AIA Bhd. 200701032867 (790895-D)
AIA PUBLIC Takaful Bhd. 201101007816 (935955-M)
AIA General Berhad 201001040438 (924363-W)

* B D 7 1 0 2 3 5 *

Policy / Certificate Alteration Form

Borang Pindaan Polisi / Sijil

Agent Code / *Kod Ejen*

Agency Code / *Kod Agensi*

Agent Tel No. / *No. Tel Ejen*

Policy / Certificate Number
Nombor Polisi / Sijil

Name of Insured / Person Covered
Nama Insured / Orang Dilindungi

Insured / Person Covered NRIC No. (For Malaysian Citizen Only) **/ Passport No.** (For Non-Malaysian Citizen Only)
No. KP *(Untuk Warganegara Malaysia Sahaja)* ***/ No. Pasport*** *(Untuk Bukan Warganegara Malaysia Sahaja)* ***Insured / Orang Dilindungi***

SECTION 1 / *SEKSYEN 1* - TYPE OF SERVICE REQUEST / *JENIS PERMOHONAN PERKHIDMATAN*

Instruction : Please fill in / tick box where appropriate
Arahan : Sila isi dalam / tanda pada petak yang berkenaan

- ☐ **A. Change of Health Plan /** ***Pertukaran Pelan Kesihatan***
- ☐ **B. Change of Medical Rating / Exclusion /** ***Pertukaran Kadar Perubatan / Pengecualian***
- ☐ **C. Change of Basic Plan / Rider / Supplementary Benefits / Contracts Sum Insured / Covered**
  Pertukaran Jumlah Diinsuranskan / Dilindungi bagi Pelan Asas / Rider / Manfaat / Kontrak Tambahan
- ☐ **D. Change of Covered Member /** ***Pertukaran Ahli Dilindungi***
- ☐ **E. Change of Occupation Rating /** ***Pertukaran Kadar Pekerjaan***
- ☐ **F. Change of Regular Premium / Contribution /** ***Pertukaran Premium / Caruman Berkala***
- ☐ **G. Change of Rider's Coverage Term /** ***Pertukaran Tempoh Perlindungan Rider***
- ☐ **H. Change of Smoker Status /** ***Pertukaran Status Perokok***
- ☐ **I. Policy Term Conversion /** ***Pertukaran Tempoh Polisi***
- ☐ **J. Others /** ***Lain-lain***

A - CHANGE OF HEALTH PLAN / *PERTUKARAN PELAN KESIHATAN*

☐ **New Room & Board Plan** _____
Pelan Bilik dan Makanan Hospital Baharu

☐ **New Deductible Amount (RM)** **RM** _____
Jumlah Deduktibel Baharu (RM)

☐ **SMART Option** ☐ **Opt in** *Serta Diri* ☐ **Opt Out** *Tarik Diri*

☐ **from Non-Cashless Facility to Cashless Facility**
daripada Bukan Kemudahan Tanpa Tunai kepada Kemudahan Tanpa Tunai

B - CHANGE OF MEDICAL RATING / EXCLUSION / *PERTUKARAN KADAR PERUBATAN*

Request for reduction / removal of medical rating / exclusion can be considered only 2 years after the imposition of such rating. / *Permintaan untuk pengurangan / penyingkiran kadar perubatan / pengecualian hanya boleh dipertimbangkan dua tahun selepas kadar sedemikian dikenakan.*

☐ **Medical Rating /** *Kadar Perubatan* ☐ **Exclusion /** *Pengecualian*

For Office Use
Untuk Kegunaan Pejabat

C - CHANGE OF BASIC PLAN / RIDER / SUPPLEMENTARY BENEFITS / CONTRACTS SUM INSURED / COVERED
PERTUKARAN JUMLAH DIINSURANSKAN / DILINDUNGI BAGI PELAN ASAS / RIDER / MANFAAT / KONTRAK TAMBAHAN

i. Additional of Benefit / *Penambahan Manfaat*

Rider / Supplementary Benefits / Contract / *Rider / Manfaat / Kontrak Tambahan*

ii. Increase Sum Insured / Covered / *Peningkatan Jumlah Diinsuranskan / Dilindungi*

Basic Plan / Rider / Supplementary Benefits / Contract *Pelas Asas / Rider / Manfaat / Kontrak Tambahan*	**Sum Insured / Covered (RM)** *Jumlah Diinsuranskan / Dilindungi (RM)*

iii. Cancellation of Benefit / *Pembatalan Manfaat*

Rider / Supplementary Benefits / Contract / *Rider / Manfaat / Kontrak Tambahan*

iv. Decrease Sum Insured / Covered / *Pengurangan Jumlah Diinsuranskan / Dilindungi*

