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Policy Number

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Please put extra Policy Numbers here, if needed

Contingent Owner Application Form

(Vesting and No Vesting Age)

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

Appointment of Contingent Owner

I _____ (hereinafter called the policy owner), hereby expressly declare that I shall as trustee hold all rights, privileges and options and benefits provided under this Policy on trust for my own benefit during my lifetime, and all my said rights, privileges and options and benefits under the Policy shall revert to the Insured upon my death.

Subject to the terms and conditions of the Policy, I hereby nominate the person named below as the Contingent Owner of this Policy who may exercise such rights, privileges and options provided under this Policy for the benefit of the Insured in the event that I should predecease the insured. Where a policy has a vesting age provision, such rights, privileges and options vested in the Contingent Owner shall cease when the Insured reaches the age as specified in the policy contract whereupon the ownership of this Policy shall be automatically transferred to the Insured, who shall at that point in time be entitled to deal with the Policy. In the event that the Contingent Owner predeceases me, this nomination shall become null and void.

Notwithstanding the above, the Contingent Owner cannot assign the Policy for whatever reason, nor nominate anyone to receive the benefits payable under this Policy. I further reserve the right to remove or replace the Contingent Owner without his/her consent and I declare that this information will supersede all previous nomination/s made by me, if any.

Particulars of the Contingent Owner

1. Full name (as shown in identification documents) <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
2. NRIC - - Old I/C/BC/ PassportNo.	8. Contact details: Residence Office Mobile
3. Date of Birth / / D D M M Y Y Y Y	4. Nationality <input type="checkbox"/> Malaysian <input type="checkbox"/> Foreigner (please specify) _____
5. Occupation & Exact duties <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	9a. Residence Address: <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
6a. Nature or Type of Business <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	9b. Mailing Address (if different from above): <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
6b. Name of Employer <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
7. Is the Contingent Owner 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)	

Contingent Owner Application Form (Vesting Age)

Relationship to Insured

<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Grandfather	<input type="checkbox"/> Grandmother
<input type="checkbox"/> Brother	<input type="checkbox"/> Sister	<input type="checkbox"/> Uncle	<input type="checkbox"/> Aunt
<input type="checkbox"/> Legal Guardian	<input type="checkbox"/> Spouse of Legal Guardian		

Consent Clause

I agree to be nominated and act as the Contingent Owner for this Policy in accordance with the terms and conditions stated in this form and the Policy.

CONTINGENT OWNER

Name	Signature	IC Number / Passport Number	Date

WITNESS

Name	Signature	IC Number / Passport Number	Date

Authorization For Disclosure Of Customer Information

a) I/We hereby authorize AXA AFFIN Life Insurance to share my/our information with other entities within the financial group, bank partners as well as other strategic alliances (including telcos) purely for marketing, cross-selling and other promotional activities. (Please tick the box if you agree)	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) Is the Insured/Owner a U.S. citizen or U.S. tax resident? If yes, please complete the attached Declaration by U.S. persons under the Foreign Account Tax Compliance Act (FATCA).	<input type="checkbox"/> Yes <input type="checkbox"/> No

Declarations and Agreement

I HEREBY DECLARE AND AGREE that :

- (1) all information and statement(s) provided in this form are complete and true;
- (2) should any statement(s) be incomplete, false, wrong or inaccurate, or should there be any omission(s) on my / our part in disclosing the information, the Company shall have the right to cancel the Policy or repudiate the claim and forfeit and payments received;
- (3) the Company is not bound by any statement which I may have made to any person if not written or printed here.
- (4) I take notice that my personal data as disclosed in this form will be processed by the Company for the purpose of rendering services to me as an insurance company;

POLICY OWNER

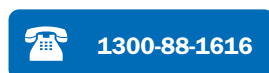
Name	Signature	IC Number / Passport Number	Date

WITNESS

Name	Signature	IC Number / Passport Number	Date

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.