PUBLIC MUTUAL
WHOLLY-OWNED SUBSIDIARY OF PUBLIC BANK

AIA

LIFE INSURANCE APPLICATION FORM FOR MUTUAL LIFE PLUS 2
BORANG PERMOHONAN INSURANS HAYAT UNTUK MUTUAL LIFE PLUS 2

Application No. *No. Permohonan*

IMPORTANT NOTICE / ***NOTIS PENTING:***

Under Paragraph 5 of Schedule 9 of the Financial Services Act 2013, You are required to take reasonable care not to make any misrepresentation when answering any questions asked by AIA Bhd (AIA) i.e. you should answer the questions fully and accurately/correctly. Please note that all the questions that are asked by AIA are relevant to AIA's decision whether to accept the risk or not and the rates and terms to be applied. / *Di bawah Perenggan 5 Jadual 9 Akta Perkhidmatan Kewangan 2013, Anda dikehendaki mengambil langkah yang sewajarnya untuk tidak membuat sebarang salah nyata apabila menjawab sebarang soalan yang ditanya oleh AIA, iaitu anda hendaklah menjawab soalan tersebut dengan lengkap dan dengan tepat/betul. Sila ambil perhatian bahawa semua soalan yang ditanya oleh AIA adalah berkaitan dengan keputusan AIA sama ada hendak menerima risiko atau tidak serta kadar dan terma yang akan dipakai.*

If there are any changes to the answers given in the application/proposal form between the time of submission of the application/proposal form and the time the contract is entered into, You are also required to disclose to AIA fully and accurately/correctly such changes. / *Jika terdapat sebarang perubahan pada jawapan yang diberikan dalam borang permohonan/borang cadangan di antara masa penyerahan borang permohonan/borang cadangan dan masa kontrak dimeterai, Anda juga dikehendaki mendedahkan kepada AIA dengan sepenuhnya dan dengan tepat/betul mengenai perubahan tersebut.*

In addition to answering the questions in the proposal form fully and accurately/correctly, You are also required to take reasonable care to disclose to AIA fully and accurately/correctly any other matters which You know to be relevant to AIA's decision on whether to accept the risk or not and the rates and terms to be applied. / *Di samping menjawab soalan dalam borang cadangan dengan lengkap dan dengan tepat/betul, Anda juga dikehendaki mengambil langkah yang sewajarnya untuk mendedahkan kepada AIA dengan sepenuhnya dan dengan tepat/betul mengenai apa-apa perkara lain yang Anda tahu sebagai berkaitan dengan keputusan AIA sama ada hendak menerima risiko atau tidak serta kadar dan terma yang akan dipakai.*

If You do not understand Your obligation/duty as stated above or if You need any further explanation, You can contact AIA or Public Mutual's Unit Trust Consultant. / *Jika Anda tidak memahami obligasi/kewajipan Anda seperti yang dinyatakan di atas atau jika Anda memerlukan sebarang penjelasan lanjut, Anda boleh menghubungi AIA atau Perunding Unit Amanah Public Mutual.*

PART A - PROPOSED INSURED'S / APPLICANT'S DETAILS / *BAHAGIAN A - BUTIR-BUTIR INSURED DICADANGKAN / PEMOHON*

1.	Full Name (as shown on New NRIC / Passport) *Nama Penuh (seperti yang dinyatakan dalam KP Baharu / Pasport)*	
2.	Honorific / *Honorifik*	☐ DATO ☐ DR ☐ MR ☐ MS
3.	Gender / *Jantina*	☐ Male / *Lelaki* ☐ Female / *Perempuan*
4.	Nationality / *Warganegara*	
5.	Race / *Bangsa*	
6.	a) New NRIC No. / *No. KP Baharu*	– –
	b) Army No. / Police No. / Passport No. *No.Tentera / No. Polis / No.Pasport*	
7.	Date of Birth / *Tarikh Lahir*	/ / DD/MM/YYYY *HH/BB/TTTT*
8.	Marital Status / *Taraf Perkahwinan*	☐ Single *Bujang* ☐ Married *Berkahwin* ☐ Widowed *Balu* ☐ Divorced *Bercerai*
9.	Name of Employer / *Nama Majikan*	
10.	Nature of Business / *Jenis Perniagaan*	
11.	Occupation and Exact Duties *Pekerjaan dan Tanggungjawab Sebenar*	
12.	Correspondence Address *Alamat Surat-Menyurat*	Postcode / *Poskod* City / Town / *Bandar* Country / *Negara*
13.	Current Residential Address (if different from above) *Alamat Rumah Semasa (jika lain dari alamat di atas)*	Postcode / *Poskod* City / Town / *Bandar* Country / *Negara*

14.	Contact Details **(Please complete at least one)** / *Butir-butir **(Sila isikan salah satu)***	
	a) Residence Telephone No. *No. Telefon Rumah*	–
	b) Office Telephone No. *No. Telefon Pejabat*	–
	c) Mobile No. (Handphone) *No. Telefon bimbit*	–
	d) E-mail Address / *Alamat E-mel*	

PART B - CHOICE OF PLAN (PLEASE CIRCLE ONE ONLY) / *BAHAGIAN B - PILIHAN PELAN (SILA BULATKAN SATU SAHAJA)*

Plan / *Pelan*	**Sum Assured (RM) / *Jumlah Diinsuranskan (RM)***	**Annual Premium (RM) / *Premium Tahunan (RM)***
1	RM100,000	RM610
2	RM200,000	RM1,220
*3	RM300,000	RM1,830
*4	RM400,000	RM2,440
*5	RM500,000	RM3,050

* Only applicable for Applicants aged 50 and below at date of application / *Hanya dibenarkan untuk Pemohon yang berumur 50 tahun ke bawah pada tarikh permohanan.*

PART C - PAYOR DETAILS (Please complete this section if Payor is not the Applicant)
BAHAGIAN C - BUTIR-BUTIR PEMBAYAR (Sila lengkapkan bahagian ini jika Pembayar bukan Pemohon)

1.	Full Name (as shown on New NRIC / Passport) *Nama Penuh (seperti yang dinyatakan dalam KP Baharu / Pasport)*	
2.	Honorific / *Honorifik*	☐ DATO ☐ DR ☐ MR ☐ MS
3.	Relationship to Applicant *Hubungan dengan Pemohon*	
4.	Gender / *Jantina*	☐ Male / *Lelaki* ☐ Female / *Perempuan*
5.	Nationality / *Warganegara*	
6.	Race / *Bangsa*	
7.	a) New NRIC No. / *No. KP Baharu*	– –
	b) Army No. / Police No. / Passport No. *No.Tentera / No. Polis / No.Pasport*	
8.	Date of Birth / *Tarikh Lahir*	/ / DD/MM/YYYY *HH/BB/TTTT*
9.	Marital Status / *Taraf Perkahwinan*	☐ Single *Bujang* ☐ Married *Berkahwin* ☐ Widowed *Balu* ☐ Divorced *Bercerai*
10.	Name of Employer / *Nama Majikan*	
11.	Nature of Business / *Jenis Perniagaan*	
12.	Occupation and Exact Duties *Pekerjaan dan Tanggungjawab Sebenar*	
13.	Correspondence Address *Alamat Surat-Menyurat*	Postcode / *Poskod* City / Town / *Bandar* Country / *Negara*
14.	Current Residential Address (if different from above) *Alamat Rumah Semasa (jika lain dari alamat di atas)*	Postcode / *Poskod* City / Town / *Bandar* Country / *Negara*

15.	Contact Details **(Please complete at least one)** / *Butir-butir* ***(Sila isikan salah satu)***	
	a) Residence Telephone No. *No. Telefon Rumah*	☐☐☐ – ☐☐☐☐☐☐☐☐
	b) Office Telephone No. *No. Telefon Pejabat*	☐☐☐ – ☐☐☐☐☐☐☐☐
	c) Mobile No. (Handphone) *No. Telefon bimbit*	☐☐☐ – ☐☐☐☐☐☐☐☐
	d) E-mail Address / *Alamat E-mel*	

PART D - PAYMENT DETAILS / *BAHAGIAN D - BUTIR-BUTIR BAYARAN*

☐ **Credit Card (Refer to Terms and Conditions of Credit Card)**
Kad Kredit (Sila rujuk Terma-terma dan Syarat-syarat Kad Kredit)

I authorise AIA Bhd. ("AIA") to debit my Visa / Mastercard and to pay AIA BHD. the amount of premium as stated above and all future premiums until instruction is given to AIA to discontinue this payment method. / ***Saya memberi kebenaran kepada AIA Bhd. ("AIA") untuk mendebit Kad Visa/Kad Master saya untuk amaun premium seperti yang dinyatakan di atas dan semua premium masa hadapan sehingga arahan diberikan kepada AIA untuk menghentikan kaedah bayaran ini.***

1.	Credit Card No. *No. Kad Kredit*	☐☐☐☐ ■☐☐☐ ■☐☐☐ ■☐☐☐
2.	Card Expiry Date *Tarikh Tamat Tempoh Kad*	☐☐ / ☐☐☐☐ MM/YYYY *BB/TTTT*
3.	Issued By *Dikeluarkan Oleh*	
4.	Type of Card / *Jenis Kad*	☐ Visa Card ☐ Mastercard
5.	a) Cardmember's Full Name (as per New NRIC / Passport) *Nama Penuh Pemegang Kad (seperti yang dinyatakan dalam KP Baharu / Pasport)*	
	b) Cardmember's New NRIC No. / Passport No. *No. KP Baharu / No. Pasport Pemegang Kad*	
	c) Cardmember's Telephone No. *No. Telefon Pemegang Kad*	☐☐☐ – ☐☐☐☐☐☐☐☐

☐ **Cheque /** ***Cek***

RM

Enclosed herewith is my Cheque No.
Bersama ini dilampirkan No. Cek

(Crossed A/C Payee and made payable to AIA Bhd.) / *(Akaun Pembayar berpalang dan dibayar kepada AIA Bhd.)*

Note: Please send the duly signed and completed proposal form together with payment to any Public Mutual Branches.
Nota: Sila hantarkan borang cadangan yang lengkap dan telah ditandatangani berserta pembayaran kepada mana-mana Cawangan Public Mutual.

PART E - MISCELLANEOUS – MUST BE ANSWERED FOR NON-MEDICAL AND MEDICAL APPLICATIONS
BAHAGIAN E - PELBAGAI – HENDAKLAH DIJAWAB UNTUK PERMOHONAN BUKAN PERUBATAN DAN PERUBATAN

		Yes / ***Ya***	**No /** ***Tidak***
1.	(a) Have you smoked cigarettes in the last 12months? If yes, please state details below: *Adakah anda merokok dalam 12 bulan yang lepas? Jika Ya, sila nyatakan butir-butir berikut:*	☐	☐
	(b) Do you consume alcohol? If yes, what type (e.g. beer, brandy, whisky, wine) and number of glasses per week? *Adakah anda mengambil alkohol? Jika ya, bentuk apa (contoh bir, brandi, wiski, wine) dan berapa gelas seminggu?*	☐	☐
2.	(a) Do you engage in any hazardous sports or activities? If yes, please provide details *Adakah anda terlibat dalam apa-apa sukan atau aktiviti merbahaya? Jika ya, sila beri butiran lanjut.*	☐	☐
	(b) Do you plan to travel or reside in a country other than your present country of residence for purposes other than brief holidays/trips in the coming 3 months? If yes, please provide the name of the country. *Adakah anda merancang untuk melawat atau menetap di dalam negara selain daripada negara kediaman anda sekarang untuk tujuan selain daripada percutian/lawatan singkat dalam 3 bulan akan datang? Jika ya, sila nyatakan nama negara.*	☐	☐
3.	Have any of your applications for or reinstatement of your life, group, credit, critical illness, health or accident insurance ever been declined, postponed, rated or in any way modified? *Pernahkah sebarang permohonan atau pengembalian insurans hayat, kumpulan, kredit, penyakit kritikal, kesihatan atau kemalangan anda ditolak, ditangguh, ditafsir atau diubah suai dalam apa-apa cara?*	☐	☐

PART F - HEALTH DETAILS OF THE PROPOSED INSURED
BAHAGIAN F - BUTIR-BUTIR KESIHATAN INSURED DICADANGKAN

1. a. Height and Weight of the Proposed Insured / *Tinggi dan Berat Badan Insured yang Dicadangkan*

☐☐☐ cm ☐☐☐ kg

b. Name and address of your physician. Provide date, reason & result of your last consultation.
Nama dan alamat pakar perubatan anda. Sertakan tarikh, tujuan dan keputusan rundingan terakhir.

Physician's Name *Nama Pakar Perubatan*	**Date** *Tarikh*	**Reason & Result** *Tujuan & Keputusan*	**Physician's Address** *Alamat Pakar Perubatan*

