

MORTGAGE LOAN SETTLEMENT FORM

| Please fill in, sign and return this form to the address below. Please ($$) at the appropriate box, whichever is applicable. Failure to submit the original form duly signed may delay processing | | | | | |
|---|---|--|--|--|--|
| AIA Bhd. (200701032867 (790895-D)) Mortgage Department, Level 9, Menara AIA No. 99, Jalan Ampang, 50450 Kuala Lumpur Care Line: 1 300 88 1899 Email: <u>my.loan@aia.com</u> | | | | | |
| LOAN NO. | NAME OF BORROWER(S) | | | | |
| I/We hereby furnished AIA Bhd. my/our details and authorization for your further action pertaining to the settlement of the loan. | | | | | |
| TYPE OF LOAN SETTLEMEN | ſ | | | | |
| Own savings (Please complete | PARTA) Sale of Property Refinancing EPF | | | | |
| Death / TPD / CLR Claim Others : | | | | | |
| APPOINTMENT OF SOLICITO | R | | | | |
| I/We hereby appoint the following solicitor to act for me/us in the preparation of <i>the Discharge of Charge or Receipt And Reassignment</i> of the property from AIA Bhd. I/We further agree that all legal fees and charges will be borne by me/us in the preparation of the said documentation AIA's panel of solicitor | | | | | |
| My / our own solicitor |] My / our own solicitor | | | | |
| Legal firm's name : | | | | | |
| Address : | | | | | |
| | | | | | |
| Contact No : | Fax No : Email : | | | | |
| CONTACT DETAILS | | | | | |
| | | | | | |
| | | | | | |
| Tel No.: Mo | bile No.: Email: | | | | |
| | | | | | |
| REFUND OF EXCESS PAYMENT (if any) | | | | | |
| I/We hereby irrevocably direct and authorize AIA Bhd. to make payment of any excess amount in respect of the Property to the following bank account: | | | | | |
| Bank Name | : | | | | |
| Account Holder(s) Name | | | | | |
| Bank Account No. | : Saving Account Current Account | | | | |
| I/We hereby agree to indemnify and keep AIA Bhd. indemnified against all claims, suits, demands, actions, proceedings whatsoever arising from payment of the excess amount as authorized above. <u>Note</u> : <u>A copy of bank passbook / bank statement (showing the account details such as Name and Account No.) must be submitted with this </u> | | | | | |
| form in order for us to process the refund (if any). | | | | | |

LIFE INSURANCE POLICY & MRTA POLICY

All original life insurance policy contract(s) and MRTA policy (if any) shall be sent to solicitor. Any inquiries or request for surrender of Life / MRTA insurance policy, please liaise directly to AIA Customer Care Line at 1300 88 1899 or email to <u>my.customer@aia.com</u>

HOUSEOWNER / FIRE INSURANCE POLICY

The Houseowner insurance coverage will continues until the expiry date and AIA Bhd. name as the mortgagee will be deleted. Any inquiries or request for surrender of Houseowner Insurance policy, please liaise directly to AIA Customer Care Line at 1 300 88 1899 or email to <u>my.gi-ops@aia.com</u>

SIGNATURE / AUTHORIZATION

The authorization and instructions given require the consent and signatures of all loan borrowers. Thank you.

Signed / Authorized by:-

Name: NRIC No:

Name: NRIC No:

Date:

Name:

NRIC No:

Date:

Date:

| PART A. SOURCE OF FUND / WEALTH | | | | | |
|--|--|--|--|--|--|
| 1. Who is paying for this settlement amount? | | | | | |
| Borr | ower Co-Borrower | Chargor / 3rd Party (Please complete PART B & PART C) | | | |
| 2. What is the source of fund that is being used to pay the settlement amount? | | | | | |
| Salary/ Business Income Sale of assets Benefit from insurance policy Personal savings Sales of investments (shares, bonds, unit trusts etc.) Rental income Inheritance Others, please specify | | | | | |
| 3. Wh | at is the source of wealth | of the party that is paying the settlement amount? | | | |
| Salary or commission from current and/or past employment Saving from past employment or Business Sales of investments (shares, bonds, unit trusts etc.) Benefit from insurance policy Others, please specify | | | | | |
| | | ARTY PERSONAL DETAILS | | | |
| 1. | Name as shown on NRIC/Passport (in block letters & underline family name) | | | | |
| 2. | Relationship with Borrower(s) | | | | |
| 3. | New NRIC / Passport No. | | | | |
| 4. | Date of Birth | | | | |
| 5. | Nationality | | | | |
| 6. | Gender | Male Female | | | |
| 7. | a) Telephone No. (Please complete at least one) | Residence Office Image: Second seco | | | |
| | b) E-mail Address | | | | |
| | | | | | |
| 8. | a) Correspondence Address | | | | |
| | b) Office Address | | | | |
| 9. | Name of Employer | | | | |
| 10. | Nature of Business | | | | |
| 11. | Occupation and Exact Duties | | | | |
| 12. | Annual Earned Income (RM) | <36,000 | | | |

C. DECLARATION AND AUTHORIZATION

I/We understand and agree that any personal information collected or held by AIA (whether contained in this Questionnaire or otherwise obtained, including through credit reporting agencies) may be held, used, and disclosed by AIA to individuals/organisations related to and associated with AIA or any selected third party (within or outside of Malaysia, including but not limited to reinsurance companies, claims investigation companies, industry associations/federations and credit reporting agencies) for the purpose of :

- (a) processing this Questionnaire;
- (b) providing subsequent service for this Questionnaire;
- (c) AIA data matching; and

(d) review and advice on my/our coverage with AIA. I/We understand that I/we have a right to obtain access to and to request correction of any personal information held by AIA concerning me/us. Such request can be made to any of AIA's Customer Service Centre.

Important Note:

AIA may review and/or update the Privacy Statement from time to time to reflect the changes in law and/or AIA business practices. For more information on how AIA deal with personal information, please refer to the latest Privacy Statement on our website at www.aia.com.my.

I/We declare that:

- am/We are aware that it is my/our duty of disclosure that I/we must exercise reasonable care not to misrepresent i.e. to give false answers/ information when answering any questions asked by AIA and that I am/we are to answer the questions fully and accurately/correctly;
- b) I/We have read and understood the contents of the Questionnaire including all warnings and notices therein and I/we have fully and accurately answered all the questions in the Questionnarie and the other questions asked by AIA, if any, after having fully read and understood the questions.
- c) I am/We are aware that I/we must inform AIA of any change to the answers given in the Questionnaire if the change occurred after I/we have submitted the Questionnaire but before the contract is entered into.
- d) I/We fully understand that my/our answers and/or statements given in respect of the questions asked by AIA, and any other relevant documents completed by me/us in connection with the Questionnaire and in any medical report or amendments (collectively referred to as "the information") are relevant to AIA in deciding whether to accept my/our Questionnaire or not and the rates and terms to be applied;
- e) I am/We are aware that if any of my/our answers or statements or information given by me/us is not accurate/correct, the policy may be avoided, my/our claim denied or reduced, the terms of the policy changed or varied, or the Policy terminated.

| Witnessed by | Signature of the Borrower | Signature of Chargor / 3 rd party |
|--------------|---------------------------|--|
| Name | | |
| New NRIC No. | | |
| Mobile No. | | |
| Date | Date | Date |
| (MM/DD/YYYY) | (MM/DD/YYYY) | (MM/DD/YYYY) |