



PRIVILEGE CIRCLE

INSURANCE NOMINATION FORM

GUIDE ON COMPLETION

1. This Form is to be completed by a proposer/policy owner for nomination of individuals to receive policy moneys payable upon his death under his Personal Accident policy.
2. Please complete the Form in full and in BLOCK letters without the use of any correction fluid or eraser for any alteration or amendments.
3. Once the duly completed Form is submitted and registered by Lonpac Insurance Bhd (Lonpac), any alteration or amendments to the nomination can only be done by completing and submitting a new Nomination Form to Lonpac.
4. A policy owner who wishes to nominate more than 5 nominees shall attach to this Form additional copies of the Form as may be necessary to cover all nominees.
5. Please submit the ORIGINAL HARDCOPY of the duly completed Form to Lonpac.

PART 1 : IMPORTANT NOTES ON NOMINATION

1. A trust of the policy moneys in favour of the nominee(s) is created if the nominee is the policy owner's spouse, child or parent(s) [if no spouse or child living at the time of nomination]. The policy moneys paid to the trust shall not form part of the estate of the deceased policy owner or be subject to his debts.
2. A nominee [other than the policy owner's spouse, child or parent(s) (if no spouse or child living at the time of the nomination)] is an executor and upon receipt of policy moneys, shall distribute the policy moneys in accordance with the will or the law relating to the distribution of the estate of deceased persons as applicable to the policy owner.
3. The policy owner has to assign the policy benefits to his nominee(s) if his intention is for his nominee(s) [other than his spouse, child or parent] to receive the policy benefits beneficially and not as an executor.
4. A nominee of a Muslim policy owner, upon receipt of policy money, shall distribute the policy moneys in accordance with the Islamic Law.

PART 2 : INSTRUCTIONS OF POLICY OWNER

In accordance with Section 130 of the Financial Services Act 2013, I nominate the individual(s) named below to receive policy moneys payable under the policy of the scheme/fund selected above and the subsequent policy renewed with Lonpac Insurance Bhd.

I declare and confirm that the following named nominee(s) have authorised me to disclose their personal details on their behalf in respect of the information required for in this Nomination Form.

I understand that this nomination will not be revoked by a will or by any other act, event or means except a) upon the death of the nominee, or where there is more than one nominee, upon the death of all the nominees during my lifetime; b) by my written notice to Lonpac; or c) by any subsequent nomination, with the written consent of the trustee if applicable.

	Name (as in NRIC / Passport)	NRIC / Passport / Birth Cert. No.	Date Of Birth	Relationship To Policy Owner	% of Share	Address
1.						
2.						
3.						
4.						
5.						

Policy Owner

Signature : _____
Date : _____
Name : _____
NRIC/
Passport No. : _____
Address : _____

Telephone No : _____

Witness

I confirm that this Form was signed by the proposer/policy owner in my presence. (The witness must be of sound mind, at least 18 years of age and cannot be the named nominee)

Signature : _____
Date : _____
Name : _____
NRIC/
Passport No. : _____
Address : _____

Telephone No : _____