		Yes / *Ya*	**No / *Tidak***
2.	Any change in weight in excess of 5kg in the last 12 months? If yes, please give exact amount and reason. *Pernahkah anda mengalami perubahan berat badan melebihi 5kg dalam 12 bulan yang lepas? Jika ya, sila berikan jumlah yang tepat dan sebab.* _____	☐	☐
3.	Have any of your natural parents, brothers or sisters ever had cancer, heart diseases, stroke, high blood pressure, diabetes, kidney diseases, mental disorder or any hereditary diseases? *Pernahkah sesiapa di antara ibu bapa, adik beradik lelaki atau perempuan yang menghidapi kanser, penyakit jantung, strok, tekanan darah tinggi, kencing manis, penyakit buah pinggang, gangguan mental atau sebarang penyakit keturunan?* _____	☐	☐
4.	Have you EVER had or been told that you had or been treated for: *Pernahkah anda menghidap atau diberitahu bahawa anda pernah menghidap atau pernah dirawat akibat:*		
	a. Nosebleeds, double vision, deafness, blindness, diseases of eyes, nose, ears, throat or vocal cords, alcoholism, drug habits or used habit forming drugs, physical defects or health impairments? *Hidung berdarah, penglihatan berganda, pekak, buta, penyakit atau gangguan mata, hidung, telinga, tekak atau pita suara, alkoholisma, ketagihan dadah, kecacatan fizikal atau kelemahan kesihatan?*	☐	☐
	b. Asthma, bronchitis, tuberculosis, respiratory disorders or other lung disease, goiter, thyroid or endocrine system disorders? *Asma, bronchitis, tuberculosis/batuk kering, gangguan pernafasan atau penyakit paru-paru yang lain, goiter, tiroid atau gangguan system endokrin?*	☐	☐
	c. Discomfort or tightness of chest, chest pains, palpitation, heart attack, raised cholesterol, high blood pressure, anemia or disorders or diseases of blood, heart or blood vessels? *Ketidakselesaan atau sesak dada, sakit dada, palpitasi, serangan jantung, kolestrol meningkat, tekanan darah tinggi, anemia atau gangguan atau penyakit darah, jantung atau saluran darah?*	☐	☐
	d. Jaundice, hepatitis, being a hepatitis carrier, duodenal or gastric ulcer, hernia, hemorrhoids, or other disorders or diseases of the stomach, intestines, liver or gallbladder? *Demam kuning, hepatitis, pembawa hepatitis, duodenum atau ulser gastric, hernia, hemorrhoid atau lain-lain gangguan atau penyakit perut, usus, hati atau pundi hempedu?*	☐	☐
	e. Diabetes, sugar albumin, blood or pus cells in the urine, kidney stones, or other disorders of the genitourinary system? *Kencing manis, gula albumim, darah atau sel nanah dalam air kencing, batu karang atau lain-lain gangguan system genitourinary?*	☐	☐
	f. Arthritis, gout, prolapsed intervertebral disc, rheumatism or disorders of the spine, back, joints, bones or muscles? *Artritis, gout, prolaps piring intervertebral, reumatisma atau gangguan tulang belakang, belakang, sendi, tulang atau otot?*	☐	☐
	g. Fits, epilepsy, stroke, fainting spells, paralysis, mental or nervous disorders, abnormalities of the brain or nervous system? *Sawan, epilepsy, strok, pengsan, lumpuh, gangguan mental atau saraf, ketidaknormalan otak atau system saraf?*	☐	☐
	h. Severe skin infections, butterfly-like facial rash, enlarged lymph glands, cyst, tumors, lumps, abnormal swelling or cancers? *Jangkitan kulit yang teruk, ruam muka seperti kupu-kupu, kelenjar limfa membesar, sista, tumor, ketulan, kebengkakan tidak normal atau kanser?*	☐	☐
5.	Have you been told to have, received any medical advice, counseling or treatment in connection with sexually transmitted disease, AIDS, AIDS Related Complex or any other AIDS related condition or a positive blood test for antibodies to the AIDS virus(HIV) or at anytime in the past 3 months had any of the following symptoms for more than one week continuously: fatigue, weight loss, diarrhea, enlarged lymph nodes or unusual skin lesions? *Pernahkah anda diberitahu menghidap, menerima sebarang nasihat perubatan, kaunseling atau rawatan berhubung dengan panyakit jangkitan seks, AIDS, AIDS Related Complex atau lain-lain keadaan berkaitan AIDS atau ujian darah positif bagi antibodi terhadap virus AIDS(HIV) atau pada bila-bila masa dalam 3 bulan yang lepas mengalami sebarang simptom berikut selama lebih satu minggu secara berterusan: kelesuan, hilang berat badan, cirit-birit, nodus limfa membesar atau lesion/luka kulit yang luar biasa?*	☐	☐

		Yes / *Ya*	No / *Tidak*
6.	In the PAST FIVE YEARS, have you had any: *Dalam LIMA TAHUN YANG LEPAS, adakah anda mengalami sebarang:*		
	a. Illness, operation, medical advice, hospital treatment, accident or injury? *Penyakit, pembedahan, nasihat perubatan, rawatan hospital, kemalangan atau kecederaan?*	☐	☐
	b. Physical check-up or tests done such as x-ray, mammography, electrocardiogram, ultrasonogram, echocardiogram, biopsy, blood or urine test? *Pemeriksaan fizikal atau menjalani ujian seperti x-ray, mammografi, elektrokardiogram, ultrasonogram, ekokardiogram, biopsy, ujian darah atau air kencing?*	☐	☐
7.	For FEMALE ONLY / *WANITA SAHAJA:*		
	a. Are you presently pregnant? If yes, how many months? ☐☐ Months *Adakah anda mengandung sekarang? Jika ya, berapa bulan?* *Bulan*	☐	☐
	b. Have you suffered from any disorders of the breasts, breast lumps, female organs, stillbirth, complications at childbirth, abnormal papsmear(s) or irregular menses? *Pernahkah anda menghidap sebarang gangguan pada payudara, ketulan payudara, organ wanita, kematian bayi sewaktu lahir, komplikasi ketika melahirkan, papsmear tidak normal atau kedatangan haid tidak tetap?*	☐	☐

8. If any answer to questions Section D3 and E2 to 7 is 'Yes' please give full particulars below, noting the question number.
Jika mana-mana jawapan bagi soalan Seksyen D3 dan E2 sehingga 7 adalah "Ya", sila berikan butir-butir berikut dengan menyatakan nombor soalan.

Please answer in the following manner for Questions E4, 5, 6a and 7:
Sila jawab mengikut cara berikut untuk soalan E4, 5, 6a dan 7:

I) Name of medical condition / *Nama keadaan perubatan*
II) Date of occurrence or diagnosed date (MM/YY or YY) / *Tarikh berlaku atau didiagnosis (Bulan/Tahun atau Tahun)*
III) Do you still have this condition or its symptoms or attend a doctor for this condition? / *Adakah anda masih mengalami keadaan perubatan ini atau tanda-tandanya atau melawat doktor untuk keadaan ini?*
   a. If Yes, how often, within the last 12 months, have you had problems with this condition and provide the necessary details? / *Jika Ya, berapa kerap, dalam 12 bulan yang lepas, anda mempunyai masalah dengan keadaan ini dan memberikan butiran yang perlu mengenainya?*
   b. If No, how long have you stopped all treatment and fully recovered? / *Jika Tidak, berapa lamakah anda telah berhenti menerima rawatan dan telah pulih sepenuhnya?*
IV) Names and addresses of attending physicians or hospitals. / *Nama dan alamat doktor atau hospital yang merawat.*

Please answer in the following manner for Question E6b (Medical test) / *Jawab seperti yang berikut untuk soalan E6b (ujian perubatan)*
I) Date and Reason of Test / *Tarikh dan sebab Ujian*
II) Name and Result of Tests / *Nama dan Keputusan Ujian*

PART G - NOMINATIONS PURSUANT TO THE FINANCIAL SERVICES ACT 2013
BAHAGIAN G - PENAMAAN MENGIKUT AKTA PERKHIDMATAN KEWANGAN 2013

NOTICE TO POLICY OWNER / *NOTIS KEPADA PEMILIK POLISI*

1. **Statement pursuant to Schedule 10 Paragraph 5(1) of the Financial Services Act 2013 / *Penyata selaras dengan Jadual 10 Perenggan 5(1) Akta Perkhidmatan Kewangan 2013***
   A nomination by a Policy Owner, other than a Muslim Policy Owner, shall create a trust in favour of the nominee of the policy moneys payable upon the death of the Policy Owner, if [a] the nominee is his spouse or child, or [b] where there is no spouse or child living at the time of nomination, the nominee is his/her parent. You cannot deal with a trust policy by revoking a nomination, varying or surrendering, assigning and pledging the policy as security without the written consent of the trustee(s).
   Penamaan oleh Pemilik Polisi, selain daripada Pemilik Polisi Islam, akan mewujudkan satu amanah memihak kepada penama wang polisi perlu dibayar atas kematian Pemilik Polisi. Jika [a] penama adalah pasangan atau anak beliau, atau [b] di mana tidak ada pasangan atau anak hidup pada masa penamaan, penama adalah ibubapanya. Anda tidak boleh berurusan dengan polisi amanah dengan membatalkan penamaan, mengubah atau menyerah, menyerah hak dan menyandarkan polisi sebagai cagaran tanpa persetujuan bertulis daripada pemegang [pemegang-pemegang] amanah.

2. **Statement pursuant to Schedule 10 Paragraph 6 of the Financial Services Act 2013 / *Penyata selaras dengan Jadual 10 Perenggan 6 Akta Perkhidmatan Kewangan 2013***
   A nominee, other than a nominee under Schedule 10 Paragraph 5(1), shall receive the policy moneys payable on the death of the Policy Owner as an executor. The nominee shall distribute the policy moneys in accordance with the will or the law relating to the distribution of the deceased Policy Owner's estate.
   Penama, selain daripada penama di bawah Jadual 10 Perenggan 5(1), akan menerima wang polisi perlu dibayar atas kematian Pemilik Polisi sebagai wasi. Penama hendaklah membahagikan wang polisi mengikut wasiat atau undang-undang yang berhubungan dengan pembahagian harta pusaka Pemilik Polisi.

3. * If your intention is for your nominee(s) to receive the policy benefits beneficially and not as executor(s), you have to assign the policy benefits to them, unless your nominee(s) is/are your spouse or child, or if you have no spouse or child at the time of nomination, your parent(s).
   * *Jika niat anda adalah untuk penama (penama-penama) anda untuk menerima faedah polisi secara benefisial dan bukan sebagai wasiat (was-wasi), anda hendaklah menyerah hak faedah polisi kepada mereka, melainkan penama (penama-penama) anda adalah pasangan atau anak anda, atau jika anda tidak mempunyai pasangan atau anak pada masa penamaan, ibubapa anda.*

*Note: This is not applicable for Mutual Life Plus 2. / ** Nota: Ini tidak boleh digunapakai bagi Mutual Life Plus 2.*

SECTION A - NOMINATION OF NOMINEES / *SEKSYEN A - PENAMAAN PENAMA-PENAMA*

I nominate the following person(s) as nominee(s) for the above insurance policy.
Saya menamakan orang (orang-orang) yang berikut sebagai penama (penama-penama) bagi polisi insurans di atas.

First Nominee / *Penama Pertama*

1. Full Name / *Nama Penuh*

2. Percentage of Share / *Peratusan Bahagian*

3. New NRIC No. / *No. KP Baharu*

   Army No. / Police No. / Passport No. / *No. Tentera / No. Polis / No. Pasport*

4. Date of Birth / *Tarikh Lahir* DD/MM/YYYY *HH/BB/TTTT*

5. Nationality / *Warganegara*

6. Relationship with Policy Owner / *Hubungan dengan Pemilik Polisi*

7. Same address as Policy Owner? / *Alamat sama dengan Pemilik Polisi?* ☐ Yes / *Ya* ☐ No / *Tidak*
   If No, please state: / *Jika Tidak, sila nyatakan:*

Second Nominee / *Penama Kedua*

1. Full Name / *Nama Penuh*

2. Percentage of Share / *Peratusan Bahagian*

3. New NRIC No. / *No. KP Baharu*

   Army No. / Police No. / Passport No. / *No. Tentera / No. Polis / No. Pasport*

4. Date of Birth / *Tarikh Lahir* DD/MM/YYYY *HH/BB/TTTT*

5. Nationality / *Warganegara*

6. Relationship with Policy Owner / *Hubungan dengan Pemilik Polisi*

7. Same address as Policy Owner? / *Alamat sama dengan Pemilik Polisi?* ☐ Yes / *Ya* ☐ No / *Tidak*
   If No, please state: / *Jika Tidak, sila nyatakan:*

Third Nominee / *Penama Ketiga*

1. Full Name / *Nama Penuh*

2. Percentage of Share / *Peratusan Bahagian*

3. New NRIC No. / *No. KP Baharu*

   Army No. / Police No. / Passport No. / *No. Tentera / No. Polis / No. Pasport*

4. Date of Birth / *Tarikh Lahir* DD/MM/YYYY *HH/BB/TTTT*

5. Nationality / *Warganegara*

6. Relationship with Policy Owner / *Hubungan dengan Pemilik Polisi*

7. Same address as Policy Owner? / *Alamat sama dengan Pemilik Polisi?* ☐ Yes / *Ya* ☐ No / *Tidak*
   If No, please state: / *Jika Tidak, sila nyatakan:*

Fourth Nominee / *Penama Keempat*

1. Full Name / *Nama Penuh*

2. Percentage of Share / *Peratusan Bahagian*

4. Date of Birth / *Tarikh Lahir*
DD/MM/YYYY
HH/BB/TTTT

3. New NRIC No. / *No. KP Baharu*

Army No. / Police No. / Passport No. / *No. Tentera / No. Polis / No. Pasport*

5. Nationality / *Warganegara*

6. Relationship with Policy Owner / *Hubungan dengan Pemilik Polisi*

7. Same address as Policy Owner? / *Alamat sama dengan Pemilik Polisi?* ☐ Yes / *Ya* ☐ No / *Tidak*
If No, please state: / *Jika Tidak, sila nyatakan:*

SECTION B - APPOINTMENT OF TRUSTEES / *SEKSYEN B - PERLANTIKAN PEMEGANG-PEMEGANG AMANAH*

For Non-Muslim Policy Owners and First Party Policies Only / *Hanya Untuk Pemilik Polisi Bukan Islam dan Polisi Pihak Pertama*

I understand that pursuant to Schedule 10 Paragraph 5(3) of the Financial Services Act 2013, I may not appoint myself as the Trustee to this policy. I hereby appoint the following Trustee(s) to receive such moneys payable under this policy upon my death and the receipt by the Trustee(s) shall be a complete discharge to AIA from all liabilities in respect of the policy moneys so paid to them.
Merujuk kepada Jadual 10 Perenggan 5(3) Akta Perkhidmatan Kewangan 2013, saya memahami bahawa saya tidak boleh melantik diri saya sebagai Pemegang Amanah dibawah polisi ini. Saya melantik Pemegang Amanah berikut untuk menerima wang perlu dibayar sedemikian di bawah polisi ini atas kematian saya dan penerimaan oleh Pemegang Amanah hendaklah menjadi pelepasan yang sempurna kepada AIA bagi kesemua liabiliti berhubung dengan wang polisi yang dibayar kepada mereka.

First Trustee / *Pemegang Amanah Pertama*

I consent to act as Trustee in respect of the abovementioned policy. / *Saya bersetuju untuk bertindak sebagai Pemegang Amanah berhubung dengan polisi diatas.*

1. Full Name / *Nama Penuh*

2. New NRIC No. / *No. KP Baharu*

Army No. / Police No. / Passport No. / *No. Tentera / No. Polis / No. Pasport*

3. Date of Birth / *Tarikh Lahir*
DD/MM/YYYY
HH/BB/TTTT

4. Nationality / *Warganegara*

5. Same address as Policy Owner? If No, please state:
Alamat sama dengan Pemilik Polisi? Jika Tidak, sila nyatakan:
☐ Yes / *Ya* ☐ No / *Tidak*

Signature of First Trustee
Tandatangan Pemegang Amanah Pertama

Second Trustee / *Pemegang Amanah Kedua*

I consent to act as Trustee in respect of the abovementioned policy. / *Saya bersetuju untuk bertindak sebagai Pemegang Amanah berhubung dengan polisi diatas.*

1. Full Name / *Nama Penuh*

2. New NRIC No. / *No. KP Baharu*

Army No. / Police No. / Passport No. / *No. Tentera / No. Polis / No. Pasport*

3. Date of Birth / *Tarikh Lahir*
DD/MM/YYYY
HH/BB/TTTT

4. Nationality / *Warganegara*

5. Same address as Policy Owner? If No, please state:
Alamat sama dengan Pemilik Polisi? Jika Tidak, sila nyatakan:
☐ Yes / *Ya* ☐ No / *Tidak*

Signature of Second Trustee
Tandatangan Pemegang Amanah Kedua

A copy of this Nomination form has been filed at the Head Office of the AIA Bhd. / *Satu salinan borang Penamaan ini telah difailkan di Ibu Pejabat AIA Bhd.*

NOTE: The witness/trustee must be at least 18 years old and the witness is not a named nominee/trustee.
NOTA: Saksi/Pemegang Amanah mestilah sekurang-kurangnya berumur 18 tahun dan saksi tersebut bukannya penama/pemegang amanah yang dinamakan.

PART H - TERMS AND CONDITIONS OF CREDIT CARD / *BAHAGIAN H - TERMA DAN SYARAT KAD KREDIT*

In consideration of your agreeing to accept my authorisation for you to debit my Credit Card to pay insurance premium(s) under the given policy number(s), I expressly agree to the following Terms and Conditions: / *Atas persetujuan anda untuk menerima kebenaran daripada saya untuk mendebitkan Kad Kredit saya bagi membayar premium insurans di bawah polisi diberi, saya dengan ini bersetuju untuk mematuhi terma dan syarat-syarat berikut:*

1.	AIA shall determine to make the debit at the appropriate time and not be held responsible for any claims, loss, damage and expenses arising from the successful processing of the debit or the unsuccessful processing of the debit as authorised due to exceeding credit limit, malfunction of system, electricity failure and/or all other factors beyond the control of AIA. I shall resolve the problem with my Credit Card Company at my own responsibility as AIA is only responsible for making arrangement to debit my Credit Card account through the Card Centre as per my authorisation. / *AIA akan menentukan untuk mendebitkan pada masa yang sesuai dan tidak akan bertanggungjawab terhadap apa-apa tuntutan, kehilangan, kerosakan atau perbelanjaan yang timbul dari pemprosesan debit atau pemprosesan debit yang tidak dapat dilakukan seperti yang dibenarkan, akibat kredit melebihi had, system tidak berfungsi, tiada elektrik dan/atau semua faktor lain di luar kawalan AIA. Saya akan menyelesaikan masalah tersebut dengan Syarikat Kad Kredit saya mengikut tanggungajwab saya sendiri kerana AIA hanya bertanggungjawab membuat pengaturan bagi mendebitkan akaun Kad Kredit saya melalui Pusat Kad seperti yang saya benarkan.*
2.	I will notify AIA in writing of any changes, loss or replacement of my Credit Card or cancellation of this authorisation one month before the next premium(s) due, which shall only become effective after AIA has duly acknowledged receipt of such requests. AIA may at any time terminate this debit arrangements without assigning any reason by giving me one month's notice in writing and/or change the Terms and Conditions of Credit Card without prior notice to me. / *Saya akan memaklumkan kepada AIA secara bertulis tentang apa-apa perubahan, kehilangan atau penggantian Kad Kredit atau pembatalan terhadap kebenaran ini satu bulan sebelum premium seterusnya perlu dibayar, yang hanya akan berkuatkuasa setelah pengesahan penerimaan permintaan tersebut. AIA boleh menamatkan pengaturan debit pada bila-bila masa dengan memberikan saya satu bulan notis bertulis dan / atau mengubah Terma dan Syarat Kad Kredit tanpa memberitahu saya terlebih dahulu.*
3.	I hereby agree to keep AIA indemnified against any claims, loss, damage and expenses which AIA may suffer arising from my authorisation to debit my Credit Card account as aforesaid. / *Saya dengan ini bersetuju untuk melindungi/membayar ganti rugi kepada AIA terhadap apa-apa tuntutan, kehilangan, kerosakan dan perbelanjaan yang mungkin AIA hadapi akibat kebenaran saya untuk mendebitkan akaun Kad Kredit saya.*
4.	Insurance protection shall only commence from the date of approval of this application and subject to the successful processing of the debit by the Card Centre for the full premium which, shall not be considered paid if otherwise. / *Perlindungan insurans hanya akan bermula dari tarikh kelulusan permohonan ini dan tertakluk kepada kejayaan pemprosesan debit oleh Pusat Kad untuk premium modal penuh, yang mana tidak akan dianggap berbayar jika sebaliknya.*

PART I - IMPORTANT NOTICE / *BAHAGIAN I - NOTIS PENTING*

a.	Proof of age is required prior to payment of benefits under this Policy. / *Bukti umur dikehendaki sebelum bayaran faedah di bawah Polisi ini dibuat.*
b.	Under the regulatory requirement, we are to bring to your attention that a copy of your national registration identity card (NRIC) or current valid passport has to be submitted to us for individual insurance policies with premiums exceeding RM50,000 per annum or as a Single Premium. / *Di bawah syarat peraturan yang ditetapkan, kami ingin membawa perhatian anda bahawa satu salinan Kad Pengenalan (KP) atau pasport kini yang sah perlu dihantar kepada kami untuk polisi insurans individu bagi premium yang melebihi RM50,000 atau sebagai Premium Tunggal.*
c.	You are entitled to ask for and study the brochure or sales illustration in respect of the life policy, paying particular attention to benefits which are guaranteed, benefits which are not guaranteed and your duties as the policyowner under the policy contract. / *Anda berhak untuk bertanya dan mengkaji risalah atau ilustrasi jualan berhubung polisi hayat dengan menumpukan perhatian terutamanya pada faedah-faedah yang dijamin, faedah yang tidak dijamin dan tanggungjawab anda sebagai pemegang kontrak polisi.*
d.	This offer is only valid upon receipt of payment and approval acceptance by AIA. / *Tawaran ini hanya sah apabila bayaran diterima dan diluluskan oleh AIA.*
e.	This application will be void if you fail to answer any health related questions, where applicable. / *Permohonan ini akan dibatalkan jika anda gagal menjawab mana-mana soalan berkaitan kesihatan, di mana berkenaan.*
f.	The insured shall designate in writing to AIA a nominee or nominees or the estate of the Insured, to whom the benefits under this Policy shall be payable in the event of death and such designation shall be filed at the Issuing Office of AIA. If at the time of death of the Insured, there is or are no designated nominee or nominees, or if such nominee or nominees predecease the Insured, the benefits shall be payable to the estate of the Insured in accordance with the provisions of the Financial Services Act 2013 or any other applicable law in Malaysia at the relevant time. During the Insured's lifetime, the Insured shall be entitled to change the nominee by providing a written notice to AIA, such change shall take effect upon receipt of such notice by AIA without prejudice to AIA for any money paid prior to receipt of such notice. The Insured is advised to nominate a nominee or nominees and ensure that the nominee or nominees are aware of the life insurance policy that the Insured has purchased. *Ahli yang diinsuranskan hendaklah menetapkan secara bertulis kepada AIA penama atau penama-penama atau estet kepada Ahli Yang Diinsuranskan, kepada siapakah manfaat-manfaat di bawah polisi ini akan dibayar sekiranya berlaku kematian dan penamaan ini akan difailkan di pejabat pengeluaran AIA. Jika tiada penamaan ditetapkan pada masa kematian Ahli Yang Diinsuranskan, atau jika penama atau panama-panama meninggal dunia sebelum Ahli Yang Diinsuranskan, manfaat-manfaat akan dibayar kepada estet Ahli Yang Diinsuranskan mengikut peruntukan Akta Perkhidmatan Kewangan 2013 atau mana-mana yang berkenaan dengan undang-undang Malaysia pada masa yang berkaitan.* *Semasa hayat Ahli Yang Diinsuranskan, Ahli Yang Diinsuranskan berlayak menukar penama dengan memberi notis bertulis kepada AIA, perubahan seperti ini akan berkuatkuasa apabila notis diterima oleh AIA tanpa penjelasan kepada AIA bagi apa-apa wang dibayar sebelum notis seperti ini diterima.* *Ahli Yang Diinsuranskan dinasihatkan menamakan penama atau penama-penama dan memastikan penama atau penama-penama mengetahui polisi insurans hayat yang dibeli oleh Ahli Yang Diinsuranskan.*
g.	In general, the policy contract for standard cases will be issued within one month from the date of receipt of the proposal form, together with the complete documents/ requirements including the appropriate premium payment, by AIA. / *Secara umum, kontrak polisi untuk kes-kes standard akan dikeluarkan dalam tempoh satu bulan dari tarikh penerimaan borang permohonan bersama dengan dokumen yang lengkap termasuk pembayaran premium sepenuhnya, oleh AIA.*

