



Proposal No.

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# Amendment to Proposal Form

Important Note:

- Insurance is a contract of utmost good faith and the Proposed Insured / Proposed Owner is required to disclose ALL material facts to the insurer. All answers to the questions stipulated in this questionnaire are the basis of and are an inseparable part of the policy of insurance. In case of doubt as to whether a fact is material or not, the fact should be disclosed.
- This questionnaire is to be filled by the Proposed Insured / Proposed Owner in BLOCK LETTERS and please do not sign on blank form.

## Personal details of Proposed Insured / Owner

Name of Proposed Insured:	<input style="width: 100%;" type="text"/>
Identity No.:	<input style="width: 100%;" type="text"/>
Name of Proposed Owner:	<input style="width: 100%;" type="text"/>
Identity No.:	<input style="width: 100%;" type="text"/>

## Declaration by Proposed Insured/ Owner

I/We hereby provide the following information as amendment/ supplement to my/our proposal to AXA AFFIN Life Insurance Berhad: (Please indicate question number of proposal form and provide details of changes and missing information.)

Applicable for plan with option to invest Investment-Linked Fund only / *Untuk kegunaan pelan dengan opsyen untuk melabur ke dalam dana berkait pelaburan sahaja.*

Cash Dividend/Cash Endowment Option / *Opsyen Dividen Tunai/Endowment Tunai*

Cash Withdrawal / *Pengeluaran Tunai*

To accumulate the investment-linked funds according to my Fund Allocation Instruction / *Pengumpulan dalam dana berkait-pelaburan mengikut Arahan Peruntukan Dana saya.*

## Declaration and authorization

I/We, confirm that there has been no change in my/our condition of health and I/we have not received any medical attention or examination whatsoever except as disclosed above, since the date of my/our application and that all my/our answers stated in the said application are still true.

I declare that the answers I have given are, to the best of my knowledge, true and that I have not withheld any material information that may influence the assessment or acceptance of this application.

I agree that this form will constitute part of my application for life insurance and that failure to disclose any material fact known to me may invalidate the contract.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Proposed Insured

\_\_\_\_\_  
Signature of Proposed Owner  
(if different from Proposed Insured)