



PMY1ASSFRM

Policy Number

Policy number input fields

Absolute Assignment Form

Important Notes:

Who can complete this form

Policy owner or Assignee, if applicable

What information to be provided

Details of the request and all the policy numbers you want this request to cover

Simple steps to file a request

- (1) Read the important notes related to your request
- (2) Complete this form
- (3) Please do not sign on blank form and use the same signature as recorded in the policy file
- (4) Mail to AXA AFFIN Life office or submit to your agent

This Assignment is not valid unless properly stamped. AXA AFFIN Life Insurance Berhad assumes no responsibility for the validity or legality of this Assignment. An Assignor generally must have attained age of majority except that :

- where the Assignor is a minor who has attained the age of 10 but has not attained the age of 16 years, he/she may assign a Life Policy on his/her own life with the consent in writing of his/her parent or guardian.

1. Details of Assignee

1. Full name (as shown in identification documents) <input type="text"/> <input type="text"/>	
2. NRIC <input type="text"/> - <input type="text"/> - <input type="text"/> Old IC/BC/ PassportNo. _____ (Copy of IC/BC/Passport must be attached)	9. Contact details: Residence <input type="text"/> Office <input type="text"/> Mobile <input type="text"/>
3. Date of Birth <input type="text"/> / <input type="text"/> / <input type="text"/> D D M M Y Y Y Y	4. Nationality <input type="checkbox"/> Malaysian <input type="checkbox"/> Foreigner (please specify) _____
5. Occupation & Exact duties	10a. Residence Address:
6a. Nature or Type of Business	<input type="text"/> <input type="text"/> <input type="text"/>
6b. Name of Employer	10b. Mailing Address (if different from above):
7. Relationship with Proposed Insured / Owner <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Others (please specify) _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
8. Is the Assignee a U.S. citizen or U.S. tax resident? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please complete the Declaration by U.S. persons under the Foreign Account Tax Compliance Act (FATCA).	

2. Declarations and Agreement

I, [hereinafter called the ASSIGNOR], in consideration of the sum of RM this day paid by [hereinafter called the ASSIGNEE], do hereby assign and transfer to the Assignee the full benefit of all moneys insured or to become payable by or under the Policy No. of AXA AFFIN Life Insurance Berhad, inclusive of all values, benefits and options thereof, that may be declared upon such policy from time to time, and I hereby covenant with the Assignee that I will not do or knowingly suffer anything to be done whereby the said policy may be rendered void or voidable or the Assignee may be prevented from receiving or be deprived of the right to receive the moneys assured or to become payable by or under said policy, and I declare that a receipt signed by the Assignee shall fully discharge AXA AFFIN Life Insurance Berhad from its liabilities and obligations under the policy in respect of which the receipt is given.

I and the Assignee HEREBY DECLARE AND AGREE that all statements and answers to all questions are, to the best of my and the Assignee's knowledge and belief, complete and true.

IN WITNESS WHEREOF, I and the Assignee hereunto set our hands on this day

<p>ASSIGNOR:</p> <p>Signature _____</p> <p>Name _____</p> <p>Date _____</p>	<p>ASSIGNEE:</p> <p>Signature _____</p> <p>Name _____</p> <p>Date _____</p>
<p>WITNESS:</p> <p>Signature _____</p> <p>Name _____</p> <p>NRIC No. _____</p> <p>Address _____</p> <p>Tel. No. _____</p> <p>Date _____</p>	<p>WITNESS:</p> <p>Signature _____</p> <p>Name _____</p> <p>NRIC No. _____</p> <p>Address _____</p> <p>Tel. No. _____</p> <p>Date _____</p>

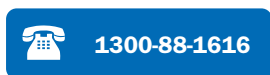
3. Trustee Consent

I hereby give consent to the Policy Owner to proceed with this Absolute Assignment request.

TRUSTEE 1	TRUSTEE 2	TRUSTEE 3
Signature	Signature	Signature
Full Name	Full Name	Full Name
NRIC:	NRIC:	NRIC:
Date:	Date:	Date:

4. Track status of your request

You will be updated through SMS of additional requirements



AXA is committed to making your service experience as easy and stress-free as possible
Thank you for insuring with us. We are always glad to be of service