



Policy No. _____

**LETTER OF CONSENT**

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.	
PART 2: TRANSACTION REQUEST	
I/We, the *Trustee(s) / Parent or Guardian of the Nominee(s), hereby irrevocably and unconditionally give my/our consent to the Policy Owner to do the following. Please tick in the box(es) as appropriate:	
☐ *Policy Loan / Part Surrender / Full Surrender ☐ *Surrender of Bonus ☐ *Change of Plan/ Term of Assurance/ Life Sum Assured to _____ ☐ Inclusion of _____ ☐ Cancellation of _____ ☐ Paid-Up ☐ Revocation of All Existing Nominees ☐ Assignment of Policy ☐ Change of Cash Bonus Option ☐ Others _____	

RECEIVED DATE RECEIVED DATE	<i>For Office Use:</i>
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Policy No. _____

PART 3: AUTHORISATION

I/We further agree that I/we shall hold the Company harmless in respect of any and all consequences and things which may arise as a result of it acting on mine/our instructions herein.

Signed at _____ (Place) on _____ (Date)

Signature of Trustee/Parent/Guardian

Name :

NRIC No.:

Tel. No. :

*Signature of Witness

Name :

NRIC No.:

Tel. No. :

Signature of Trustee/ Parent/Guardian

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 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 4: 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.: