED** will be used for payment notification for the above policies/certificates/contracts.

POLICY OWNER / PAYEE AUTHORIZATION
I/We hereby:

1. Instruct the Company to pay into my / our Account all the future amount payable to me / us arising from transactions effected through the above policy (ies) until this instruction is expressly revoked in writing or replaced.
2. Confirm that I am the Account holder and have full power and authority to operate the Account / [in respect of a partnership or a body corporate], we further confirm that the person signing this form is the authorised signatory for the Account, and have full power and authority to operate the Account.
3. Confirm that the information provided by me / us in this form is true and correct and undertake to immediately inform the Company of any change in the same and will not hold the Company liable in the event that any payment transaction into my / our Account is delayed or cannot be effected due to incorrect or incomplete information being provided in this form, and/or for any other reason beyond the reasonable control of the Company.
4. Understand that the Company has the right to reject this standing instruction in the event that it is found to be payable to a third party account. I / we also understand that the Company may in its absolute discretion terminate this Direct Credit service at anytime and without assigning any reason(s) therefor.
5. Agree to immediately refund to the Company in full any monies paid into the Account which is paid in error or which I am / we are otherwise not entitled to receive.
6. Declare that in relation to payments made by the Company into the above Account, I / We :
 - a. acknowledge and agree that payments made by the Company into the above-mentioned Account shall be a valid discharge of the Company's liability under the policy(ies), and that the Company shall not be liable for any damages, losses, claims, costs and/or expenses which may incur arising from such payments.
 - b. agree to keep the Company indemnified of any damages, losses, claims, cost and/or expenses incurred by the Company in defending any claim arising from and/or in connection with this instruction.
7. Declare that I am not an undischarged bankrupt / [in respect of a partnership or a body corporate]. We declare that no order has been made, petition filed or resolution passed for our winding up, dissolution or liquidation or for the appointment of a liquidator, receiver, custodian or trustee for all or any part of our property or assets or for an administration order against us.
8. Agree that the personal data provided in this form may be recorded, used, disclosed, processed and stored by the Company for the purposes relating to the payment of funds in accordance with my / our instructions herein, and for the purposes of compliance with any legal or regulatory requirements.

Signature of Payee*

Name:

Date: (DD/MM/YY)

For Office Use:

Bank Code:

Branch Code:

Reject Reason:

Signature of Witness

Name:

NRIC No.:

Contact No.:

Address:

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