



Reference I.D : (to be completed by Agency/FE)

APP

Application No. (to be assign by AXA AFFIN Life Insurance Bhd)

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Agency  FE

To be completed by Agency Sales Force

Sales Personnel/Intermediary code: <input type="text"/>	Sales Personnel/Intermediary name: <input type="text"/>	Sales Personnel /Intermediary mobile number: <input type="text"/>	Agency Unit <input type="text"/>
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To be completed by Financial Executive

Financial Executive code : <input type="text"/>	Financial Executive name: <input type="text"/>	Financial Executive mobile number: <input type="text"/>
Bank Branch and code: <input type="text"/>	Referral Name: <input type="text"/>	Referral Code: <input type="text"/>

## E-Application Authorization Form (Life Insurance)

**Note: A complete Life Insurance Application shall include this authorization form, the electronic submission of proposed insured/owner's personal and medical information, plan, policy nomination, Customer Fact Find Form to the Company and other accompanying electronic and/or hard copy form(s) or questionnaires submitted.**

Full name of Proposed Insured (as shown in identification documents)

NRIC/Birth Certificate/Passport/Army No/ Police No/ Co Registration No.

Full name of Proposed Owner (as shown in identification documents)

NRIC/Old I/C/Co Registration No

### Payment by Credit Card / Bank Auto Debit

If Credit Card payment is elected for this insurance policy, please complete the **Credit Card Payment Authorization Form** OR if payment is made through Bank Auto Debit standing instructions, please complete the **Bank Auto Debit Form**.

### Enrolment for Payments vide Direct Credit into Bank Account (E-Payment)

If payments (investment payments, surrender payment, maturity payment, partial withdrawal, claims payment, refund, cancellation and others) for this insurance policy are to be received through the Proposed Insured/Owner's bank account, please complete the **Direct Credit Form (E-payment)**.

### Notification for Appointment of Nominees & Trustee

**(applicable if nomination of nominees and appointment of trustee is elected)**

**Note: The completed electronic appointment of Nominees & Trustee shall be inserted into your policy contract, along with your electronic application form and this E-Application Authorization Form for your reference.**

I/We hereby confirm that I/we have nominated my/our nominees and appointed my/our trustees (if any) under the E-application

Signature of Proposed Insured/Proposed Owner

Date

**Trustee Consent**  
**(applicable only if Trustee is appointed)**

**Note: Appointment of Trustees (other than the policy owner) – For Non-Muslim Policy Owners and First Party Policies only.**

I/We understand that I/we have been appointed as Trustee to receive the moneys payable under this insurance policy and I/we hereby consent to act as Trustee in respect of the said insurance policy.

\_\_\_\_\_   
Consenting Trustee's signature

\_\_\_\_\_   
Date

\_\_\_\_\_   
Witness's signature  
(Witness must be at least 18 years old  
and not a named nominee)

Note: The Trustee must be at least 18 years old

**Parent/Legal Guardian Consent**  
**(for Proposed Insured who has attained the age of 10 years but has not attained the age of 16 years who wishes to apply on his/her own as Proposed Owner)**

I \_\_\_\_\_ NRIC No. \_\_\_\_\_ as the father/mother/legal guardian of the Proposed Insured give consent to him/her to effect a life insurance policy from AXA AFFIN Life Insurance Berhad.

\_\_\_\_\_   
Consenting parent/legal guardian's signature

\_\_\_\_\_   
Date

\_\_\_\_\_   
Witness's signature

**Confirmation and Agreement of Electronically submitted Proposal**

I/We hereby confirm that I/we have disclosed in this Life Insurance Application fully and faithfully all the facts that I/we know or ought to know. I/we shall be subject to such duty of disclosure at all times, including during the application of this coverage, changes made to the coverage and during the renewal of this coverage.

**CONFIRMATION OF E-APPLICATION:** I/We hereby confirm and agree that I/we had read and understood the "Important Notices" contained in the E-application and have authorized my/our agent to submit my/our application through this E-application. By doing so, I/we had confirmed the contents in the electronic Life Insurance Application therein and any other electronically submitted/hardcopy forms(s) and/or questionnaires submitted to the Company.

