



Policy No.



**REQUEST FOR ALTERATION**

<b>Request Types</b> (Please tick where applicable)		
<input type="checkbox"/> Service Request	<input type="checkbox"/> Fund-Related Changes (For IL Policy ONLY)	
<input type="checkbox"/> Financial Changes	<input type="checkbox"/> Fully Paid Up (For Traditional Policy ONLY)	
<b>PART 1: PARTICULARS</b>		
Full Name of Policy Owner as per NRIC/Passport	<input style="width:100%;" type="text"/>	
Handphone No.	<input style="width:100%;" type="text"/>	
Email Address	<input style="width:100%;" type="text"/>	
<b>CONSENT FOR eCORRESPONDENCES</b>		
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.		
<b>PART 2: SERVICE REQUEST</b>		
<input type="checkbox"/> Method of Payment	Please state <input style="width:100%;" type="text"/>	
<input type="checkbox"/> Occupation	New Occupation <input style="width:100%;" type="text"/>	
	Exact Duties <input style="width:100%;" type="text"/>	
	Nature of Business <input style="width:100%;" type="text"/>	
	Name of Employer <input style="width:100%;" type="text"/>	
	Annual Income <input style="width:100%;" type="text"/>	
<input type="checkbox"/> Smoker Status	<input type="checkbox"/> Smoker <input type="checkbox"/> Non-Smoker Date of change: _____ No. of Cigarettes per day: _____	
<input type="checkbox"/> Mode of Payment	<input type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi Annual <input type="checkbox"/> Monthly	
<input type="checkbox"/> Others	<input style="width:100%;" type="text"/>	
<b>PART 3: FINANCIAL CHANGES</b>		
<input type="checkbox"/> Reduce Basic Sum Assured	New Basic Sum Assured <input style="width:100%;" type="text"/>	
<input type="checkbox"/> Reduce Rider Sum Assured	<i>Name of Rider</i>	<i>New Sum Assured (RM)</i>
	1. <input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
	2. <input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
<input type="checkbox"/> Reduce Basic Premium (Investment Linked)	<input style="width:100%;" type="text"/> per year (only allowed on Next Policy Anniversary)	
<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid gray; border-radius: 50%; width: 100px; height: 100px; display: flex; align-items: center; justify-content: center;">RECEIVED DATE</div> <div style="border: 1px solid gray; border-radius: 50%; width: 100px; height: 100px; display: flex; align-items: center; justify-content: center;">RECEIVED DATE</div> </div>		
For Office Use:		



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**PART 3: FINANCIAL CHANGES (CONTINUE)**

<input type="checkbox"/> Cancellation of Rider(s)	
<input type="checkbox"/> Others	

**Checklist:**

For Cancellation of Riders, Reduce Basic Sum Assured and Reduce Rider Sum Assured (if any), please submit **Direct Credit Payment Form**.

*\*only applicable for Convertible Term Rider, Life Care Rider Plus, Hospitalisation Benefit, IncomeShield Rider, iSaving Rider and medical rider after commencement date of 01/01/2006 for quarterly, semi-annual and annual payment mode*

For Cancellation of Riders, Reduce of Sum Assured and Reduce Basic Premium for all policies, please submit **Trustee's consent**.

**PART 4: FUND-RELATED CHANGES (FOR IL POLICY ONLY)**

**IMPORTANT NOTES**

It is recommended that you review your protection needs before you consider making any changes to your premium. If you reduce the premium of your investment-linked policy without adjusting your coverage or if you add/upgrade benefits without paying additional premium, it is possible that the accumulated fund value is not enough to pay for your policy charges in the later years and will result in termination of your policy.

Please tick where applicable.

**Single Premium Top-Up (SPTU)**

(Before you pay into any Single Premium Top Up, you should always consider paying your required premium up to date under your existing policy. Please contact your agents or our customer service team for more information.)

Type of Funds	Percentage	Top-Up Amount (RM)
TokioMarine-Enterprise Fund		
TokioMarine-Bond Fund		
TokioMarine-Managed Fund		
TokioMarine-Orient Fund		
TokioMarine-Dana Ikhtiar		
TokioMarine-Luxury Fund		
Others:		
<b>TOTAL</b>	<b>100 %</b>	

**Regular Top-Up (RTU)**

Type of Requests	Top-Up Amount (RM)	
Inclusion of RTU	per year	
Deletion of RTU		
Increase RTU	From _____	To _____
Reduce RTU	From _____	To _____

<b>Checklist</b>
<b>Single Premium Top-Up</b>
<input type="checkbox"/> Investment allocation to follow existing Fund Allocation if it is not stated in the form

<b>Checklist</b>
<b>Regular Top-Up</b>
<input type="checkbox"/> RTU will follow existing mode of payment for the policy.
<input type="checkbox"/> For Deletion of RTU, please submit Trustee's consent.

**For Single Premium Top-Up (SPTU) and Regular Top-Up (RTU):**

Please indicate the source of wealth:

- Employment
- Investment Income
- Others, please specify \_\_\_\_\_

Please indicate the source of fund:

- Savings
- Withdrawal from Policy
- Proceeds from Policy Surrender
- Proceeds from Policy Maturity
- Others, please specify \_\_\_\_\_



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**Premium Redirection**

Type of Funds	Percentage (%)
TokioMarine-Enterprise Fund	
TokioMarine-Bond Fund	
TokioMarine-Managed Fund	
TokioMarine-Orient Fund	
TokioMarine-Dana Ikhtiar	
TokioMarine-Luxury Fund	
Others:	
<b>Total</b>	<b>100 %</b>

Checklist
<b>Premium Redirection</b>
<input type="checkbox"/> Multiple of 5%
<input type="checkbox"/> Total 100%

**Fund Switching\***

From Fund	To Fund	Percentage (%)	Unit

**\*Note:** Switching fee may be applicable depending on the product. Please refer to your policy contract for more details.

**PART 5: FULLY PAID UP (FOR TRADITIONAL POLICY ONLY)**

I authorize and request Tokio Marine Life Insurance Malaysia Bhd. to effect the option below:

**Fully Paid Up**

I, as the Policy Owner, apply to convert the Policy to a fully paid up policy at the end of the 10th Policy Year.

The conversion will only take effect upon the following conditions having been satisfied:

1. There is no indebtedness outstanding such as Automatic Premium Loan and Policy Loan at the end of the 10th Policy Year.
2. The Policy must be in force at time of conversion.
3. This Fully Paid Up Option Form must be received by Tokio Marine Life Insurance Malaysia Bhd. no later than 30 days from the end of the 10th Policy Year.

On conversion, this Fully Paid Up Option Form will form part of the Policy and all future premiums for the Policy will no longer be payable. The Policy Sum Assured will remain unchanged after conversion to Fully Paid Up policy, and all riders (if any) attached to the Policy will continue to be in force provided premiums are paid within the grace period.

Reinstatement of the Policy back to payment mode is not allowed after the Policy has been converted to Fully Paid Up status.

**PART 6: AUTHORISATION**

I/We, the Policy Owner of the Policy, hereby authorize and request that the Policy be changed in accordance with the above particulars. I/We further agree that any alteration or variation shall not take effect until the request is approved by the Company.

Signed at \_\_\_\_\_ ( place ) on \_\_\_\_\_ ( date )

Signature of Policy Owner

Name :  
NRIC No.:

\*Signature of Witness

Name :  
NRIC No.:  
Tel. No. :



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**PART 6: AUTHORISATION (CONTINUE)**

I/We hereby consent for the Policy to be changed in accordance with the above particulars.

Signed at \_\_\_\_\_ ( *place* ) on \_\_\_\_\_ ( *date* )

\_\_\_\_\_  
Signature of Trustee/Parent/Guardian (where applicable)

Name :  
NRIC No.:  
Tel No. :

\_\_\_\_\_  
\*Signature of Witness

Name :  
NRIC No.:  
Tel. No. :

\_\_\_\_\_  
Signature of Trustee/Parent/Guardian (where applicable)

Name :  
NRIC No.:  
Tel No. :

\_\_\_\_\_  
\*Signature of Witness

Name :  
NRIC No.:  
Tel. No. :

**\*STATEMENT OF WITNESS :**

1. I hereby witness and certify that the signature(s) in this form was/were made before me and that to the best of my knowledge it is/are the signature(s) of the Policy Owner/Trustee/Parent/Guardian under the Policy.
2. The Witness must be at least 18 years of age and of sound mind.

**Note: A copy of NRIC/Passport/Birth Certificate of the Policy Owner/Trustee/Parent/Guardian is submitted for verification by the Company.**

**PART 7: DATA PRIVACY**

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.

Signed at \_\_\_\_\_ ( *place* ) on \_\_\_\_\_ ( *date* )

\_\_\_\_\_  
Signature of Policy Owner

Name:  
NRIC No.: