

Policy No.



Stamp Duty



TOKIO MARINE  
INSURANCE GROUP

**DEED OF ASSIGNMENT**

PART 1: PARTICULARS			
Full Name of Life Assured as per NRIC/Passport			
<b>Assignor</b>			
Full Name as per NRIC/Passport/SSM			
NRIC/Passport No.		Passport Expiry Date	
Company/Business/ Partnership Registration No. (New & Old)			
Correspondence/Residential Address			
		Postcode _____	Country _____
Contact No.	Handphone		
	Office		
	House		
Email Address			
Reason for Assignment			
<b>Assignee</b>			
Full Name as per NRIC/Passport/SSM			
NRIC/Passport No.		Passport Expiry Date	
Company/Business/ Partnership Registration No. (New)		Tax Identification Number (TIN)	
Company/Business/ Partnership Registration No. (Old)		Company Sales and Service Tax (SST) No. (if any)	
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	
Race <input type="checkbox"/> Malay <input type="checkbox"/> Chinese <input type="checkbox"/> Indian <input type="checkbox"/> Others _____		Religion <input type="checkbox"/> Muslim <input type="checkbox"/> Buddhist <input type="checkbox"/> Hindu <input type="checkbox"/> Christian <input type="checkbox"/> Others _____	
Relationship of Assignee to Assignor <input type="checkbox"/> Spouse <input type="checkbox"/> Parent / Child <input type="checkbox"/> Sibling <input type="checkbox"/> Employer / Employee <input type="checkbox"/> Others _____			
 			Assignment Registration No.:



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Assignee (Continue)			
Occupation		Exact Duties	
Nature of Business/ Nature of Self Employment		Name of Employer	
Address of Employer/Business			
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			
E-Invoice  <i>Note: E-invoice will be automatically issued for entity</i>	Please tick if you wish to receive e-invoice from the Company. <input type="checkbox"/> Yes <input type="checkbox"/> No  i. Please provide the Tax Identification Number (TIN) if you are requesting for e-invoice ii. The NRIC/Passport No. must match with our company records		
<b>CONSENT FOR eCORRESPONDENCES (APPLICABLE FOR ASSIGNEE)</b>			
By completing or updating my email address above, I, as the Assignee 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.			
<b>PART 2: DETAILS OF PAYER</b> (Please complete the payer details and submit a copy of the payer's NRIC / Passport if the payer is not the assignee.)			
Full Name of Payer as per NRIC/Passport			
NRIC/Passport No.		Passport Expiry Date	



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PART 2: DETAILS OF PAYER (CONTINUE)			
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			
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 Assignee <input type="checkbox"/> Spouse <input type="checkbox"/> Parent / Child <input type="checkbox"/> Sibling <input type="checkbox"/> Employer / Employee <input type="checkbox"/> Others _____			
PART 3: REVOCATION OF NOMINEE(S) / TRUSTEE(S)			
I, the Policy Owner of the abovementioned Policy, hereby (Please tick the appropriate box)			
<input type="checkbox"/> Revoke the appointment of all existing nominee(s)			
<input type="checkbox"/> Revoke the appointment of all existing trustee(s)			



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**PART 4: ABSOLUTE ASSIGNMENT IMPORTANT NOTES**

1. This document has to be stamped **within thirty (30) days** of execution in accordance with the **Stamp Act, 1949**.
2. This Deed must be completed in full and in **BLOCK** letters. Please complete the Deed carefully and accurately. Do not use correction fluid or eraser to correct any mistakes or make any alterations. Complete a fresh Deed if any wrong information has been filled in.
3. The Company may ask for identification document of the Assignee etc. for verification purpose.
4. Please take notice that :
  - i. If the Assignor has attained the age of 10 years but has not yet attained the age of 16 years, the Assignor may assign a life policy on the Assignor's own life only with the consent of the Assignor's parents or guardians.
  - ii. If the Assignor has attained the age of 16 years but has not yet attained the age of 18 years, the Assignor may assign a life policy on the Assignor's own life as if the Assignor has attained the age of 18 years.
  - iii. If the Assignor has attained the age of 18 years, the Assignor may assign a life policy on the Assignor's own life or any other life policy in which the Assignor has an insurable interest.
5. If the Policy is subject to a trust by virtue of a nomination having been made by the Assignor as policy owner of the Policy, the written consent of the trustee is required before the Policy can be assigned.
6. The Assignor acknowledges that, if the Policy is subject to any trust as aforesaid, the claim of the Assignee under an assignment will have priority over the claim of the beneficiaries of such trust.
7. This Deed is provided by the Company as a matter of service. The Company takes no responsibility for the validity of this assignment, or for its effects on the rights of the parties to it.
8. The parties to an assignment should satisfy themselves (with advice from their solicitors, if necessary) that the Deed and the provisions of the assignment are appropriate in creating the desired result. As it is not possible for the Company to draw up assignment deeds for every situation, this Deed is only intended to serve as a guide. Where this Deed is unsuitable, a separate assignment should be drawn up.
9. As soon as an assignment has been executed, written notice of the assignment should be lodged with the Company at its Head Office, together with a true copy of the deed of assignment for registration.
10. Proof of age of the Assignor and Assignee is required to be submitted to the Company.
11. The Company is required by law to conduct due diligence on the Assignor and the Assignee which includes, but is not limited to, verifying the identity of the Assignor and the Assignee and the source of their funds. As part of the Company's due diligence process, the Company may request information and documents from the Assignor and the Assignee as may, in the Company's opinion, be necessary to verify the identity of the Assignor and the Assignee including the identity of any beneficial owners. The Company reserves the right to reject an assignment if the Assignor or the Assignee fails to fulfil any of the Company's requirements.
12. The assignment will only be effective after the Company receives notice of the assignment together with all required information and the notice has been registered.
13. Correspondence issued by the Company to the Assignee will, if applicable, be copied to the servicing agent of the Policy originally designated by the Assignor, to ensure continuity of service and support related to the Policy.

**PART 5: ASSIGNMENT DECLARATION**

I, the Policy Owner of Policy No. \_\_\_\_\_ ("the Policy") hereby assign to \_\_\_\_\_ ("the Assignee") the Policy and all my rights, interests and benefits in and under the Policy.

I declare that a receipt signed by the Assignee shall fully discharge Tokio Marine Life Insurance Malaysia Bhd. from its liabilities and obligations under the Policy in respect of which the receipt is given.

By signing on this Deed, I hereby acknowledge and declare that I have understood and agreed to be bound by the terms and conditions of this Deed.

Signed on \_\_\_\_\_ (Date)

Signature of Assignor

Name :  
ID No. :

\*Signature of Witness

Name :  
ID No. :  
Tel. No. :

Signature of Assignee

Name :  
ID No. :

\*Signature of Witness

Name :  
ID No. :  
Tel. No. :

Signature of Trustee/Parent/Guardian (where applicable)

Name :  
ID No. :  
Tel. No. :

\*Signature of Witness

Name :  
ID No. :  
Tel. No. :



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**PART 5: ASSIGNMENT DECLARATION (CONTINUE)**

**\*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 Assignor/Assignee/Trustee/Parent/Guardian under the Policy.
2. The Witness must be at least 18 years of age and of sound mind.

**Note: A certified true copy of NRIC/ Passport/ Company/ Business/ Partnership Registration of the Assignor/ Assignee/ Payer/ Trustee/ Parent/ Guardian is submitted for verification by the Company.**

**PART 6: 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 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.

I/We understand that I/we 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 Assignee

Name :  
ID No. :

**PART 8: FATCA DECLARATION (APPLICABLE FOR ASSIGNEE)**

**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)? Assignee:  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.**



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**PART 8: FATCA DECLARATION (APPLICABLE FOR ASSIGNEE) (CONTINUE)**

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 9: CRS DECLARATION (APPLICABLE FOR ASSIGNEE)**

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?

Assignee:  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 10: 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."