Other documents submitted as hardcopy at the time of submission of E-application (please tick):

- NRIC/Birth Certificate/Passport/Other identification
- Amendment to Proposal Form
- Bank Auto Debit Form
- Declaration by U.S. persons under FATCA (if individual is a U.S. citizen or U.S. tax resident)
- Others (please write details) 1) \_\_\_\_\_  
2) \_\_\_\_\_  
3) \_\_\_\_\_
- Medical report
- Credit Card Payment Authorization Form
- Direct Credit Form (E-Payment)

Section A: Declaration And Authorization

I/We hereby declare and agree to the following:

- 1. I/We am/are aware that it is my/our pre-contractual duty of disclosure that I/we must exercise reasonable care not to misrepresent i.e., to give false answers/information when answering any questions in the electronic insurance application or any questionnaires requesting for further information or details asked by the Company and that I/we have answered the questions fully, accurately and completely.
2. I/We have read and understood the contents of the electronic insurance application including all warnings and notices therein and I/we have fully and accurately answered all the questions in the electronic insurance application and the other questions asked by the Company, if any, after having fully read and understood the questions.
3. I/We am/are aware that I/we must inform the Company in writing of any change in the state of health, occupation, participation of hazardous pursuits, travel or country of residence or any changes to the answers given in the electronic insurance application if the change occurred after I/we have submitted the electronic insurance application but before the contract is entered into.
4. I/We fully understand that my/our answers and/or statements given in respect of the questions asked by the Company, and any other relevant documents completed by me/us in connection with the electronic insurance application and in any medical report or amendments (collectively referred to as "the information") thereto shall form part of the contract and that the information is relevant to the Company in deciding whether to accept my/our application or not and the rates and terms to be applied.
5. I/We am/are aware that if any of my answers or statements or information given by me/us are not accurate/correct, the policy may either be cancelled, or treated as if it never existed, or my/our claim rejected or not fully paid or reduced or the terms of the policy changed or varied.
6. I/We have given to your Authorized Personnel/Financial Executive/Intermediary no other information in connection with this electronic insurance application except that written on or attached to the electronic insurance application and I/we hereby confirm that save for sales brochures, sales illustrations and documents duly authorized by the Company, your Authorized Personnel/Financial Executive/Intermediary has not given me/us any document or information to induce me/us to enter into a contract of assurance with your Company.
7. The Insurance applied for in this electronic insurance application shall not take effect and no cover whatsoever will be provided by the Company unless and until a policy is issued to me/us pursuant to the electronic insurance application and the first premium thereon has been paid to and received in full by the Company during the lifetime and good health of the Proposed Insured or the Proposed Owner.
8. I/We hereby authorize any physician, hospital, clinic, insurance Company, organization or institution that has any records or knowledge of me/us or my/our health to disclose to the Company or its representative(s) any information about me/us, my/our health and medical history and any hospitalization, advice, treatment, disease or ailment and I/we authorize the Company and its representative(s) to give and release to any such party it deems appropriate. A photocopy of this authorization shall be as effective and valid as the original.
9. I/We hereby state that I/we am/are fully aware that my/our personal information recorded in the electronic insurance and/or questionnaires is for the purpose of making an application for life assurance and hereby expressly authorized AXA AFFIN Life Insurance Berhad to disclose my personal information recorded in the electronic insurance application and other relevant related document, to Authorized Personnel/Financial Executive/Intermediary named below or any other Authorized Personnel/Financial Executive/Intermediary of AXA AFFIN Life Insurance Berhad, to the extent as required by Life Insurance Association of Malaysia, reinsurer, regulators (foreign and local) any Government Authority or to persons or bodies authorized by law. I/We further acknowledge and consent that the information provided by me/us may be processed in or outside Malaysia by a service provider authorized by AXA AFFIN Life Insurance Berhad for the performance of the insurance contract when issued.
10. I/We further acknowledge that my/our Authorized Personnel/Financial Executive/Intermediary has fully explained/advised me/us on the product features, risks, limitations (including Waiting Period), guaranteed and non-guaranteed, benefits, insurance charges, fees, free look period, product suitability and the premium affordability.
11. The Company is hereby authorized to deduct any charges for riders from the fund and once the automatic deduction is in effect, the Company shall only be required to remind me/us that riders are on automatic deduction mode in the annual statements (applicable to Investment Link policy only).
12. I/We understand that AXA AFFIN Life Insurance Berhad and the AXA Group have a longstanding policy of cooperating with tax and other governmental authorities to combat money laundering, tax evasion or other illegal activities. In cases where I/we am/are not a tax resident of the jurisdiction in which this policy, contract or product is issued (a "Cross-Border Transaction"), AXA AFFIN Life Insurance Berhad and/or the AXA Group may, in accordance with applicable laws and regulations, disclose to my/our home country tax, regulatory bodies and/or other governmental authorities my/our identity and certain information concerning the policy, contract or product that is the subject of this application and I/we hereby consent and agree to make such disclosure.
13. I/We understand the importance of ensuring accurate, complete and up-to-date information and shall take full responsibility to timely correct, update and keep AXA AFFIN Life Insurance Berhad informed of any changes.
14. I/We agree to 1) inform AXA AFFIN Life Insurance Berhad of any tax regime to which I/we are subject in respect of any tax reporting and/or tax payment responsibilities upon request of AXA AFFIN Life Insurance Berhad; 2) promptly update AXA AFFIN Life Insurance Berhad of any changes or additions to the information provided including but not limited to any new citizenships or residencies that I/we may acquire ; 3) to complete and sign such documents and do such things as AXA AFFIN Life Insurance Berhad may reasonable require for the purposes of ensuring AXA AFFIN Life Insurance Berhad's compliance with Applicable Laws and Regulations. In the event I/we fail to provide the information above or any information provided by me/us is inaccurate or not updated or if AXA AFFIN Life Insurance Berhad is prevented from disclosing the information for whatever reason, AXA AFFIN Life Insurance Berhad reserves the right and shall be entitled to take the necessary action which may include deducting or withholding such amount from any payment payable under the Policy, terminating the Policy and/or providing (whether before or after the termination of the Policy) my information to any government or tax authority for the purpose of ensuring AXA AFFIN Life Insurance Berhad's compliance with Applicable Laws and Regulations.

