

Policy No. **APPLICATION FORM TO INCLUDE VESTING CLAUSE FOR JUVENILE POLICY**

Note: All fields are mandatory to be filled in

PART 1: PARTICULARS			
Policy Owner			
Full Name as per NRIC /Passport			
Contact No.	Handphone		
	Office		
	House		
Email Address			
PART 2: APPLICATION TO INCLUDE VESTING CLAUSE			
<p>I, the Policy Owner hereby request for the inclusion of a vesting clause in the Policy.</p> <p>I understand that with the inclusion of the aforesaid vesting clause in the Policy, the Policy shall vest in the Life Assured on his/her 21st birthday and shall, on the vesting date, be deemed to be a contract between Tokio Marine Life Insurance Bhd ("The Company") and the Life Assured.</p> <p>I also understand that the Life Assured will be the absolute owner of the Policy and that I, and my estate, shall cease to have any right or interest therein.</p> <p>_____</p> <p>Signature of Policy Owner</p> <p>Name : _____</p> <p>ID No. : _____</p>			
PART 3: LIFE ASSURED (NEW POLICY OWNER TO BE)			
Full Name as per NRIC /Passport			
NRIC No./Passport No.		Passport Expiry Date	
Nationality <input type="checkbox"/> Malaysian <input type="checkbox"/> Others _____		Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
Religion <input type="checkbox"/> Muslim <input type="checkbox"/> Buddhist <input type="checkbox"/> Hindu <input type="checkbox"/> Christian <input type="checkbox"/> Others _____			
Occupation		Exact Duties	
Nature of Business/ Nature of Self Employment		Name of Employer	
Address of Employer/Business			
<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; border-radius: 50%; width: 100px; height: 100px; display: flex; align-items: center; justify-content: center;"> RECEIVED DATE </div> <div style="border: 1px solid black; border-radius: 50%; width: 100px; height: 100px; display: flex; align-items: center; justify-content: center;"> RECEIVED DATE </div> </div>		For Office Use:	


 Policy No.

LIFE ASSURED (NEW POLICY OWNER TO BE) (CONTINUE)			
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 _____		
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: DETAILS OF PAYER			
(Please complete the payer details and submit a copy of the payer's NRIC / Passport if the payer is not the Life Assured (New Policy Owner To Be))			
Full Name of Payer 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		
Occupation		Exact Duties	
Nature of Business/ Nature of Self Employment		Name of Employer	
Address of Employer/Business			


 Policy No.

DETAILS OF PAYER (CONTINUE)	
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 _____
Annual Income (RM)	
Correspondence Address	_____ _____ _____ Postcode _____ Country _____
Residential Address (If different from Correspondence Address)	_____ _____ _____ Postcode _____ Country _____
Contact No.	Handphone _____ Office _____ House _____
Email Address	_____
Relationship of Payer to Life Assured <input type="checkbox"/> Spouse <input type="checkbox"/> Parent / Child <input type="checkbox"/> Employer / Employee <input type="checkbox"/> Others _____	
CONSENT FOR eCORRESPONDENCES - APPLICABLE FOR LIFE ASSURED (NEW POLICY OWNER TO BE)	
By completing or updating my email address above, I hereby consent to receive all future correspondences relating to the Policy via electronic format and I authorize the Company to email such correspondences to me.	
PART 5: MARKETING CONSENT - APPLICABLE FOR LIFE ASSURED (NEW POLICY OWNER TO BE)	
To receive updates and information about products, services, promotions, charitable causes or other marketing information from the Company, its agents, group of companies and other affiliates of the Company, please tick below:	
<input type="checkbox"/> Yes, I wish to be contacted <input type="checkbox"/> No, I don't wish to be contacted	

Policy No. **PART 6: DATA PRIVACY - APPLICABLE FOR LIFE ASSURED (NEW POLICY OWNER TO BE)**

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 confirm that where I have provided personal data about other persons, I have obtained the consent of the individual(s) concerned to enable the Company and its members to use their personal data, including any sensitive personal data.

I understand that I have the 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 (<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. I also confirm that I have brought the Company's Privacy and Data Protection Policy to the attention of the other persons whose personal data I have provided herein and that they have confirmed that they understand, agree and authorize the Company and its members to deal with their personal data in accordance with the declaration above.

Signed on _____ (Date)

Signature of Life Assured (New Policy Owner to Be)

Name :
ID No. :**PART 7: FATCA DECLARATION - APPLICABLE FOR LIFE ASSURED (NEW POLICY OWNER TO BE)****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.)? Life Assured: ☐ 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 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>

Policy No. **FATCA DECLARATION - APPLICABLE FOR LIFE ASSURED (NEW POLICY OWNER TO BE) (CONTINUE)**

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 LIFE ASSURED (NEW POLICY OWNER TO BE)

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?

Life Assured: ☐ 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.

* If the Policy Owner is a company, please complete Entity Tax Residency Self-Certification Form.

PART 9: FATCA AND CRS DATA PRIVACY WAIVER - APPLICABLE FOR LIFE ASSURED (NEW POLICY OWNER TO BE)

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."

PART 10: DECLARATION BY LIFE ASSURED - APPLICABLE FOR NEW POLICY OWNER TO BE AND WITNESS

I, hereby declare and confirm that all information which I have provided herein are complete and accurate.

Signed on _____ (Date)

Signature of Life Assured (New Policy Owner to Be)

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 Contact Number Owner under the Policy.
2. The Witness must be at least 18 years of age and of sound mind.