



PERSONAL PARTICULARS UPDATE FORM

☐ Update Per			☐ Change of Signature☐ CRS Declaration				
PART 1: UPDATE PERSONAL DETAILS							
(Please tick where applicable) Title □ Mr □ Miss □ Madam □ Master □ Others □ Name □ Policy Owner □ Life Assured □ Nominee □ Trustee □ Assignee							
Full Name							
NRIC/BC/ Passport No.							
Nationality							
DOB	D D / M M / Y Y Y	Gender	□ Male □ Female				
PART 2: UPDATE ADDRESS OR CONTACT							
☐ Policy Own	ner 🗆 Life Assured 🗆 No	minee \Box	Trustee Assignee				
Address							
Postcode							
Country							
Contact No.	Handphone	House Office					
Email Address	50105747-503						
CONSENT FOR eCORRESPONDENCES							

Note: Copy of NRIC or other identification supporting documents are required to be certified true copy by TMLM's Agency Managers or TMLM Customer Service Officers.

By confirming the above email address or update the email address, I hereby authorize Tokio Marine Life Insurance Malaysia Bhd. (TMLIM) to send future correspondences [Letters/Statements/Notices and other communication materials] to my email address stated above. With this consent, I am agreeable in receiving correspondences in electronic format and not hard copies.

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Tokio Marine Life Insurance Malaysia Bhd. (457556-X)

Ground Floor, Menara Tokio Marine Life, 189, Jalan Tun Razak, 50400 Kuala Lumpur. T: (603) 2059 6186 F: (603) 2162 8068 tokiomarine.com







Policy No.			TOKIO MARINE INSURANCE GROUP					
PART 3: CHANGE OF SIGNATURE								
☐ Policy Ow	ner 🗆 Life Assured	☐ Trustee	☐ Assignee					
-	Old Signature old signature, kindly visit our nearest off	New Signature fice to proceed with the signature ve						
officer.	PART 4. MARK	ETING CONSENT						
	ve updates and information about production Company, its agents, group of companies	cts, services, promotions, charitable	causes or other marketing					
\square Yes, I wish to be o	ontacted	\square No, I do not wish to be contacted for	or such purpose					
		A DECLARATION						
	S. PERSON AND CHANGE OF CIRCUMSTANG (eg. U.S. Citizen / U.S. Permanent Reside		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.								
<u>Declaration of Change of Circumstances:</u> 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								
Instru 2. W-9	http://www.irs.gov/pub/irs-pdf/fw8bene.ctions http://www.irs.gov/pub/irs-pdf/iw							
Instru	http://www.irs.gov/pub/irs-pdf/fw9.pdf ctions http://www.irs.gov/pub/irs-pdf/iw ms for Individual	9.pdf						
1. W-8B		odf						
	http://www.irs.gov/pub/irs-pdf/fw8ben.pctions http://www.irs.gov/pub/irs-pdf/iw							
Form	http://www.irs.gov/pub/irs-pdf/fw9.pdf ctions http://www.irs.gov/pub/irs-pdf/iw	9.pdf						

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Policy No.		1	1 1			-		-	1		TOKIO MARINI
_,										Ш	INSURANCE GROUI
	PART 6: CRS DECLARATION										
for the p the Com authoriti 2. You are 3. You are 4. If you ha profession	urpose pany for required the any inal adv	of autor the segulated to industrial to conduct of the conduction of the conduction on o	omat said p ory bo nmed omple ons of	ic ex ourpo odies iatel ite th o Sel	ccha ose. for ly in his S lf-Ce	The tranform Self-Certifi	of fin infor insfer to the Certification	ancia matio to the Comp ication or y	al a on e ta oan on you	ccou colle ax au y of in ful ir tax	t Information) Rules 2016 sets the Common Reporting Standard (CRS) nt information. This is a Self-Certification to be completed by you to cted herein may be transmitted by the Company to the government thority of another country(ies). any changes in your tax residency status. I (unless stated otherwise). residency status, please consult your tax, legal advisor and/or other ECD website at http://www.oecd.org/tax/automatic-exchange/crs-
Do you have a	ny tax	reside	ncy i	n cou	untr	y(ie:	s) oth	er th	nan	Mala	ysia?
Yes. Plo	ease co	mplet	e the	resp	ect	ive T	ax Re	eside	ncy	/ 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.										
Applicable to			_	_				ATC	A	& CF	RS DATA PRIVACY WAIVER
"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."											
	<u>.</u>										NOTICE & CONSENT STATEMENT
I hereby confirm that I give explicit consent, in accordance with the provisions of the Personal Data Protection Act 2010, on behalf of myself and any family members, dependants, beneficiaries, trustees, personal representatives, nominees, assignees or other persons specified in this form (collectively "other persons"), to the members (including its employees, representatives, reinsurers, sales representatives and affiliates) of Tokio Marine Life Insurance Malaysia Bhd. to collect, use, disclose, transfer, share or otherwise process our Personal Data and the personal data of the other persons including sensitive personal data to facilitate the performance and administration of the functions as an insurance company. I confirm that where I have provided personal data about the other persons, I have obtained the consent of the individual(s) concerned to enable Tokio Marine Life Insurance Malaysia Bhd. and its members to use their personal data, including any sensitive personal data. I also confirm that I have brought the Personal Data Notice to the attention of the other persons who have confirmed that they understand, agree and authorize the Tokio Marine Life Insurance Malaysia Bhd. and its members to deal with their personal data in accordance with the declaration above. Signed at											
	Signed	at			<i>l</i>	place	2			0	n [D D 7 M M 7 Y Y Y Y Y
Signature of F Name : NRIC No.:	olicy C)wner	Life	Assur	red	/Assi	gnee				*Signature of Witness Name : NRIC No.: Tel. No. :
knowled mention	witnes ge it is ed abov ess mu	s and o the si e. st be	ertif gnatu an IN	re(s)) of END	the ENT	Policy party	/ Owi	ner	/Life	form was/were made before me and that to the best of my Assured/Nominee/Trustee/Assignee under the Policy Number as t least 18 years of age and of sound mind.

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