Signed at [Signature Box]

Date [Date Box] (DD/MM/YYYY)

Proposed Insured's Signature

Proposed Owner's Signature

Witness's Signature (Witness must be at least 18 years old and not a named nominee)

Name of Witness

NRIC No. of Witness [NRIC Box]

**Section B: Declaration By Sales Personnel/Financial Executive/Intermediary**

- 1. All information contained in the electronic insurance application is the only information given to me by the Proposed Insured/Proposed Owner/Payor and I have not withheld any other information which might influence the acceptance of this electronic application.
- 2. I have not given any statement to the Proposed Insured/Owner/Payor contrary to the provisions as contained in the Company's standard policy.
- 3. I have sighted the original NRIC/Passport/Birth Certificate/Driving License or other official or private documents and have verified the identity of the Proposed Insured/Proposed Owner/Payor.

Date

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(DD/MM/YYYY)

\_\_\_\_\_  
Sales Personnel / Financial Executive /  
Intermediary's signature

NRIC No.

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\_\_\_\_\_  
Sales Personnel / Intermediary's Name

**Section C: Customer Fact Find Acknowledgement**

Note: The completed electronic Customer Fact Find Form and Confirmation of Advice shall be inserted into your policy contract, along with your electronic application form and this E-Application Authorization Form, for your reference.

- 1. **Proposed Insured/Proposed Owner's Choice**  
I/We have read and fully understand the IMPORTANT NOTICE contained in the electronic Customer Fact Find Form and have made the appropriate election under the Client's Choice in the said electronic form.
- 2. **Proposed Insured/Proposed Owner's Acknowledgement**  
I/We acknowledge that the Authorized Personnel has shown me/us the contents of the completed electronic Customer Fact Find Form and I/we agree that a physical copy of the same Form will be provided to me/us before the issuance of the policy contract.

\_\_\_\_\_  
Signature of Proposed Insured/Proposed Owner

\_\_\_\_\_  
Date

**Section D: Sales Personnel/Financial Executive/Intermediary's Declaration And Acknowledgement And Confirmation Of Advice**

I declare that :

- 1. I will treat the information provided to me in the electronic Customer Fact Find form with strict confidence and I will use it only for the purpose of fact finding in the process of recommending suitable insurance products and shall not use it for any other purpose.
- 2. the analysis/advice is based on the facts furnished in the electronic Customer Fact Find Form. I have taken reasonable steps to ensure the advice is suitable for the client, having regard to the facts disclosed and other relevant facts which are made available to me. I have also explained to the client about the features of the product recommended and have given sufficient information to enable the client to make an informed decision.
- 3. based on the information provided in the electronic Customer Fact Find Form, I have given the recommendation as stated in the Confirmation of Advice contained in the said electronic form.

\_\_\_\_\_  
Signature of Sales Personnel / Financial Executive /  
Intermediary

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Sales Personnel / Financial Executive /  
Intermediary

**MANAGER'S DECLARATION**

(applicable to Sales Personnel / Financial Executive / Intermediary who has been contracted for one year and below)

I declare that I have reviewed the electronic Customer Fact Find Form and to my best belief and knowledge, the advice and recommendation given by the Sales Personnel / Intermediary is sound and appropriate.

\_\_\_\_\_  
Signature of Manager

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Manager