PART J - DECLARATION AND AUTHORISATION / *BAHAGIAN J - PENGISYTIHARAN DAN KEBENARAN*

a.	I am aware that it is my pre-contractual duty of disclosure that I must exercise reasonable care not to misrepresent i.e. to give false answers/information when answering any questions asked by AIA and that I am to answer the questions fully and accurately/correctly; / *Saya mengetahui bahawa adalah menjadi kewajipan pendedahan prakontrak saya bahawa saya mestilah mengambil langkah yang sewajarnya untuk tidak membuat salah nyata, iaitu memberi jawapan/maklumat palsu apabila menjawab sebarang soalan yang ditanya oleh AIA dan Saya hendaklah menjawab soalan dengan lengkap dan dengan tepat/betul;*
b.	I have read and understood the contents of the application/ proposal form including all warnings and notices therein and I have fully and accurately answered all the questions in the application/proposal form and the other questions asked by AIA, if any, after having fully read and understood the questions. / *Saya telah membaca dan memahami isi kandungan borang permohonan/borang cadangan termasuk semua peringatan dan notis di dalamnya dan Saya telah menjawab semua soalan dalam borang permohonan/borang cadangan dan soalan lain yang ditanya oleh AIA, jika ada, dengan lengkap dan tepat selepas membaca dan memahami soalan-soalan tersebut sepenuhnya.*
c.	I am aware that I must inform AIA of any change to the answers given in the proposal form if the change occurred after I have submitted the proposal form but before the contract is entered into. / *Saya mengetahui bahawa saya mesti memberitahu AIA mengenai sebarang perubahan pada jawapan yang telah diberikan dalam borang cadangan jika perubahan tersebut berlaku selepas saya menyerahkan borang cadangan tetapi sebelum kontrak dimeterai.*

d.	I fully understand that my answers and/or statements given in respect of the questions asked by AIA, and any other relevant documents completed by me in connection with the application/ proposal and in any medical report or amendments (collectively referred to as "the information") are relevant to AIA in deciding whether to accept my application/ proposal or not and the rates and terms to be applied; / *Saya benar-benar memahami bahawa jawapan dan/atau pernyataan yang saya beri berkaitan dengan soalan yang ditanya oleh AIA, dan mana-mana dokumen lain yang berkaitan yang dilengkapkan oleh saya berhubung dengan permohonan/cadangan dan dalam mana-mana laporan perubatan atau pindaan (secara kolektif dirujuk sebagai "maklumat") adalah berkaitan dengan AIA dalam membuat keputusan sama ada hendak menerima permohonan/cadangan saya atau tidak serta kadar dan terma yang akan dipakai;*
e.	I am aware that if any of my answers or statements or information given by me is not accurate/correct, the policy may be avoided, my claim denied or reduced, the terms of the policy changed or varied, or the Policy terminated. / *Saya menyedari bahawa jika mana-mana jawapan atau pernyataan atau maklumat yang diberikan oleh saya adalah tidak tepat/tidak betul, polisi ini boleh dielakkan dan tuntutan saya dinafikan atau dikurangkan, terma-terma polisi ditukar atau diubah, atau Polisi ini ditamatkan.*
f.	I understand that the coverage will only be effective upon receipt of the appropriate premium payment and approval by AIA of this application and the relevant policy or policies is/are issued and delivered to me pursuant to this application during my lifetime and in good health. (Please ensure that you will receive and will be keeping the receipt of payment from AIA or your Life Insurance Premium Certificate (as the case may be) as proof of premium payment). / *Saya faham bahawa perlindungan akan bermula setelah pihak AIA menerima pembayaran premium sepenuhnya dan permohonan ini telah diluluskan oleh AIA dan polisi atau polisi-polisi berkaitan dikeluarkan atau dihantarkan kepada saya, sehubungan dengan permohonan ini semasa hayat saya dan dalam kesihatan yang baik. (Sila pastikan yang anda akan menerima dan menyimpan resit bayaran daripada AIA atau 'Life Insurance Premium Certificate' anda (yang mana berkenaan) sebagai bukti pembayaran premium).*
g.	I am making this application independent of any statement made by your agent named below to whom, I have given no other information, except those written in this application and that to the best of my knowledge and belief, your said agent has given no other information, relating to any circumstances relevant to the acceptance of the risk. I further acknowledge that all the terms have been fully explained to me and the answers provided are the actual information disclosed by me. / *Saya membuat permohonan ini tanpa pengaruh daripada sebarang penyataan yang dibuat oleh ejen anda yang bernama seperti di bawah di mana saya tidak memberi sebarang maklumat kepadanya, melainkan seperti yang tertulis dalam permohonan ini dan setakat pengetahuan terbaik dan kepercayaan saya, ejen tersebut tidak memberi lain-lain maklumat yang berkaitan dengan sebarang keadaan yang ada kena-mengena dengan penerimaan ini jika risiko yang saya maklumkan bahawa semua syarat telah diterangkan secara penuh kepada saya dan semua jawapan yang diberikan adalah maklumat sebenar yang diberikan oleh saya.*
h.	I understand and agree that any personal information collected or held by AIA (whether contained in this application or otherwise obtained) may be held, used, and disclosed by AIA to individuals or organisations related to and associated with AIA or any selected third party (within or outside of Malaysia, including reinsurance and claims investigation companies and industry associations / federations) for the purpose of processing this application and providing subsequent service for this and other financial products and services and to communicate with me for such purposes. I understand that I have a right to obtain access to and to request correction of any personal information held by AIA concerning me. Such request can be made to any of AIA's Customer Service Centre. / *Saya bersetuju bahawa sebarang maklumat peribadi yang dikumpulkan atau dipegang oleh AIA (sama ada terkandung dalam permohonan ini atau diperolehi dengan cara lain) boleh dipegang, digunakan, dan diberikan oleh AIA kepada individu / organisasi yang berhubung dan berkaitan dengan AIA atau mana-mana pihak ketiga yang terpilih (di dalam atau di luar Malaysia, termasuk syarikat-syarikat reinsurans dan penyiasatan tuntutan dan persatuan / persekutuan industri) bagi tujuan memproses permohonan ini dan memberikan khidmat seterusnya untuk produk dan khidmat kewangan yang lain dan untuk berkomunikasi dengan saya untuk tujuan seperti itu. Saya faham bahawa saya berhak memperolehi akses kepada, dan memohon pembetulan sebarang maklumat peribadi yang dipegang oleh AIA berkaitan dengan saya. Permohonan seperti itu boleh dibuat di mana-mana Pusat Khidmatan Pelanggan AIA.* ☐ I agree that any personal information collected or held by AIA (whether contained in this application or otherwise obtained) may be disclosed by AIA to any selected third party for the purposes of cross marketing, direct marketing and data matching, and to communicate with me for such purposes. I understand that I have a right to obtain access to and to request correction of any personal information held by AIA concerning me. Such request can be made to any of AIA's Customer Service Centre. / *Saya faham dan bersetuju bahawa sebarang maklumat peribadi yang dikumpulkan atau dipegang oleh AIA (sama ada terkandung dalam permohonan ini atau diperolehi dengan cara lain) boleh diberikan oleh AIA kepada mana-mana pihak ketiga yang dipilih bagi tujuan pemasaran silang, pemasaran langsung dan pemadanan data, dan untuk berkomunikasi dengan saya untuk tujuan tersebut. Saya faham bahawa saya berhak memperolehi akses kepada, dan memohon pembetulan sebarang maklumat peribadi yang dipegang oleh AIA berkaitan dengan saya. Permohonan tersebut boleh dibuat di mana-mana Pusat Khidmatan Pelanggan AIA.* *Please tick (✓) as appropriate. / **Sila tandakan (✓) yang bersesuaian.*
i.	I hereby authorise any doctor/specialist, hospital, clinic, insurance company or other organization, institution or person, that has any records or knowledge of my health and medical history and any hospitalization, advice, treatment, disease or ailment, to disclose such information to AIA, or its representative. This authorisation shall irrevocably bind my successors and assigns and remain valid notwithstanding my death or incapacity. A photocopy of this authorisation shall be as effective and valid as the original. Furthermore, AIA shall, at all times, keep all results of any such tests confidential and the use thereof shall only be for the purposes of this application or further applications for insurance with AIA except to such an extent that disclosure is required by the Life Insurance Association of Malaysia, any proper Government Authority or by Law. / *Saya dengan ini membenarkan mana-mana doktor/pakar, hospital, klinik, syarikat insurans dan lain-lain organisasi, institusi atau perseorangan, yang mempunyai rekod atau pengetahuan tentang kesihatan dan latar belakang perubatan saya dan sebarang hospitalisasi, nasihat, rawatan atau penyakit, untuk mendedahkan maklumat tersebut kepada AIA, atau wakilnya. Pengesahan ini akan mengikat waris-waris dan penama saya, dan kekal sah meskipun selepas kematian ataupun ketidaklayakan saya. Salinan foto pengesahan ini adalah sama kesannya dengan yang asal. Selanjutnya, AIA akan, pada setiap masa menyimpan secara sulit, semua keputusan daripada sebarang ujian dan akan menggunakan keputusan ujian-ujian tersebut untuk tujuan permohonan insurans ini dan sebarang permohonan insurans lanjut dengan AIA sahaja, melainkan pendedahan itu dikehendaki oleh Persatuan Insurans Hayat Malaysia dan mana-mana pihak Berkuasa atau Undang-Undang Kerajaan.*
j.	I declare that the premium for the plan I have selected does not exceed ten percent (10%) of the investment value I invest with Public Mutual. / *Saya mengakui bahawa premium untuk pelan yang saya pilih tidak melebihi sepuluh peratus (10%) daripada nilai pelaburan dengan Public Mutual.*
k.	I hereby abide to the Terms and Conditions of this policy. / *Saya bersetuju dan menerima segala syarat-syarat yang telah ditetapkan dalam polisi ini.*