Basic Plan / Rider / Supplementary Benefits / Contract *Pelas Asas / Rider / Manfaat / Kontrak Tambahan*	**New Sum Insured / Covered (RM)** *Jumlah Baharu Diinsuranskan / Dilindungi (RM)*

D - CHANGE OF COVERED MEMBER / *PERTUKARAN AHLI DILINDUNGI*

☐ **Addition of Covered Member /** *Penambahan Ahli Dilindungi*

Please fill up Health Certificate. / *Sila isi Sijil Kesihatan.*

☐ **Deletion of Covered Member /** *Penyingkiran Ahli Dilindungi*

Details / *Butir-butir*	**Addition of Covered Member /** *Penambahan Ahli Dilindungi*				
	Spouse *Suami / Isteri*	**Child 1** *Anak 1*	**Child 2** *Anak 2*	**Child 3** *Anak 3*	**Child 4** *Anak 4*
Name / *Nama*					
NRIC No. (For Malaysian citizen only) **/ Passport No.** (For Non-Malaysian citizen only) ***No. KP*** *(Untuk warganegara Malaysia sahaja)* **/ *No. Pasport*** *(Untuk bukan warganegara Malaysia sahaja)*					

Details / *Butir-butir*	**Deletion of Covered Member/** *Penyingkiran Ahli Dilindungi*				
	Spouse *Suami / Isteri*	**Child 1** *Anak 1*	**Child 2** *Anak 2*	**Child 3** *Anak 3*	**Child 4** *Anak 4*
Name / *Nama*					
NRIC No. (For Malaysian citizen only) **/ Passport No.** (For Non-Malaysian citizen only) ***No. KP*** *(Untuk warganegara Malaysia sahaja)* **/ *No. Pasport*** *(Untuk bukan warganegara Malaysia sahaja)*					

E - CHANGE OF OCCUPATION RATING / *PERTUKARAN KADAR PEKERJAAN*

New Occupation / *Pekerjaan Baharu*

Nature of Business / *Jenis Perniagaan*

Since / *Sejak*

☐☐ / ☐☐☐ / ☐☐☐☐

DD/ *HH* MMM/ *BBB* YYYY/ *TTTT*

Exact Duties / *Tugas Sebenar*

Name of Employer / *Nama Majikan*

F - CHANGE OF REGULAR PREMIUM / CONTRIBUTION / *PERTUKARAN PREMIUM / CARUMAN BERKALA*

*I have been advised by my agent and I understand that upon my selection of this Increase in Regular Premium / Contribution Option at anytime, the amount of premium / contribution increase as specified below will be allocated subject to the Premium / Contribution Allocation as provided in the policy contract / takaful certificate. This increased amount will be allocated in the sequence and percentages beginning from the first policy contract / takaful certificate year. / *Saya telah dinasihatkan oleh ejen saya dan saya memahami bahawa selepas saya membuat Pilihan Peningkatan Premium / Caruman Berkala pada bila-bila masa, jumlah peningkatan premium / caruman seperti yang dinyatakan di bawah akan diperuntukkan tertakluk kepada Peruntukan Premium / Caruman seperti yang dinyatakan dalam kontrak polisi / sijil takaful. Jumlah tambahan ini akan diperuntukkan dalam turutan dan peratusan yang bermula dari tahun pertama polisi / sijil takaful.*

*I have also been advised and I understand that should I terminate the increase amount at any time, any of my subsequent future increase in premium / contribution (if any) will be treated as top up and will be subject to the top up charge as provided in the policy contract / takaful certificate. / *Saya juga telah dinasihatkan dan saya memahami bahawa sekiranya saya menamatkan jumlah tambahan ini pada bila-bila masa, sebarang peningkatan premium / caruman yang berikutnya pada masa hadapan (jika ada) akan dianggap sebagai tambah nilai dan tertakluk kepada caj tambah nilai seperti dinyatakan dalam kontrak polisi / sijil takaful.*

Increase Amount Per Year / ***Jumlah Peningkatan Per Tahun***

RM

G - CHANGE OF RIDER'S COVERAGE TERM / *PERTUKARAN TEMPOH PERLINDUNGAN RIDER*

Rider Name / *Nama Rider*	New Term (Years) *Tempoh Baharu (Tahun)*

H - CHANGE OF SMOKER STATUS / *PERTUKARAN STATUS PEROKOK*

Request for removal of smoker rating only can be done 12 months after the smoker status change from smoker to non-smoker. / *Permintaan untuk menyingkirkan kadar perokok hanya boleh dilakukan 12 bulan selepas pertukaran status perokok daripada perokok kepada bukan perokok.*

New Status / *Status Baharu*

☐ **Smoker** _____ **cigarettes / day**
Perokok *rokok / hari*

☐ **Non-smoker**
Bukan Perokok

Since / *Sejak* **:** ☐☐ / ☐☐☐ / ☐☐☐☐
DD / *HH* MMM / *BBB* YYYY/ *TTTT*

I - POLICY TERM CONVERSION / *PERTUKARAN TEMPOH POLISI*

Please submit with application form of new policy. / *Sila hantar bersama borang permohonan polisi baharu.*

Term Amount Converted
Amaun Tempoh Ditukar

RM _____

Remaining Term Amount
Amaun Tempoh Baki

RM _____

New Policy Number
Nombor Polisi Baharu

_____

J - OTHERS / *LAIN-LAIN*

SECTION 2 / *SEKSYEN 2* - CUSTOMER DUE DILIGENCE FORM (FOR INDIVIDUAL ONLY)
BORANG USAHA WAJAR PELANGGAN (UNTUK PERSEORANGAN SAHAJA)

Please complete the relevant fields if there has been any changes to the information since your last update OR if you have NOT provided the information to us previously. You may login to AIA+ to view the current information in our records. / *Sila lengkapkan ruangan berkaitan sekiranya terdapat perubahan maklumat semenjak kemas kini terakhir anda ATAU sekiranya anda TIDAK pernah memberikan maklumat tersebut kepada kami sebelum ini. Anda boleh log masuk ke AIA+ untuk menyemak maklumat semasa anda yang terdapat dalam rekod kami.*

I have submitted a copy of NRIC (for Malaysian citizen only) or Passport (for Non-Malaysian citizen only) / *Saya telah menghantar salinan Kad Pengenalan (untuk warganegara Malaysia sahaja) atau Pasport (untuk bukan warganegara Malaysia sahaja)*

Policy / Certificate Owner *Pemilik Polisi / Sijil* ☐ **Yes** *Ya* ☐ **No (please submit copy of NRIC / Passport)** *Tidak (sila hantar salinan KP / Pasport)*

*__Name / *Nama*__

Payor / Contributor *Pembayar / Pencarum* ☐ **Yes** *Ya* ☐ **No (please submit copy of NRIC / Passport)** *Tidak (sila hantar salinan KP / Pasport)*

*__Name / *Nama*__

Details / *Butir-butir*	Policy / Certificate Owner Details *Butir-butir Pemilik Polisi / Sijil*	Payor / Contributor *Butir-butir Pembayar / Pencarum*
*__NRIC No.__ (For Malaysian citizen only) / __Passport No.__ (For Non-Malaysian citizen only) *__No. KP__ (Untuk warganegara Malaysia sahaja) / __No. Pasport__ (Untuk bukan warganegara Malaysia sahaja)*		
Passport Expiry Date (DD/MMM/YYYY) *Tarikh Luput Pasport (HH/BBB/TTTT)* Example / *Contoh* 01 JAN 2024	☐☐ / ☐☐☐ / ☐☐☐☐ DD / *HH* MMM / *BBB* YYYY/ *TTTT*	☐☐ / ☐☐☐ / ☐☐☐☐ DD / *HH* MMM / *BBB* YYYY/ *TTTT*
*__Date of Birth__ (DD/MMM/YYYY) *Tarikh Lahir (HH/BBB/TTTT)*	☐☐ / ☐☐☐ / ☐☐☐☐ DD / *HH* MMM / *BBB* YYYY/ *TTTT*	☐☐ / ☐☐☐ / ☐☐☐☐ DD / *HH* MMM / *BBB* YYYY/ *TTTT*
Gender / *Jantina*	☐ **Male** *Lelaki* ☐ **Female** *Perempuan*	☐ **Male** *Lelaki* ☐ **Female** *Perempuan*
Race / *Bangsa*	☐ **Malay** *Melayu* ☐ **Chinese** *Cina* ☐ **Indian** *India* ☐ **Other** *Lain-lain*	☐ **Malay** *Melayu* ☐ **Chinese** *Cina* ☐ **Indian** *India* ☐ **Other** *Lain-lain*
Marital Status / *Taraf Perkahwinan*	☐ **Single** *Bujang* ☐ **Married** *Berkahwin* ☐ **Widow** *Balu / Duda* ☐ **Divorce** *Bercerai*	☐ **Single** *Bujang* ☐ **Married** *Berkahwin* ☐ **Widow** *Balu / Duda* ☐ **Divorce** *Bercerai*
***Nationality /** *Warganegara*		
(a) Do you have any permanent resident status in other countries? / *Adakah anda mempunyai taraf mastautin tetap di negara lain?*	☐ **Yes** *Ya* ☐ **No** *Tidak*	☐ **Yes** *Ya* ☐ **No** *Tidak*
(b) If YES, please state the country permanent residence / *Jika YA, sila nyatakan negara taraf mastautin tetap*		
***Name of Employer /** *Nama Majikan*		

Nature of Business / *Jenis Perniagaan*

Policy / Certificate Owner / *Pemilik Polisi / Sijil*

Payor / Contributor / Trustee / *Pembayar / Pencarum / Pemegang Amanah*

***Occupation /** *Pekerjaan*

Policy / Certificate Owner / *Pemilik Polisi / Sijil*

Payor / Contributor / Trustee / *Pembayar / Pencarum / Pemegang Amanah*

*Mandatory to fill / *Wajib diisi*

Details / *Butir-butir*	Policy / Certificate Owner Details *Butir-butir Pemilik Polisi / Sijil*	Payor / Contributor *Butir-butir Pembayar / Pencarum*
*E-mail Address / *Alamat E-mel*		
Telephone No. / *No. Telefon*		
*Mobile / *Tel. Bimbit*		
Residence / *Rumah*		
Office / *Pejabat*		
*Correspondence Address / *Alamat Surat-menyurat* (A correspondence address is where you send and receive all mail items) / *(Alamat surat - menyurat ialah tempat anda menghantar dan menerima semua item mel)*		
*Address Line 1 / *Alamat 1*		
*Address Line 2 / *Alamat 2*		
Address Line 3 / *Alamat 3*		
*Postcode / *Poskod*		
*State / *Negeri*		
*Country / *Negara*		
Is Owner's Residential Address same with Owner's Correspondence Address? *Adakah Alamat Kediaman pemilik sama dengan Alamat surat-menyurat Pemilik?*	☐ **Yes** *Ya* ☐ **No** (I will fill in the Residential Address section below) ***Tidak*** *(Saya akan isi alamat kediaman di bahagian bawah)*	☐ **Yes** *Ya* ☐ **No** (I will fill in the Residential Address section below) ***Tidak*** *(Saya akan isi alamat kediaman di bahagian bawah)*
*Residential Address / *Alamat Kediaman* (A Residential address is the address at which you presently or normally resides) / *(Alamat kediaman ialah alamat tempat tinggal anda sekarang)*		
*Address Line 1 / *Alamat 1*		
*Address Line 2 / *Alamat 2*		
Address Line 3 / *Alamat 3*		
*Postcode / *Poskod*		
*State / *Negeri*		
*Country / *Negara*		
*Relationship Payor / Contributor with Owner *Hubungan Pembayar / Pencarum dengan Pemilik*	☐ **Owner is also Payor / Contributor** *Pemilik juga Pembayar / Pencarum*	☐ **Spouse** *Suami / isteri* ☐ **Parent** *Ibu / bapa* ☐ **Siblings** *Adik-beradik* ☐ **Sibling of Parent** *Adik-beradik Ibu / bapa* ☐ **Children** *Anak* ☐ **Legal Guardian** *Penjaga Sah* ☐ **Grandparent** *Datuk / nenek* ☐ **Grandchild** *Cucu* ☐ **Employer / Employee** *Majikan / Pekerja*

