



NOMINATION FORM

Please complete this form if you are above the age of 16 years and wish to nominate any nominee(s) to receive policy moneys payable under your insurance policy/ certificate.

You are encouraged to appoint a nominee as it will expedite payment of moneys upon death without the need for letters of administration or grant of probate.

POLICY NO.

CERTIFICATE NO.

MY DETAILS

FULL NAME

NRIC/ PASSPORT NO - -

ADDRESS

STATE **POSTCODE**

TEL NO

MY NOMINEE(S)' DETAILS

I hereby appoint the following person(s) as my nominee(s) for the above insurance policy/certificate and revoke all existing nominee(s) named earlier, if any:-

Full Name	NRIC/Birth Certificate/ Passport No.	Nationality	Date of Birth	Relationship	Address	% of Share

MY TRUSTEE(S)' DETAILS

I hereby appoint the following as my trustee(s)/additional trustee(s) for the above insurance policy/certificate. I further understand that I reserve the right to revoke the appointment of such trustee(s) and substitute any other name thereof and to appoint additional trustee(s).

Full Name	NRIC/Passport No.	Date of Birth	Nationality	Address

I hereby revoke the appointment of the following trustee(s)/additional trustee(s) for the above insurance policy/certificate.

Full Name	NRIC/Passport No.

TRUSTEE(S) DECLARATION

I/We hereby agree and consent to act as trustee(s) for the above insurance policy/certificate and accept that my/our appointment is subject to the absolute right of revocation by the policyholder.

I/We further agree and consent that AIG Malaysia Insurance Berhad ("AIG") may collect, use and process my/our personal information (whether obtained in this form or otherwise obtained) and disclose such information in accordance with AIG's Privacy Notice found at <https://www.aig.my/privacy-notice>.

SIGNATURE

DATE

Day

Month

Year

Full Name
Contact No.

SIGNATURE

DATE

Day

Month

Year

Full Name
Contact No.

MY DECLARATION

I have completed and submit this form after having read and understood the Important Notes on Nomination below.

I further agree and consent, and if I am submitting information relating to another individual, I represent and warrant that I have the authority to provide that information to AIG Malaysia Insurance Berhad ("AIG"), I have informed the individual(s) about the purposes for which his/her personal information is collected, used and disclosed as well as the parties to whom such personal information may be disclosed by AIG, and the individual(s) agrees and consents, that AIG may collect, use and process my/his/her personal information (whether obtained in this form or otherwise obtained) and disclose such information in accordance with AIG's Privacy Notice.

Please refer to (and if submitting information relating to another individual, refer such individual/s to) the full version of AIG's Privacy Notice found at <https://www.aig.my/privacy-notice> before you provide your consent, and/or the above representation and warranty.

SIGNATURE

DATE

Day

Month

Year

WITNESS DECLARATION

This section must be completed failing which this form will be invalid.

I confirm that this form was signed by the policyholder in my presence.

I further agree and consent that AIG Malaysia Insurance Berhad ("AIG") may collect, use and process my personal information (whether obtained in this form or otherwise obtained) and disclose such information in accordance with AIG's Privacy Notice found at <https://www.aig.my/privacy-notice>.

FULL NAME

NRIC NO

ADDRESS

STATE

POSTCODE

SIGNATURE

DATE

Day

Month

Year

TRUSTEE(S) CONSENT

This section must be completed if you are revoking a nomination, adding a nominee who is not your spouse, child or parent, or making a variation which will adversely affect the interests of your nominees

I/We the trustee(s) for the above insurance policy/certificate agree and consent to the change/revocation of the existing nomination prior to the date as signed under.

I/We the witness(es) confirm that this form was signed by the trustee(s) in my/our presence.

I/we further agree and consent that AIG Malaysia Insurance Berhad ("AIG"), may collect, use and process my/our personal information (whether obtained in this form or otherwise obtained) and disclose such information in accordance with AIG's Privacy Notice found at <https://www.aig.my/privacy-notice>.

SIGNATURE

DATE

Day

Month

Year

TRUSTEE FULL NAME

WITNESS SIGNATURE

DATE

Day

Month

Year

WITNESS FULL NAME

WITNESS NRIC NO

WITNESS ADDRESS

SIGNATURE

DATE

Day

Month

Year

TRUSTEE FULL NAME

WITNESS SIGNATURE

DATE

Day

Month

Year

WITNESS FULL NAME

WITNESS NRIC NO

WITNESS ADDRESS

IMPORTANT NOTES ON NOMINATION

1. A nomination by a non-Muslim policyholder shall create a trust in favour of the nominee(s) of the policy moneys if the nominee(s) is his/her spouse, child, or parent (where there is no spouse or child living at the time of nomination).
2. It is advisable for a non-Muslim policyholder to appoint trustee(s) for the policy moneys. **Trustee(s) named must not be below 18 years old and cannot be the policyholder.** In the event no trustee is appointed, the trustee(s) shall be (a) nominee(s) who is competent to contract; (b) where the nominee(s) is incompetent to contract, the parent of the incompetent nominee(s) other than the non-Muslim policyholder; or (c) where there is no surviving parent, the public trustee or a trust company nominated by the non-Muslim policyholder.
3. The trustee(s)' written consent must be obtained to revoke a nomination, add a nominee who is not a spouse, child or parent, vary the policy to the adverse interest of the nominees, surrender, assign or pledge the policy as security.
4. Any nominee who is not a spouse, child or parent of the non-Muslim policyholder will receive the policy moneys as an executor and not solely as a beneficiary. If the intention is for the nominee who is not a spouse, child or parent to receive the policy moneys as a beneficiary, the benefits of the policy must be legally assigned.
5. Nominees of Muslim policyholder shall receive the policy moneys as an executor, and upon receipt of such policy moneys shall distribute the policy moneys in accordance with Islamic Law.
6. **All witnesses in this form must not be below 18 years old and cannot be a named nominee of the policy moneys.**
7. **The original copy of this form has to be received by AIG Malaysia Insurance Berhad during the lifetime of the policyholder.**
8. Please refer to Schedule 10 of the Financial Services Act 2013, for more information on "Payment of Policy Moneys under Life Policy and Personal Accident Policy".