Signature of Proposed Insured / Applicant
Tandatangan Insured Dicadangkan / Pemohon

Signature of Cardmember
(if other than Proposed Insured)
Tandatangan Pemegang Kad
(jika lain dari Insured Dicadangkan)

Signature of Witness
Tandatangan Saksi

Name of Proposed Insured / Applicant
Nama Insured Dicadangkan / Pemohon

Name of Cardmember
Nama Pemegang Kad

Name of Witness
Nama Saksi

Date / *Tarikh*

☐☐ / ☐☐ / ☐☐☐☐ DD/MM/YYYY
HH/BB/TTTT

Witness's NRIC No.
No. KP Saksi

NOTE: The witness/trustee must be at least 18 years old and the witness is not a named nominee/trustee.
NOTA: Saksi/Pemegang Amanah mestilah sekurang-kurangnya berumur 18 tahun dan saksi tersebut bukannya penama/pemegang amanah yang dinamakan.

PART K - DECLARATION (FOR UNIT TRUST CONSULTANT / INTERMEDIARY ONLY)
BAHAGIAN K - PENGAKUAN (UNTUK PERUNDING UNIT AMANAH PUBLIC MUTUAL / PENGANTARA SAHAJA)

Pursuant to regulatory Anti-Money Laundering requirement, I confirm that
Menurut peraturan dalam Akta Pencegahan Pengubahan Wang Haram, saya mengesahkan bahawa

i.	Where the person is an individual, I have sighted the original New NRIC / valid Passport and verified the identity and details of the Proposed Insured/Applicant / *Bagi individu, saya mengesahkan bahawa saya telah melihat KP Baharu asal / Pasport sah dan mengesahkan identity dan butiran Insured Dicadangkan/Pemohon*
ii.	Where the person is a body corporate/club/society/charity, I have sighted the original constituent and identification documents; and have verified the beneficial owners and details of the Proposed Insured/Applicant / *Bagi badan korporat/kelab/persatuan/persatuan amal, saya mengesahkan bahawa saya telah melihat dokumen asal konstituen dan pengenalan; dan megesahkan pemilik beneficial dan butiran Insured Dicadangkan/Pemohon.*

Signature of Unit Trust Consultant/Intermediary
Tandatangan Perunding Unit Amanah Public Mutual/Pengantara

Name of Unit Trust Consultant/Intermediary
Nama Perunding Unit Amanah Public Mutual/ Pengantara

Unit Trust Consultant Code & Branch
Kod & Cawangan Perunding Unit Amanah Public Mutual

Date / *Tarikh*

☐☐ / ☐☐ / ☐☐☐☐ DD/MM/YYYY
HH/BB/TTTT

INTERMEDIARY & ADDRESS:

Public Mutual Berhad
Menara Public Bank 2
No. 78, Jalan Raja Chulan
50200 Kuala Lumpur

AIA Bhd. (790895-D)
[AIA Bhd. is licensed under the Financial Services Act 2013 and regulated by the Central Bank of Malaysia (Bank Negara Malaysia)]

Date:

PRODUCT DISCLOSURE SHEET

MUTUAL LIFE PLUS 2

Please read this Product Disclosure Sheet before deciding to take up the Mutual Life Plus 2 insurance coverage arranged by Public Mutual Berhad for its Unitholders. Be sure to also read the general terms and conditions.

Personal Details of Proposed Insured and Proposed Plan

Proposed Insured: **Age nearest birthday:**

THINGS YOU NEED TO KNOW

1. **What is the product about?**
Mutual Life Plus 2 is a yearly renewable policy arranged by Public Mutual Berhad for its Unitholders, providing protection against untimely death and disability as well as Critical Illness coverage during the term of the policy.

