



*Policy No.	

# PERSONAL PARTICULARS CONFIRMATION AND UPDATE FORM

# **IMPORTANT NOTES**

- POLICY NO.: \*Mandatory to be filled in.
- **SECTION A:** Please complete this section to confirm there is  $\underline{\mathbf{NO}}$  change to personal particulars.
- SECTION B (PART 1 to 3): Please complete this section if there is change to personal particulars.

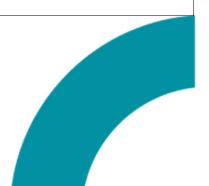
<ul><li>SECTION B (PART 4 to 6):</li><li>SECTION C &amp; D: *Mandator</li></ul>	*Mandatory to be filled in. ry to be filled in.			
	SECTION A: CONFIRMATION (	OF PERSONAL PARTICUL	ARS	
Confirmation of personal part	ticulars for:- (Please tick when nee □ Life Assured □ N	re applicable) Nominee □Trustee	□Payor □Contingent Owner	
I hereby declare that followin correct and the latest records.	g information captured by To	kio Marine Life Insuranc	e Malaysia Bhd. ("the Company") i	
(i) Name (v) Correspondence / Residential Address (ii) NRIC/Birth Certificate/Passport No. (vi) Contact Number (iii) Nationality (vii) Email Address (iv) Date of Birth				
	SECTION B: UPDATE PE PART 1: UPDATE P			
	FART I. OFDATE F	ERSONAL DETAILS		
(Please tick where applicable)  □ Policy Owner □ Assign  Title □ Mr □ Miss		Nominee □Trustee Naster □Others	□ Payor □ Contingent Owner	
Full Name as per NRIC / Passport				
NRIC/Birth Certificate/ Passport No.		Passport Expiry Date		
Nationality				
Date of Birth (dd/mm/yyyy)		Gender	☐ Male ☐ Female	
Occupation		Exact Duties		
Nature of Business/ Nature of Self Employment				
Name of Employer				
Note: For Change in Name/ NRIC Certified True Copy of NRIC/ Birth			Date of Birth/ Gender, please submit a ification by the Company.	
RECEIVED	RECEIVED DATE	For O	ffice Use:	

Page 1 of 4

CS/PPUF/072024

Tokio Marine Life Insurance Malaysia Bhd.
1199801001430 (457556-X)]
Ground Floor, Menara Tokio Marine Life,
189, Jalan Tun Razak, 50400 Kuala Lumpur.
General Line: (603) 2059 6188
Fax: (603) 2162 8068
Customer Care Hotline: (603) 2603 3999
Website: tokiomarine.com

A member of the Tokio Marine Group





*Policy No.						INSURANCE GROUP
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	PARI Z.	UPDATE A	DDRESS OR EN	MAIL ADDRESS		
☐ Policy Owner ☐ Assig	nee □Life	Assured	□Nominee	□Trustee	□ Payor	□ Contingent Owner
Correspondence Address	Postcode			Country		
Residential Address (If different from Correspondence Address)	Postcode			Country		
Email Address			•	<u> </u>		
By completing or updating my em to the Policy via electronic forma	t and I authorize	the Company	to email such o	correspondences		e correspondences relating
	PAF	RT 3: UPDA	TE CONTACT	NUMBER		
**Full Name as per NRIC / Passport of Contact Number Owner						
**NRIC/Birth Certificate/ Passport No. of Contact Number Owner						
	Handphone					
Contact No.	Office					
	House					
i. Contact number for roles oth already registered in our data her contact number. ii. Please submit a copy of NRIC	abase. The contac	ct number ov	vner will be req	uired to visit our	nearest brar	ch in order to update his /
**Must match with our records, p	lease fill out Sec	tion B: Part	1 if there are a	ny changes.		
*PA	RT 4: MARKETI	NG CONSE	NT (APPLICAB	LE FOR POLIC	Y OWNER)	
To receive updates and informati Company, its agents, group of cor	ion about product	ts, services, affiliates of	promotions, charthe Company, p	aritable causes o please tick belov	or other mark v:	eting information from the
Yes, I wish to be contacted			No, I do not wis	h to be contacte	d for such pur	pose
*PART 5: FATCA D	ECLARATION (A	APPLICABL	E FOR POLICY	OWNER / COM	NTACT NUM	BER 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.)?  Yes No						
I/We understand that the Company, issued may be considered void in whic view that this is a fundamental term, such termination.	ch case the Compan	y shall notify r	ne/us and repay t	he premiums less r	easonable char	ges and policy withdrawals. In
*Note: A false statement or misrepres	entation of tax statu	us by a U.S. Pe	erson could lead to	penalties under U	.S. law.	
*Note: The below paragraph applies o (i) U.S. persons for U.S. federal incom (ii) If your tax status changes and you (iii) You or beneficiaries in connectior U.S. person for U.S. federal income ta	e tax purposes; or become a U.S. Pers with this Policy ha	son; or ve indicated tl	nrough information	n provided to us th		
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	e event you have U.		•	to provide such inf		
		Pa	age 2 of 4		CS/F	PPUF/072024



*Policy No.	

#### \*PART 5: FATCA DECLARATION (APPLICABLE FOR POLICY OWNER / CONTACT NUMBER OWNER) (CONTINUE)

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 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**

W-8BEN

Form http://www.irs.gov/pub/irs-pdf/fw8ben.pdf
Instructions http://www.irs.gov/pub/irs-pdf/iw8ben.pdf

w\_9

Form http://www.irs.gov/pub/irs-pdf/fw9.pdf Instructions http://www.irs.gov/pub/irs-pdf/iw9.pdf

## \*PART 6: CRS DECLARATION (APPLICABLE FOR POLICY OWNER / CONTACT NUMBER OWNER)

- 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  $\frac{\text{http://www.oecd.org/tax/automatic-exchange/crsimplementation-and-assistance/tax-residency/}{\text{http://www.oecd.org/tax/automatic-exchange/crsimplementation-and-assistance/tax-residency/}}$ 

Note: Please take note that the Company will not be able to process this application without your declaration.  *** If the Policy Owner/Contact Number Owner is a company, please complete Entity Tax Residency Self-Certification Form.				
Yes. Please complete the respective Tax Residency Self-Certification Form	No***			
Do you have any tax residency in country(ies) other than Malaysia?				
implementation-and-assistance/tax-residency/				

## PART 7: 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 persons(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."

Page 3 of 4

CS/PPUF/072024



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#### \*SECTION C: DECLARATION BY POLICY OWNER AND WITNESS

I, the Policy Owner in the title of the above mentioned policy, hereby authorize and request that the above policy and all other policies where I am the Policy Owner be changed in accordance with the above particulars. I further agree that any alteration or variation shall not take effect until the request is approved by the Company.

I understand and agree that the information I supply will be collected, used and processed by the Company, its agents and its authorized 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 understand that I have a right to obtain access to and to request correction of my personal information held by the Company by contacting the Company's Customer Service Representatives.

I understand that I can visit the Company's Corporate Website (<a href="https://www.tokiomarine.com/my/en/life/about-us/corporate-policies/privacy-policy.html">https://www.tokiomarine.com/my/en/life/about-us/corporate-policies/privacy-policy.html</a>) for a full copy of the Company's Privacy and Data Protection Policy.

	Signed on	(Date)	
Signature of Policy Owner		****Signature of Witness	
Name :		Name :	
ID No. :		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.
- The Witness must be at least 18 years of age and of sound mind.

## \*SECTION D: DECLARATION BY CONTACT NUMBER OWNER AND WITNESS

I, the Contact Number Owner, hereby authorize and request for my Contact Number to be updated for all policies issued by the Company. I further agree that any alteration or variation shall not take effect until the request is approved by the Company.

I understand and agree that the information I supply will be collected, used and processed by the Company, its agents and its authorized 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 understand that I have a right to obtain access to and to request correction of my personal information held by the Company by contacting the Company's Customer Service Representatives.

I understand that I can visit the Company's Corporate Website (<a href="https://www.tokiomarine.com/my/en/life/about-us/corporate-policies/privacy-policy.html">https://www.tokiomarine.com/my/en/life/about-us/corporate-policies/privacy-policy.html</a>) for a full copy of the Company's Privacy and Data Protection Policy.

		Signed on		(Date)		
	Contact Number Owner		****Signat	ure of Witness		
(Parent or Guard	dian to given consent if the Contac	t Number Owner is below age 16)	Name	:		
Name	:		ID No.	:		
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 Contact Number Owner under the Policy.
- 2. The Witness must be at least 18 years of age and of sound mind.

Page 4 of 4 CS/PPUF/072024