



## FUTURE PREMIUM DEPOSIT ENROLLMENT FORM

<b>Proposal/Policy No.</b>	
<b>Proposed Insured/Insured</b>	
<b>Proposer/Policyowner</b>	
<b>Future Payment Option Period (min. of 4years)</b>	
<b>Amount of Payment</b>	
<b>Annual Premium</b>	

I hereby apply to AXA AFFIN LIFE INSURANCE Berhad (723739W), hereinafter referred to as the Company, to pay the annual premiums due in advance for the abovementioned duration, subject to the terms of the policy contract and I hereby, subject to the Company's approval, agree to and understand that:

- the said advance annual premium payments shall be maintained by the Company as "future premium deposit account" of the Policyowner; and for Investment-Linked Policy the said advance annual premium will not be invested in the investment fund(s);
- the annual premium as specified in the Policy Schedule of the Policy Contract shall be deducted from the said account to pay the next annual premium on the due date. In the event prior to the completion of the duration for which the payment facility is to take effect, the amount in "future premium deposit account" is insufficient to pay for the next annual premium due, I shall top up the difference in premium for the remaining duration of the premium payment facility;
- for Investment-Linked Policy, the value of investment units may be insufficient to pay for the insurance charges and other charges which will result in termination of the Policy prior to the completion of the duration for which the payment facility is to take effect., I shall top up with additional premium to enhance the sustainability of the Policy;
- interest on the future premium deposit account shall be payable on a yearly basis for each one (1) year duration, at an interest rate to be determined by the Company at its absolute discretion and the interest shall be credited by the Company into the said account; provided that the account has been held for a minimum duration of one (1) year from the approval date of this payment facility by the Company;
- in the event of any increase in the annual premium due to:
  - increase in the premium of any of the riders attaching to the basic plan or
  - financial alterations
 I shall top up the difference in premium for the remaining duration of the premium payment facility; failing which this payment facility shall be discontinued and any unutilized balance of "future premium deposit account" shall be refunded without interest for any incomplete duration. I shall ensure that the premium due is paid according to the terms of the Policy Contract;
- this future premium deposit account, together with any interest accrued therein, as of the relevant date shall be refunded to me by the Company, subject to clause (8) and (9) below, in the following circumstances:-
  - any event which the provisions of the policy contract, deems to terminate the policy;
  - upon the conversion of the policy, to Reduced Paid-up Policy or Extended Term Insurance;
  - express instructions by myself or the assignee (in the case of absolute assignment), in a prescribed form furnished by the Company, to withdraw the unutilized balance of future premium deposit account, in which I shall ensure that the premium due is paid according to the terms of the Policy Contract;
- no renewal notice will be issued for policies using this payment facility;
- Payment of Policy Moneys Under A Life Policy or Personal Accident Policy under Schedule 10 of the Financial Services Act 2013 shall apply to any deposits and accrued interest;
- if there is an absolute assignment, the deposit together with any interest accrued therein shall be deemed to be assigned;
- upon approval of the abovementioned payment facility, the deposit together with any interest accrued therein shall not be utilized to pay any indebtedness against the policy.
- in the event there is any inconsistency or ambiguity upon approval of the abovementioned proposal, the terms and conditions stated herein shall prevail;
- in the event this enrollment form is submitted together with the above-mentioned Life Insurance Proposal, I agree and understand that the terms stated above shall only apply upon approval of the above-mentioned Life Insurance Proposal and issuance of the policy contract; and
- the Company may at its absolute discretion reject this application without assigning any reason thereto.

Date at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Proposer/Policyowner

\_\_\_\_\_  
Signature of Parent

(If Proposer/Policyowner is below the age of 16 yrs)

\_\_\_\_\_  
Signature of Witness

Name/IC No.:

