



FINANCIAL JUSTIFICATION FORM

Name of Life to be insured: _____

Name of Proposer: _____

Proposal No: _____

Applicable for customer who pay, (Please tick the appropriate box below)

More than or equal to RM 50,000 cash in one transaction

More than or equal to RM 100,000 premium per annum

Lump sum premium more than or equal to RM 100,000

1. Number of years as the bank's client. _____

2. Total Asset Under Management (AUM) with the bank(s) (deposits & investments)

3. Source of fund for the premium paid? Please tick the appropriate box below

Saving Account (CASA) / Fixed Deposit (FD)

Investment Maturity/Redemption

Others (Please give details): _____

4. Is proof of payment attached? YES / NO, If YES, please tick the appropriate box below

Transfer slip

Bank in slip

Cheque

Others (Please give details): _____

If NO, please state the reason and expected date to provide the document

5. Additional information, if any:

Declaration

I/we hereby declare that the above statements are true and complete that such disclosures will be the basis for the company to conduct evaluation on my proposal(s).

Proposed Owner/Insured's Signature

Name:

IC No:

Date:

Authorised Bank Personnel's Signature

Name:

IC No:

Date: