



Policy No.



APPOINTMENT / REVOCATION OF CONTINGENT OWNER FORM
(Applicable for Juvenile Life Policy Only)

PART 1: PARTICULARS	
Full Name of Policy Owner as per NRIC /Passport	
Handphone No.	
Email Address	
Full Name of Life Assured as per NRIC /Passport	
CONSENT FOR eCORRESPONDENCES	
By completing the email address above or by updating the email address, I hereby consent to receive all future correspondence relating to the Policy via electronic format and I authorize Tokio Marine Life Insurance Malaysia Bhd. to email such correspondences to me.	
IMPORTANT NOTICE	
<ol style="list-style-type: none"> The appointment of a Contingent Owner is only applicable for juvenile policies where the Life Assured has not yet attained the age of twenty-one (21) years. No appointment of a Contingent Owner can be made by a person who takes an assignment of a Policy. The Contingent Owner must be a natural person who has attained the age of twenty-one (21) years. The Contingent Owner must either be the Policy Owner's spouse, parents or sibling. Subject to the conditions herein, upon the Life Assured attaining the age of twenty-one (21) years, the Contingent Owner shall then cease to be the legal owner of the Policy and the ownership of the Policy shall be automatically transferred to and be vested in the Life Assured. Subject to the terms and conditions of the Policy, there shall be no transfer of ownership or vesting of the Policy to the Life Assured in the event the Policy Owner survives the Life Assured attaining the age of twenty-one (21) years. The Policy Owner has the right to remove, revoke or replace the Contingent Owner at any time without his / her consent. Subject to the Company's prior approval, the Contingent Owner shall not be entitled to surrender, assign, make a partial withdrawal or pledge the Policy as security. The Contingent Owner shall not be entitled to appoint anyone to receive the benefits payable under the Policy. All benefits paid to the Contingent Owner will be held on trust by the Contingent Owner for the benefit of the Life Assured. The appointment of the Contingent Owner shall be revoked under the following circumstances: <ol style="list-style-type: none"> if the Contingent Owner predeceases the Policy Owner. if, after the death of the Policy Owner, the Contingent Owner predeceases the Life Assured before the Life Assured attains the age of twenty-one (21) years. if the Policy Owner survives the Life Assured attaining the age of twenty-one (21) years. if the Policy is assigned. Where the Policy has been pledged as security, the claim of a person under such instances shall have priority over that of the Contingent Owner. Subject to the rights under the security, the Contingent Owner shall receive the balance of the policy moneys. This form is provided by the Company as a matter of service but the Company accepts no responsibility for the validity of the appointment of the Contingent Owner or its effect on the rights of the parties to it. Payment to the Contingent Owner or receipt of any moneys by the Contingent Owner shall fully discharge the Company from all its liabilities and obligations whatsoever under or in respect of the Policy. 	

		For Office Use:
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PART 2: REVOCATION OF EXISTING CONTINGENT OWNER

I, the Policy Owner of the Policy, hereby revoke the appointment of the existing Contingent Owner for this policy.

Existing Contingent Owner

Full Name as per NRIC /Passport	
NRIC No./Passport No.	

PART 3: APPOINTMENT OF NEW CONTINGENT OWNER

I, the Policy Owner of the Policy, hereby appoint the following person to act as Contingent Owner for this policy.

New Contingent Owner

Full Name as per NRIC /Passport			
NRIC No./Passport No.		Passport Expiry Date	
Date of Birth		Nationality <input type="checkbox"/> Malaysian <input type="checkbox"/> Others _____	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
Race <input type="checkbox"/> Malay <input type="checkbox"/> Chinese <input type="checkbox"/> Indian <input type="checkbox"/> Others _____		Religion <input type="checkbox"/> Muslim <input type="checkbox"/> Buddhist <input type="checkbox"/> Hindu <input type="checkbox"/> Christian <input type="checkbox"/> Others _____	
Relationship to the Policy Owner <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Brother <input type="checkbox"/> Sister			
Occupation		Exact Duties	
Nature of Business/ Nature of Self Employment		Name of Employer	
Address of Employer/Business			
Source of Wealth <i>How did you accumulate your wealth (i.e. your total assets)?</i>	<input type="checkbox"/> Employment related income (e.g. salary, commission, bonus, EPF, pension) <input type="checkbox"/> Business income (e.g. profits) <input type="checkbox"/> Investment Income (e.g. shares, bonds, unit trust, rental income) <input type="checkbox"/> Savings or deposit <input type="checkbox"/> Policy claims, maturity or surrender <input type="checkbox"/> Others (e.g. inheritance, gift, allowance, loan etc.), please specify _____		
Source of Fund <i>What is the source of funds used to pay the premium?</i>	<input type="checkbox"/> Savings / Business income <input type="checkbox"/> Sales of assets / rental income / sales of investments (e.g. shares, bonds, unit trusts etc.) <input type="checkbox"/> Benefit from insurance policy (e.g. Policy claims, maturity or surrender) <input type="checkbox"/> Personal savings / fixed deposit <input type="checkbox"/> Others (e.g. inheritance, gift, allowance, loan etc.), please specify _____		



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Annual Income (RM)	
Correspondence Address	_____ _____ Postcode _____ Country _____
Residential Address (If different from Correspondence Address)	_____ _____ Postcode _____ Country _____
Contact No.	Handphone
	Office
	House
Email Address	

PART 4: DECLARATION BY POLICY OWNER AND WITNESS

Subject to the terms and conditions of the Policy, I, the Policy Owner of the Policy, hereby appoint the person named herein to be the Contingent Owner of the Policy. Subject to the conditions herein and the Policy still being in force, upon my death but before the Life Assured attains the age of twenty-one (21) years, the ownership of the Policy, and all rights, privileges and benefits thereunder, shall pass to the Contingent Owner.

For the avoidance of doubt, I, being the Policy Owner of the Policy can, during my lifetime, exercise my rights as the legal owner of the Policy.

I hereby declare that all particulars given to TOKIO MARINE INSURANCE MALAYSIA BHD are true and accurate and correct and that the same shall together with this declaration constitute an integral part of the Policy.

I further declare that this appointment shall supersede all previous appointments of Contingent Owner(s) made by me, if any.

Signed on _____ (Date)

Signature of Policy Owner

Name :
ID No. :

*Signature of Witness

Name :
ID No. :
Tel. No. :

***STATEMENT OF WITNESS :**

1. I hereby witness and certify that the signature in this form was made before me and that to the best of my knowledge it is the signature of the Policy Owner under the Policy.
2. The Witness must be at least 18 years of age and of sound mind.
3. The Witness cannot be a Named Contingent Owner.



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PART 5: DECLARATION BY NEWLY APPOINTED CONTINGENT OWNER AND WITNESS

I agree to be appointed as the Contingent Owner of the Policy in accordance with the terms and conditions herein. I declare and acknowledge that I shall hold all benefits payable under the Policy on trust for the benefits of the Life Assured.

Signed on _____ (Date)

Signature of Contingent Owner
Name :
ID No. :
Tel. No. :

*Signature of Witness
Name :
ID No. :
Tel. No. :

***STATEMENT OF WITNESS :**

1. I hereby witness and certify that the signature in this form was made before me and that to the best of my knowledge it is the signature of the Contingent Owner under the Policy.
2. The Witness must be at least 18 years of age and of sound mind.
3. The Witness cannot be a Named Contingent Owner.

Note: A copy of NRIC/Passport of the Contingent Owner is submitted for verification by the Company.

PART 6: DATA PRIVACY (APPLICABLE FOR NEWLY APPOINTED CONTINGENT OWNER)

I/We understand and agree that the information I/we 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/We understand that I/We have a right to obtain access to and to request correction of my/our personal information held by the Company by contacting the Company's Customer Service Representatives.

I/We understand that I/we 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 Company's Privacy and Data Protection Policy.

Signed on _____ (Date)

Signature of Contingent Owner
Name :
ID No. :

PART 7: FATCA DECLARATION (APPLICABLE FOR NEWLY APPOINTED CONTINGENT OWNER)

DECLARATION OF U.S. PERSON AND CHANGE OF CIRCUMSTANCES

Are you a U.S. Person (eg. U.S. Citizen / U.S. Permanent Resident / Green Card Holder, etc)? Contingent Owner: Yes No

I/We understand that the Company, believing this statement to be true, will rely on it and act on it. In the event this statement is false, any policy issued may be considered void in which case the Company shall notify me/us and repay the premiums less reasonable charges and policy withdrawals. In view that this is a fundamental term, the Company shall be entitled to cancel this Policy and pay reasonable compensation to me/us in consideration of such termination.

*Note: A false statement or misrepresentation of tax status by a U.S. Person could lead to penalties under U.S. law.

*Note: The below paragraph applies only to Account Holders who have or may have U.S. Indicia:

- (i) U.S. persons for U.S. federal income tax purposes; or
- (ii) If your tax status changes and you become a U.S. Person; or
- (iii) You or beneficiaries in connection with this Policy have indicated through information provided to us that you or such Beneficiary may be in fact a U.S. person for U.S. federal income tax purposes (including for example a U.S. address, a U.S. telephone number, a TIN, etc.)

The term "U.S. Indicia" as used below refers to any of the three circumstances described in (i) to (iii) above.

This is a fundamental term and in the event you have U.S. Indicia and fail after request to provide such information, consent and/or assistance as the Company may from time to time reasonably require to allow it to comply with its contractual, legal and/or regulatory obligations under the United States Foreign Account Tax Compliance Act, including any required reporting to the Internal Revenue Service of information relating to you or Beneficiaries in connection with this Policy, The Company reserves the right and shall be entitled to take the necessary action which may include submitting the necessary reports, suspending your account/policy, withholding



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the necessary monies to be remitted, terminating this Policy and returning the cash value (if any) less any indebtedness without interest in the event of such termination.

Declaration of Change of Circumstances:

I/We agree to notify the Company within thirty days of any change in my status as U.S. person for the purposes of U.S. federal income tax. (Please note that on the making an application for insurance, a U.S. Person, example: U.S. citizen / U.S. Permanent Resident / Green Card Holder & etc must complete an IRS Form W-9).

Note: Please take note that the Company will not be able to process this application without your consent to the above.

You can find relevant FATCA forms and instruction on form completion from the below websites:

- **FATCA Forms for Entity**
 1. **W-8BEN-E**
Form <http://www.irs.gov/pub/irs-pdf/fw8bene.pdf>
Instructions <http://www.irs.gov/pub/irs-pdf/iw8bene.pdf>
 2. **W-9**
Form <http://www.irs.gov/pub/irs-pdf/fw9.pdf>
Instructions <http://www.irs.gov/pub/irs-pdf/iw9.pdf>
- **FATCA Forms for Individual**
 1. **W-8BEN**
Form <http://www.irs.gov/pub/irs-pdf/fw8ben.pdf>
Instructions <http://www.irs.gov/pub/irs-pdf/iw8ben.pdf>
 2. **W-9**
Form <http://www.irs.gov/pub/irs-pdf/fw9.pdf>
Instructions <http://www.irs.gov/pub/irs-pdf/iw9.pdf>

PART 8: CRS DECLARATION (APPLICABLE FOR NEWLY APPOINTED CONTINGENT OWNER)

1. The Income Tax (Automatic Exchange of Financial Account Information) Rules 2016 sets the Common Reporting Standard (CRS) for the purpose of automatic exchange of financial account information. This is a Self-Certification to be completed by you to the Company for the said purpose. The information collected herein may be transmitted by the Company to the government authorities or regulatory bodies for transfer to the tax authority of another country(ies).
2. You are required to immediately inform the Company of any changes in your tax residency status.
3. You are required to complete this Self-Certification in full (unless stated otherwise).
4. If you have any questions on Self-Certification or your tax residency status, please consult your tax, legal advisor and/or other professional advisors.

For further information on tax residency, please refer to the OECD website at <http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-residency/>

Do you have any tax residency in country(ies) other than Malaysia?

Contingent Owner: Yes. Please complete the respective Tax Residency Self-Certification Form No

Note: Please take note that the Company will not be able to process this application without your declaration.

PART 9: FATCA & CRS DATA PRIVACY WAIVER

Applicable to both individuals and corporates

“The Company is subject to and required to, or has agreed to, comply with certain legal, regulatory and/or other requirements (the “Reporting Requirements”). As such, I/we provide our express consent that the Company shall have the right to provide such personal data and information to any governmental authorities, regulatory bodies and/or any other person(s) in respect of the Reporting Requirements. I/We understand that such disclosures may involve the cross border transfer of personal data outside the jurisdiction and that such disclosures may be with respect to i) the personal data of the proposer, life assured, beneficiaries, trustees, personal representatives, nominees, assignees and other persons specified in this insurance application (collectively “other persons”), or any of them; ii) any information relating to this Policy; and iii) any information relating to any other policies held by the other persons or any of them. I/We understand that the Company will not be able to sell any insurance product to me/us and provide any service if I/we refuse to give the said express consent.”