



Date : _____

AXA AFFIN Life Insurance Berhad
 8th Floor Chulan Tower
 No. 3 Jalan Conlay
 50450 Kuala Lumpur

Subject : Consent to deal with policy number(s)

I, the trustee of the above policy(ies), hereby give consent to the Policy owner to conduct below transaction:

- Policy Alterations
- Absolute Assignment
- Partial Withdrawal
- Policy Loan Application
- Policy surrender / cancellation

Note: *This form has to be completed by competent trustee(s).
 Please tick () appropriate item accordingly.*

TRUSTEE 1	TRUSTEE 2	TRUSTEE 3
Signature	Signature	Signature
Full Name	Full Name	Full Name
NRIC No.	NRIC No.	NRIC No.
Date :	Date :	Date :