

REQUEST FOR SURRENDER/PARTIAL SURRENDER/REFUND OF EXCESS PREMIUM/MATURITY
PERMOHONAN UNTUK PEMBATALAN POLISI/PENGELUARAN DANA/PEMULANGAN LEBIHAN PREMIUM/KEMATANGAN

All fields are mandatory. Semua butiran adalah wajib untuk dilengkapkan.

Name of Life Assured
Nama Hayat Diasuranskan _____

Scheme No
No Skim _____ Contract No
No Kontrak _____

New IC No
No K.P. Baru _____ Old IC No
No K.P. Lama _____

* Address
Alamat _____

** Contact No (1) _____ (2) _____
No Telefon

A. TYPE OF TRANSACTION / JENIS TRANSAKSI

Please tick box where appropriate / Sila tandakan kotak yang sesuai

- | | |
|---|---|
| <input type="checkbox"/> (i) Surrender of Assurance / Pembatalan Polisi | <input type="checkbox"/> (iii) Maturity / Kematangan |
| <input type="checkbox"/> (ii) Partial Surrender / Pengeluaran Dana | <input type="checkbox"/> (iv) Refund of excess premium / Pemulangan Lebihan Premium |

B. PAYMENT METHOD / KAEDAH PEMBAYARAN

Please tick box where appropriate / Sila tandakan kotak yang sesuai

(i) Please issue the amount payable in cheque to my address as stated above.*
Sila bayar dalam bentuk cek dan kirim kepada saya berdasar alamat yang dinyatakan seperti di atas.

(ii) Please credit the amount payable into my selected bank account as stated below:
Sila kredit dalam bank akaun saya seperti yang dinyatakan di bawah:

Bank Name / Nama Bank : _____

Bank Account No / No Akaun Bank : _____

Account Holder Name / Nama Pemegang Akaun : _____

Please enclose copy of bank passbook or bank statement with the details of the account holder's name & account number.

Please refer to the back of the form for the list of the GIRO participating banks.

Sila lampirkan salinan buku akaun ataupun penyata akaun yang mengandungi butiran nama pemegang akaun dan nombor akaun. Sila rujuk muka surat belakang borang ini untuk senarai bank-bank yang menyertai GIRO.

(iii) Self-collection. Please call me at the contact number as stated above once the cheque is ready.**
Ambil sendiri. Sila hubungi saya melalui nombor telefon yang dinyatakan seperti di atas apabila cek tersebut sudah disediakan.

(iv) Agent collection.
Pengambilan oleh ejen.

C. REASON FOR SURRENDER OF ASSURANCE / SEBAB-SEBAB PEMBATALAN POLISI

Please tick box where appropriate / Sila tandakan kotak yang sesuai

Financial problem / Masalah Kewangan Not interested / Tidak berminat

Retired / Bersara Resigned / Letak jawatan

Others. Please specify _____
Lain-lain. Sila nyatakan _____

Surrender value, refund of excess premium or maturity value will be paid into the life assured's name, except for dependant (s) of which it will be paid into the member's name.

For payment method (ii) above, for member & spouse's assurances, only life assured's bank account is accepted, we are unable to credit the amount into third party's bank account. As for dependant's assurance, only member's bank account is accepted. Please allow up to 2 weeks for direct crediting into bank account. Crediting of the payment by the Company to the Account aforesaid shall amount to receipt by the account holder of such payment and shall be deemed a good, valid and sufficient discharge to the Company in respect of such payment. The account holder shall be responsible for this payment arrangement and agree to indemnify the Company against any losses or damages incurred or may be incurred by the Company arising directly or indirectly from this payment arrangement or this authority.

Nilai pembatalan polisi, pemulangan lebihan premium atau nilai kematangan akan dibayar atas nama pemegang polisi, kecuali asuran anak di mana ia akan dibayar atas nama ahli.

Untuk kaedah pembayaran (ii) yang dinyatakan di atas, untuk asuran ahli dan suamifisteri ahli, hanya akaun bank atas nama pemegang polisi yang dibenarkan, akaun bank pihak ketiga tidak dibenarkan sama sekali. Untuk asuran anak, sila gunakan bank akaun atas nama ahli. Ia akan mengambil masa selama dua minggu untuk kredit ke dalam bank akaun. Pengkreditan bayaran itu oleh pihak Syarikat ke Akaun yang dinyatakan adalah jumlah penerimaan yang sama oleh pemegang akaun dan bayaran itu akan dianggap baik, sah dan pengeluaran yang secukupnya kepada Syarikat. Pemegang akaun bertanggungjawab untuk pengaturan bayaran dan bersetuju untuk melindungi pihak Syarikat dari sebarang kerugian atau kerosakan yang berlaku atau mungkin berlaku kepada Syarikat yang disebabkan secara langsung atau tidak langsung dari pengaturan bayaran atau pemberian kuasa ini.

I hereby declare that I am not an undischarged bankrupt.

I hereby declare that the above answers are full and true. I hereby undertake to indemnify and keep the Company fully indemnified from and against any and all losses, actions, claims, suits, demands, proceedings, damages, compensation, fines, costs and expenses including legal costs in taking and defending any legal actions that the Company may incur directly or indirectly arising out of or in consequence of agreeing to and acting upon my request herein.

*** Signature of Life Assured / Tandatangan Hayat Diasuranskan

Name / Nama : _____

NRIC / No. K.P. : _____

Date / Tarikh : _____

*** For dependant's assurance, to be signed by the member / Untuk asuran anak, ahli dikehendaki tandatangan

IBG facility is only available to the following GIRO participating banks:-

(Date Updated: 14 January 2009)

No.	Financial Institution	No.	Financial Institution
1.	OCBC Bank	11.	Deutsche Bank (M) Sdn Bhd
2.	Affin Bank	12.	Hong Leong Bank
3.	Alliance Bank	13.	HSBC Bank
4.	AmBank	14.	Maybank
5.	Bank Islam Malaysia	15.	Public Bank
6.	Bank Rakyat	16.	RHB Bank
7.	Bank Muamalat	17.	Standard Chartered Bank
8.	Bank Simpanan Nasional	18.	UOB Bank
9.	Bumiputra Commerce Bank / CIMB	19.	The Royal Bank of Scotland Berhad
10.	Citibank	20.	Bank of America (Malaysia) Berhad