redefining / standards

*PMY1POLCAN*

Policy Number

# Request for Cancellation of Policy – Cooling Off
## *Pemohonan Untuk Pembatalan Polisi – Cooling Off*

Important Note / *Nota Penting*:

1. This form is to be filled by the Policy Owner / Trustee / Assignee in BLOCK LETTERS.
   *Borang ini perlu diisi oleh Pemunya Polisi / Pemegang Amanah / Penerima Hak dengan menggunakan HURUF BESAR.*
2. Please do not sign on blank form and use the same signature as recorded in the policy file.
   *Sila guna borang yang disediakan dan menggunakan tandatangan yang sama dengan fail polisi.*

**THINK AGAIN!**

**Before you cancel this policy, ask yourself...**
Am I taking the right decision?
Do I want to withdraw the financial security of my family?

**By cancelling this policy, you will lose long term benefits like**
☑ Life insurance cover ☑ Opportunity to earn good returns

## 1. Policy details / *Butiran Polisi*

Are you (the policy owner) a US person? ☐ Yes ☐ No
*Adakah anda (pemunya polisi) warganegara US?* *Ya* *Tidak*
If yes, please fill in the FATCA form
*Sekiranya Ya, sila lengkapkan borang FATCA*

I would like to request for Cancellation of policy with effect from
*Saya ingin memohon pembatalan polisi ini berkuatkuasa pada* _____

Please specify the reason(s) for cancellation of policy :-
*Sila nyatakan sebab-sebab untuk membatalkan polisi :-*

_____

_____

_____

_____

_____

_____

## 2. Settlement options
## *Pilihan Cara Pembayaran*

Payment method: ☐ By Autopay ☐ To settle premium for policy numbered
*Cara bayaran* *Melalui Autopay* *Untuk membayar premium bagi polisi* _____

Bank account number:
*No. Akaun Bank*

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | | | | |

Name of Bank:
*Nama Bank:*

_____

Note / *Nota*
* For selecting autopay payment method, the receiving account must belong to the Policyowner / Trustee / Assignee)
*Untuk memilih bayaran secara automatik, penerima akaun mestilah juga Pemunya polisi / Pemegang Amanah / Penyerah Hak*

## Declarations and agreement
## *Perakuan dan Persetujuan*

- This application will not be effective until it is officially accepted by AXA AFFIN Life Insurance Berhad.
  *Permohonan ini tidak akan berkuatkuasa sehingga ianya diterima oleh AXA AFFIN Life Insurance Berhad.*
- I acknowledge that the payment by AXA AFFIN Life Insurance Berhad to me the amount shall be in full satisfaction, liquidation and discharge of all monies payable in respect of the cash advance(s) withdrawn.
  *Saya mengakui bahawa bayaran oleh AXA AFFIN Life Insurance Berhad kepada saya adalah jumlah yang diterima dengan kepuasan hati, menamatkan dan melepaskan segala jumlah bayaran atas pengeluaran pendahuluan tunai.*

| Name of policy owner/Assignee<br>*Nama pemunya polisi/penerima hak* | Mobile number<br>*Telefon bimbit* | Signature<br>*Tandatangan* | Date<br>*Tarikh* |
|---|---|---|---|
| | | | |

| Name of agent/witness<br>*Nama ejen/saksi* | Agent code<br>*Kod ejen* | Signature<br>*Tandatangan* | Date<br>*Tarikh* |
|---|---|---|---|
| | | | |

## 3. Track status of your request
## *Semakan status permohonan anda*

www.axa-affin.com | 1300-88-1616 | customer.care@axa-life.com.my

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 /
*AXA komited untuk memudahkan pengalaman perkhidmatan sebaik mungkin dan mengurangkan risiko semampunya.*
*Terima kasih kerana memilih kami. Kami sedia untuk berkhidmat.*