*Mandatory to fill / *Wajib diisi*

IMPORTANT NOTICE / *NOTA PENTING*

1. By cancelling or switching your existing plan/rider(s) and purchasing a new plan/rider(s):/ *Dengan membatalkan atau menukar pelan/rider yang sedia ada dan membeli pelan/rider yang baharu:*

   a) you will no longer be covered for its benefits and protection./ *Anda tidak akan lagi dilindungi oleh manfaat dan perlindungan pelan/rider tersebut.*

   b) you may incur additional premium/contribution charges and may not be able to have similar policy/certificate features if you decide to take up a new plan/policy in the future. This is due to, for example; changes in your age and/or health./ *Anda mungkin dikenakan caj premium/caruman tambahan dan mungkin tidak akan mendapat ciri-ciri polisi/sijil yang serupa jika anda memutuskan untuk mendaftar pelan/polisi yang baharu pada masa hadapan. Ini disebabkan, sebagai contoh perubahan umur dan / atau kesihatan anda.*

   c) Once the existing plan/rider(s) is cancelled, it cannot be reinstated./ *Apabila pelan/rider yang sedia ada dibatalkan, ia tidak boleh dikembalikan semula.*

   d) There may be imposition of new waiting periods, exclusion of additional pre-existing conditions and/or changes in benefit coverage./ *Mungkin terdapat pengenaan tempoh menunggu baharu, pengecualian terhadap syarat tambahan keadaan sedia ada dan / atau perubahan manfaat perlindungan.*

   This means that there could be a gap in coverage for specific conditions or services./ *Ini bermakna mungkin terdapat jurang dari segi perlindungan bagi keadaan atau perkhimatan tertentu.*

2. Please generate Sustainability Quotation should there be changes required to Investment-linked policy / certificate on the following transactions Change of Basic Plan / Rider/s and Supplementary Benefit / Contract; Change of Occupation Rating; Change of Regular Premium / Contribution; Change of Rider's Coverage Term; Change of Medical Rating; Change of of Health Plan Coverage and Addition of Covered Member. / *Sila sediakan Sebut Harga Kemampanan sekiranya terdapat perubahan yang perlu dibuat kepada polisi / sijil berkaitan pelaburan bagi transaksi berikut: Pertukaran Perlindugan Pelan Asas / Rider / Manfaat / Kontrak Tambahan; Pertukaran kadar Pekerjaan; Pertukaran Premium / Caruman Berkala; Pertukaran Tempoh Perlindungan Rider; Pertukaran Kadar Perubatan; Pertukaran Perlindungan Pelan Kesihatan dan Penambahan Ahli Dilindungi.*

3. Health Certificate is required as supporting document to Conventional Life Policy and Takaful Certificate for Increase of Basic Plan Sum Insured / Covered, Addition and Increase of Rider / Supplementary Benefit / Contract Sum Insured / Covered, Remove / Reduce Medical Rating / Exclusion, Policy Term Conversion and Addition of Covered Member. / *Sijil Kesihatan diperlukan sebagai dokumen sokongan bagi Polisi Konvensional dan Sijil Takaful Hayat untuk Peningkatan Jumlah Diinsuranskan / Dilindungi bagi Pelan Asas, Penambahan and Peningkatan Jumlah Diinsuranskan / Dilindungi bagi Rider / Manfaat / Kontrak Tambahan, Penyingkiran / Pengurangan Kadar Perubatan / Pengecualian, Pertukaran Tempoh Polisi dan Penambahan Ahli Dilindungi.*

4. Personal Accident Policy Declaration form is required as supporting document to General Insurance Policy for Increase of Basic Plan Sum Insured, Addition and Increase of Rider / Supplementary Benefit Sum Insured, Remove / Reduce Medical Rating / Exclusion and Addition of Covered Member. *Borang Pengisytiharan Polisi Insurans Kemalangan Diri diperlukan sebagai dokumen sokongan bagi Polisi Insurans Am untuk Peningkatan Jumlah Diinsuranskan / Dilindungi bagi Pelan Asas, Penambahan and Peningkatan Jumlah Diinsuranskan bagi Rider / Manfaat Tambahan, Penyingkiran / Pengurangan Kadar Perubatan / Pengecualian dan Penambahan Ahli Dilindungi.*

5. Addition of riders and / or changes to the sum insured / amount of benefit for policies number begin with a number and 8 characters (ex-ING policies) are subject to the below conditions. / *Penambahan rider dan / atau perubahan kepada jumlah diinsuranskan / amaun manfaat untuk nombor polisi bermula dengan nombor dan lapan aksara (bekas polisi ING) adalah tertakluk kepada syarat-syarat di bawah.*

   i. The additional premium apportioned to the Insurance component will commence from the first (1st) Policy Year onwards and will continue from then on. This allocated additional premium shall be allocated towards the purchase of units in the same manner as stated in the 'Allocation Rates' provision of the Policy Information Statement of this Policy upon fulfillment of the following conditions: / *Premium tambahan yang diagihkan kepada Komponen Insurans akan bermula dari Tahun Polisi pertama (1) dan seterusnya. Premium tambahan ini akan diperuntukkan kepada pembelian unit dengan cara yang sama seperti yang dinyatakan menurut peruntukan 'Kadar Peruntukan' dalam Penyata Maklumat Polisi bagi Polisi ini apabila memenuhi syarat-syarat berikut:*

