

**NOMINATION OF BENEFICIARY FORM**

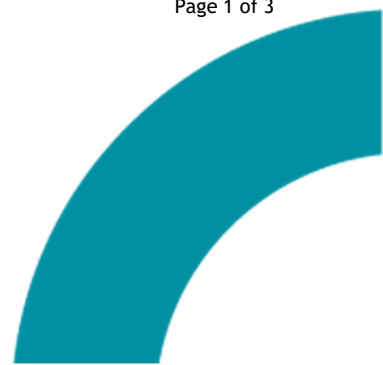
Master Policy Owner: Public Mutual Berhad (Complimentary Insurance)

Fund Type: \_\_\_\_\_

Account No. \_\_\_\_\_

PART 1: PARTICULARS OF LIFE ASSURED	
Full Name as per NRIC/ Passport	
NRIC/passport	

PART 2: NOMINATION OF BENEFICIARY(IES) [Applicable for Death Benefit, Repatriation Benefit & Funeral Expenses Benefit]		
	Nominated Beneficiary 1	Nominated Beneficiary 2
Full Name as per NRIC/Passport		
Percent (%) of Share		
New NRIC/BC/Passport No.		
Nationality	<input type="checkbox"/> Malaysian <input type="checkbox"/> Others: _____	<input type="checkbox"/> Malaysian <input type="checkbox"/> Others: _____
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth	/ /	/ /
Relationship with Life Assured		
Residential Address		
Handphone No.	-	-
Email Address		





**PART 3: DECLARATION BY LIFE ASSURED**

1. I, the Life Assured of the Policy, hereby nominate the beneficiary(ies) as named in this form to receive payment of the death claim settlement (including repatriation and/or funeral expenses, if applicable) from Tokio Marine Life Insurance Malaysia Bhd. (“the Company”) with regard to my coverage under the Policy.
2. I understand that the Company’s payment of the death claim settlement (including repatriation and/or funeral expenses, if applicable) to my nominated beneficiary(ies) shall be a valid discharge of the Company’s liability with regard to my insurance coverage under the Policy. If any third party makes a claim against the Company as a result of the Company paying the death claim settlement (including repatriation and/or funeral expenses, if applicable) to my nominated beneficiary(ies), I declare and agree that the personal representative of my estate, my successors-in-title and heirs shall indemnify the Company for any costs, expenses, fees, taxes and other liabilities incurred by the Company arising from such claim, including the reasonable costs and expenses in defending and handling that claim. This discharge and indemnity shall also be binding on my nominated beneficiary(ies).
3. I understand and agree that the information I supply will be collected, used and processed by the Company, its agents and its authorised parties (within or outside of Malaysia) for the purposes of processing this application and to facilitate the Company’s function as an insurance company. I understand that I have a right to obtain access to and to request correction of my personal information held by the Company by contacting the Company’s Customer Service Representatives.
4. Where I have provided personal data relating to other individuals, I confirm that I have obtained their consent to provide the personal data to the Company and I have informed them of the Company’s Privacy and Data Protection Policy (“the Policy”) and they have confirmed that they have understood, agreed and authorised the Company to process, use, disclose, and transfer the personal data in accordance with the Policy.
5. I understand that I can visit the Company’s Corporate Website (<https://www.tokiomarine.com/my/en/life/about-us/corporate-policies/privacy-policy.html>) for a full copy of the Policy.

---

Signature of Life Assured  
Full Name (as per NRIC)  
NRIC/Passport No.  
Date

---

Signature of Witness  
Full Name (as per NRIC)  
NRIC/Passport No.  
Date

**STATEMENT OF WITNESS:**

1. I hereby certify the above signature was made in my presence and that to my own personal knowledge it is the signature of the Life Assured.
2. The Witness must be at least 18 years of age and cannot be a named beneficiary.