2. **What are the coverage or benefits provided?**
This policy covers:

- Term Life Benefit (TL) due to natural causes
- Repatriation Expenses Benefit (RE) due to natural causes
- Total and Permanent Disability (TPD) due to natural causes
- Terminal Illness (TI) due to natural causes
- Accidental Death & Disablement Benefit (ADD)
- Critical Illness (CI)

Note:
For the full details of the above benefits, please refer to the policy contract. Duration of coverage is for one year. The Insured Member needs to renew the policy annually in order to continue coverage.

3. **How much premium does the policyholder have to pay?**

Plan Sum Assured (RM)	1	2	3*	4*	5*
Term Life Benefit (Natural Causes Only)	100,000	200,000	300,000	400,000	500,000
Total & Permanent Disability Benefit (Natural Causes Only)	100,000	200,000	300,000	400,000	500,000
Accelerated Critical Illness Benefit 100%**	100,000	200,000	300,000	400,000	500,000
Accidental Death & Disablement Benefit	200,000	400,000	600,000	800,000	1,000,000
Annual Premium (RM) per Insured Member	610.00	1,220.00	1,830.00	2,440.00	3,050.00

Note:
a) Plan 3, 4* and 5* are only applicable to Unitholders aged 50 years and below.*
*b) **Critical Illness coverage expires at age 65.*
c) The maximum coverage per Insured Member at any one time is RM500,000.

This policy is renewable based on the premium rates in effect at the time of renewal as notified by us. Substandard medical risks may affect the Sum Insured. The renewal premiums payable are not guaranteed and we reserve the right to revise the premiums rates based on claims experience and underwriting requirements.

4. What are the fees and charges that the policyholder has to pay?

- **Commission: 10% of premiums, or**

Plan (RM)	1	2	3	4	5
Commission	61.00	122.00	183.00	244.00	305.00

5. What are some of the key terms and conditions that the policyholder should be aware of?

- Importance of Disclosure – Under Paragraph 5 of Schedule 9 of the Financial Services Act 2013, You are required to take reasonable care not to make any misrepresentation when answering any questions asked by AIA Bhd (AIA) i.e. you should answer the questions fully and accurately/correctly. Please note that all the questions that are asked by AIA are relevant to AIA's decision whether to accept the risk or not and the rates and terms to be applied.

  If there are any changes to the answers given in the application/proposal form between the time of submission of the application/proposal form and the time the contract is entered into, You are also required to disclose to AIA fully and accurately/correctly such changes.

  In addition to answering the questions in the proposal form fully and accurately/correctly, You are also required to take reasonable care to disclose to AIA fully and accurately/correctly any other matters which You know to be relevant to AIA's decision on whether to accept the risk or not and the rates and terms to be applied.

  If You do not understand Your obligation/duty as stated above or if You need any further explanation, You can contact AIA or Public Mutual's Consultants.
- Waiting Period – the eligibility for the Accelerated Critical Illness benefits will only start 60 days after the effective date of coverage or reinstatement date of the plan.
- Validity – The proposal form is valid for a period of six (6) months from date of proposal.
- Free-Look Period – the Insured Member may cancel the policy by returning the policy within 15 days after receiving the policy. The premiums that the Insured Member has paid (less any medical fee incurred) will be refunded.
- Unless renewed, the coverage will cease on the expiry date of the policy and the Company shall strictly not be liable for any expense that takes place after the expiry date.
- No renewal will be extended if the Insured Member ceases to be a Unitholder of Public Mutual Berhad.
- The Company reserves the right, at its sole and absolute discretion, to vary the rates in the Benefit Schedule and/or Premium Rates and/or the terms and provisions of this Policy from time to time as it may deem fit, by giving the Insured Member thirty-one (31) days advance written notice.
- Claims procedures – The Insured Member must file a claim by providing certified true copies of supporting documents with a fully completed claim form supplied by the company within 90 days from the loss date

Note:
The list is non-exhaustive. Please refer to the policy contract for the terms and conditions under this policy.

6. What are the major exclusions under this policy?

Term Life Benefit (Natural Causes)

1. Suicide, self-inflicted injuries or any attempt threat, while sane or insane within one (1) year of his effective date of coverage, effective date of increase in sum assured or effective date of reinstatement.

Total & Permanent Disability (TPD) Benefit (Natural Causes)

1. Suicide, self inflicted injuries or any attempt thereat, while sane or insane
2. War, declared or undeclared, revolution or any warlike operations
3. Violation or attempted violation of the law or resistance to arrest
4. Entering, operating or servicing, riding in or on, ascending or descending from or with any aerial device, or conveyance except while the Insured Member is in an aircraft operated by a commercial passenger airline on a regular scheduled passenger trip over its established passenger route; and
5. Pregnancy related, child birth, congenital anomalies and existing disabilities.

Term Life, TPD and Terminal Illness (Natural Causes)

1. Pre-existing conditions
2. AIDS or HIV related conditions.

Repatriation Expenses Benefit (Natural Causes)

1. Services and supplies provided by a mortician or undertaker, including but not limited to the cost of casket, embalming and/or cremation
2. Expenses for the transportation of the Insured Member's remains not approved and arranged by AIAS, or an authorized representative of AIAS.

Accelerated Critical Illness Benefit

1. Pre-existing conditions
2. Conditions where the Insured Member sought advice or treatment for symptoms which had contributed directly or indirectly to the Critical Illness prior to the effective date of coverage.
3. Coronary Artery By-pass Surgery and/or Other Serious Coronary Artery Disease if the Insured Member had a diagnosis of "heart attack" prior to the effective date of coverage.
4. AIDS exclusion

Accidental and Disablement Benefit

1. Suicide, self inflicted injuries or any attempt thereat, while sane or insane
2. Participation in riots, strikes or committing a criminal offense
3. War or any act of war, declared or undeclared, revolution, any warlike operations, or restoration of public order;
4. Engaging in air travel except as a passenger in any properly licensed aircraft; and participation in any organized racing.

Note:
The list is non-exhaustive. Please refer to the policy contract for the terms and conditions under this policy.

7. Can I cancel my plan?

Yes. The Insured Member may cancel the policy by giving the Company a written notice of not less than 15 days from the Policy Anniversary or Premium Due Date. This policy does not contain any cash values. The coverage shall terminate at the expiry of the Policy from the date of cancellation and the Company shall strictly not be liable for any claims/expenses/loss that take place from the termination date.

8. What do I need to do if there are changes to my/my nominee(s) contact details?

It is important that the Insured Member inform the Company of any change in contact details to ensure that all correspondence reach in a timely manner.

9. Where can I get further information?

Should you require additional information, please refer to the insuranceinfo booklet on 'Life Insurance', available at all our branches or you can obtain a copy from the insurance agent or visit www.insuranceinfo.com.my

If you have any enquiries, please contact us at:

AIA Bhd. (790895-D)
Corporate Solutions Division
Menara AIA, 99 Jalan Ampang
50450 Kuala Lumpur
P. O. Box 10140
50704 Kuala Lumpur
T : 03-2056 1111
AIA.COM.MY
E-mail : My.Customer.aia.com

10. Other similar types of coverage available?

None.

IMPORTANT NOTE:
THE INSURED MEMBER SHOULD BE SATISFIED THAT THIS POLICY WILL BEST SERVE THE INSURED MEMBER'S NEEDS. THE INSURED MEMBER SHOULD READ AND UNDERSTAND THE INSURANCE POLICY AND DISCUSS WITH THE AGENT OR CONTACT THE INSURANCE COMPANY DIRECTLY FOR MORE INFORMATION.

The information provided in this disclosure sheet is valid as at 1st July 2018.