


 *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 **NO** change to personal particulars.
- **SECTION B (PART 1 to 3):** Please complete this section if there is change to personal particulars.
- **SECTION B (PART 4 to 6):** *Mandatory to be filled in.
- **SECTION C & D:** *Mandatory to be filled in.

SECTION A: CONFIRMATION OF PERSONAL PARTICULARS

Confirmation of personal particulars for:- (Please tick where applicable)

☐ Policy Owner ☐ Assignee ☐ Life Assured ☐ Nominee ☐ Trustee ☐ Payor ☐ Contingent Owner

I hereby declare that following information captured by Tokio Marine Life Insurance Malaysia Bhd. ("the Company") is correct and the latest records.

- | | |
|--|--|
| (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 PERSONAL PARTICULARS
PART 1: UPDATE PERSONAL DETAILS

(Please tick where applicable)

☐ Policy Owner ☐ Assignee ☐ Life Assured ☐ Nominee ☐ Trustee ☐ Payor ☐ Contingent Owner

 Title ☐ Mr ☐ Miss ☐ Madam ☐ Master ☐ Others _____

 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 Number/ Birth Certificate/ Passport Number/ Nationality/ Date of Birth/ Gender, please submit a Certified True Copy of NRIC/ Birth Certificate/ Passport/ other identity documentations for verification by the Company.

 RECEIVED
DATE

 RECEIVED
DATE

For Office Use:


 *Policy No.

PART 2: UPDATE ADDRESS OR EMAIL ADDRESS		
☐ Policy Owner ☐ Assignee ☐ Life Assured ☐ Nominee ☐ Trustee ☐ Payor ☐ Contingent Owner		
Correspondence Address	_____ _____ Postcode _____ Country _____	
Residential Address (If different from Correspondence Address)	_____ _____ Postcode _____ Country _____	
Email Address	_____	
By completing or updating my email address above, I as the Policy Owner 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 3: UPDATE CONTACT NUMBER		
**Full Name as per NRIC / Passport of Contact Number Owner	_____	
**NRIC/Birth Certificate/ Passport No. of Contact Number Owner	_____	
Contact No.	Handphone	_____
	Office	_____
	House	_____
Importance Note: i. Contact number for roles other than policy owner will not be updated to reflect the above details if an existing contact number is already registered in our database. The contact number owner will be required to visit our nearest branch in order to update his / her contact number. ii. Please submit a copy of NRIC/ Passport/ other identity documentations for verification by the Company. **Must match with our records, please fill out Section B: Part 1 if there are any changes.		
*PART 4: MARKETING CONSENT (APPLICABLE FOR POLICY OWNER)		
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: ☐ Yes, I wish to be contacted ☐ No, I do not wish to be contacted for such purpose		
*PART 5: FATCA DECLARATION (APPLICABLE FOR POLICY OWNER / CONTACT NUMBER 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, 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		

*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**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 6: CRS DECLARATION (APPLICABLE FOR POLICY OWNER / CONTACT NUMBER 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?

☐ 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/Contact Number Owner is a company, please complete Entity Tax Residency Self-Certification Form.**

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 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."


 *Policy No.
***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 (<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 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.

***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 (<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 Contact Number Owner

(Parent or Guardian to given consent if the Contact Number Owner is below age 16)

 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.