      (a) The Basic Plan is Prime Life Insurance where Policy Date is from 01 August 2004 onwards; or Prime EduLife. / *Pelan Asas adalah Prime Life Insurance di mana Tarikh Polisi ialah dari 01 Ogos 2004 dan seterusnya; atau Prime EduLife.*

      (b) Once any of the below application is approved by Us: / *Apabila mana-mana permohonan di bawah diluluskan oleh pihak Kami:*

         i. Addition of Rider (excludes addition of a Rider which had previously lapsed / terminated) with additional premium. / *Penambahan Rider (tidak termasuk penambahan Rider yang telah luput / ditamatkan) dengan premium tambahan.*

         ii. Increase in the Rider's sum insured or Basic Plan's sum insured with additional premium. / *Peningkatan Jumlah Diinsuranskan Rider atau Pelan Asas dengan premium tambahan.*

         iii. Upgrade of medical and hospital income rider(s) with additional premium. / *Naik taraf rider perubatan dan pendapatan hospital dengan premium tambahan.*

   ii. If there is an increase in premium due to an addition of the Basic Plan's Sum Insured, the allocation of the additional premium apportioned to the Insurance Component shall be calculated based on the Sum Insured (SI) Factor applicable at the time of the increase in premium. The SI Factor for the additional premium shall be based on the Insured's attained age. In the event the addition of the Sum Insured does not require an increase in premium, the existing SI Factor shall be applicable. / *Jika terdapat peningkatan premium akibat penambahan Jumlah Diinsuranskan Pelan Asas, peruntukan premium tambahan kepada Komponen Insurans akan dikira berdasarkan Faktor Jumlah Diinsuranskan (SI) yang diguna pakai pada masa peningkatan premium itu. Faktor SI bagi premium tambahan tersebut adalah berdasarkan umur tercapai Insured. Sekiranya peningkatan Jumlah Diinsuranskan tidak memerlukan kenaikan premium, Faktor SI yang sedia ada akan diguna pakai.*

iii. If there is a decrease in the Sum Insured / Amount of Benefit of the Basic Plan or Rider (including downgrade of a medical / hospital income rider) after the new Sum Insured / Amount of Benefit is approved, the corresponding amount of Sum Insured / Amount of Benefit shall be reduced from the most recent added Basic Sum Insured or Rider (which provides a similar coverage). / *Jika terdapat penurunan dalam Jumlah Diinsuranskan / Amaun Manfaat Pelan Asas atau Rider (termasuk penurunan taraf rider perubatan / pendapatan hospital) selepas Jumlah Diinsuranskan / Amaun Manfaat baharu diluluskan, amaun yang sama daripada Jumlah Diinsuranskan / Amaun Manfaat yang sama akan dikurangkan daripada peningkatan Jumlah Diinsuranskan Asas atau Rider (yang memberi perlindungan yang sama) yang terkini.*

iv. If the Policy goes under Premium Holiday (stop paying premium) after the new rider or sum insured / annual limit has been effected, We will also stop the allocation of premium into the Investment and Insurance Component. However, We will continue to deduct lhe Insurance Charges and Policy Fee and as result of this deduction, the Total Investment Value of Your Policy will be reduced accordingly. When You continue paying premium again, the Premium Holiday stops. In this event, the allocation of premium into the Investment and Insurance Component shall not be based on the Policy Year in which the premium, was paid by You but shall continue from where it stopped (i.e. when the Premium Holiday began). / *Jika Polisi memasuki tempoh Cuti Premium (berhenti membayar premium) selepas Rider atau Jumlah Diinsuranskan / Had Tahunan baharu telah berkuat kuasa, Kami juga akan berhenti memperuntukkan premium kepada Komponen Pelaburan dan Insurans. Bagaimanapun, Kami akan terus membuat potongan Caj Insurans dan Yuran Polisi dan disebabkan potongan ini, Jumlah Nilai Pelaburan bagi Polisi Anda akan dikurangkan dengan sewajarnya. Apabila Anda membayar premium semula, Cuti Premium ini akan dihentikan.. Dalam kes ini, peruntukan premium kepada Komponen Pelaburan dan Insurans tidak akan berdasarkan Tahun Polisi di mana Anda membayar premium tetapi akan diteruskan dari masa ia berhenti (iaitu apabila Cuti Premium bermula).*

v. If the Basic Plan is Prime Edulife, the allocation of the additional premium shall be based on the remaining duration of this policy at the time of the addition of Rider(s), Sum Insured and / or Amount of Benefit. / *Jika Pelan Asas adalah Prime EduLife, peruntukan bagi premium tambahan akan berdasarkan baki tempoh polisi ini pada masa penambahan Rider, Jumlah Diinsuranskan dan / atau Amaun Manfaat.*

DECLARATION AND AUTHORISATION / *PENGISYTIHARAAN DAN PEMBERIKUASAAN*

I / We hereby request that this policy / certificate be changed in accordance with the above particulars with the understanding and agreement that AIA's letter or endorsement to me / us confirming that the changes requested for are granted, or modified, or varied shall form part of the said policy / certificate with effect from the date stated within, except for changes on method of payment and premium / contribution holiday option. I / We further agree that any request for change or addition of benefits shall not take effect by reason of any monies paid or on account of any receipt issued, until the request have been approved by an authorised Officer of AIA. / *Saya / Kami dengan ini memohon agar polisi / sijil ini ditukar mengikut butir-butir di atas dengan pemahaman dan persetujuan bahawa surat atau pengendorsan AIA kepada saya / kami mengesahkan pertukaran yang diminta adalah diluluskan, atau dipinda, atau diubah dan akan membentuk sebahagian polisi / sijil tersebut berkuatkuasa dari tarikh yang dinyatakan, kecuali pertukaran kaedah pembayaran dan pilihan cuti premium / caruman. Saya / Kami selanjutnya bersetuju bahawa apa-apa permohonan untuk pertukaran atau penambahan manfaat tidak akan berkuatkuasa walaupun pembayaran diterima atau resit dikeluarkan , sehingga permohonon tersebut diluluskan oleh Pegawai yang diberi kuasa oleh AIA.*

This form and the Endorsement (if any) will be attached to and shall form part of the Policy Contract / Takaful Certificate after it is accepted and approved by AIA. / *Borang ini dan Pengendorsan (jika ada) akan dilampirkan bersama dan membentuk sebahagian daripada Kontrak Polisi / Sijil Takaful selepas ia diterima dan diluluskan oleh AIA.*

Any amendments in this Form must be countersigned by the Owner / Authorised Person / Assignee full signature. / *Sebarang pembetulan dalam borang ini mesti ditandatangani balas dengan tandatangan penuh Pemilik / Orang Yang Diberi Kuasa / Pemegang Serah Hak.*

I / We understand that Multi Critical Life Riders, if applicable, do not have cash value at any time and if premiums are not received within the grace period, these riders will terminate without any value. / *Saya / Kami faham bahawa rider-rider Multi Critical Life, jika berkenaan, tidak mempunyai Nilai Tunai pada bila-bila masa dan jika premium tidak diterima dalam tempoh lhsan, rider-rider ini akan tamat tanpa sebarang nilai.*

I / We confirm that the information given are true and accurate. / *Saya / Kami mengesahkan bahawa maklumat yang diberikan adalah benar dan tepat.*

I / We understand that AIA relies on the information given by me / us and I / we agree to indemnify AIA if it suffers any losses arising from this authorisation. / *Saya / Kami faham bahawa AIA bergantung kepada maklumat yang diberikan oleh saya / kami dan saya / kami bersetuju untuk menanggung kerugian AIA sekiranya AIA mengalami kerugian disebabkan kebenaran yang diberikan ini.*

I / We understand and agree that any personal information collected or held by AIA (whether contained in this application or otherwise obtained, including through credit reporting agencies) may be held, used, and disclosed by AIA to individuals / organizations related to and associated with AIA or any selected third party (within or outside of Malaysia, including but not limited to reinsurance companies / retakaful operators, claims investigation companies and industry associations / federations) for the purpose of (a) processing this application; (b) providing subsequent service for this; (c) for AIA data matching; and (d) to 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 at any of AIA's Customer Centre. / *Saya / Kami faham dan bersetuju bahawa sebarang maklumat peribadi yang dikumpulkan atau dipegang oleh AIA (sama ada yang terkandung dalam permohonan ini atau diperolehi dengan cara lain, termasuk melalui agensi pelaporan kredit) boleh dipegang, digunakan dan didedahkan oleh AIA kepada individu / organisasi yang berhubung dan berkaitan dengan AIA atau mana-mana pihak ketiga yang dipilih (di dalam atau di luar Malaysia, termasuk tetapi tidak terhad kepada syarikat insurans semula / pengendali takaful semula dan syarikat penyiasatan tuntutan dan persatuan industri / persekutuan) bagi tujuan (a) memproses permohonan ini (b) memberikan khidmat seterusnya (c) untuk pemadanan data AIA; dan (d) menyemak dan memberi nasihat mengenai perlindungan saya / kami dengan AIA. Saya / Kami faham bahawa saya / kami berhak memperoleh akses kepada, dan memohon pembetulan sebarang maklumat peribadi yang dipegang oleh AIA berkaitan dengan saya / kami. Permohonan seperti itu boleh dibuat di mana-mana Pusat Pelanggan AIA.*

I / We understand and agree that any changes made to the personal details of individual or company via this application, amendment form or any other related documents will be applied to the current policy / certificate and ALL policies / certificates under the same NRIC / Passport / Registration No. within submitted entity's system. / *Saya / Kami faham dan bersetuju bahawa sebarang perubahan yang dibuat kepada butiran peribadi individu atau syarikat melalui permohonan ini, borang pindaan atau mana-mana dokumen lain yang berkaitan akan diguna pakai bagi polisi / sijil semasa dan SEMUA polisi / sijil di bawah Nombor Kad Pengenalan / Pasport / Pendaftaran yang sama dalam sistem entiti permohonan.*

Important Note: / *Nota Penting:*

AIA is inclusive of AIA Bhd., AIA PUBLIC Takaful Bhd. and AIA General Berhad. / *AIA termasuk AIA Bhd., AIA PUBLIC Takaful Bhd. dan AIA General Berhad.*

AIA may review and / or update the Privacy Statement from time to time to reflect the changes in law and / or AIA internal policy. For more information on how AIA deals with personal information, please refer to the latest Privacy Statement on our website at www.aia.com.my. / *AIA mungkin menyemak semula dan / atau mengemas kini Kenyataan Privasi dari semasa ke semasa berdasarkan perubahan dalam undang-undang dan / atau polisi dalaman AIA. Untuk maklumat lanjut mengenai cara AIA menguruskan maklumat peribadi, sila rujuk Kenyataan Privasi terbaharu di laman web kami di www.aia.com.my.*

☐ I / We hereby acknowledge that I / we have reviewed the Sustainability Quotation and understand the impact of the changes requested to the sustainability of my / our policy / certificate. / *Saya / Kami dengan ini mengakui bahawa saya / kami telah meneliti Sebut Harga Kemampanan dan memahami kesan daripada sebarang pertukaran yang diminta terhadap kemampanan polisi / sijil saya / kami.*

Only applicable for investment-linked policies / certificates and Universal Life policies. AIA is not able to process your request for change if this declaration is not selected. Please login to AIA+ App to check on the sustainability information of your policy / certificate. Alternatively, you may also refer to annual financial statement for information on the sustainability of your policy / certificate. / *Hanya berkenaan bagi polisi / sijil berkaitan pelaburan dan Universal Life sahaja. AIA tidak dapat memproses permintaan pertukaran anda sekiranya perakuan ini tidak dipilih. Sila log masuk ke AIA+ App untuk menyemak kemampanan polisi / sijil anda. Sebagai alternatif, anda juga boleh merujuk kepada penyata kewangan tahunan untuk maklumat tentang kemampanan polisi / sijil anda.*

Signed on *Ditandatangani pada* ☐☐ / ☐☐☐ / ☐☐☐☐ DD / *HH* MMM / *BBB* YYYY/ *TTTT*

Signature of Owner / Authorised Person / Assignee *Tandatangan Pemilik / Orang Yang Diberi Kuasa / Pemegang Serah Hak*	**Signature of Trustee (If any)** *Tandatangan Pemegang Amanah (jika ada)*	**Signature of Witness /** *Tandatangan Saksi*
Name / *Nama*	**Name /** *Nama*	**Name /** *Nama*
NRIC No. / Passport No. / *No. KP / No. Pasport*	**NRIC No. / Passport No. /** *No. KP / No. Pasport*	**NRIC No. / Passport No. /** *No. KP / No. Pasport*
	Passport Expiry Date / *Tarikh Luput Pasport* (DD/MMM/YYYY) / *(HH/BBB/TTTT)*	**Passport Expiry Date /** *Tarikh Luput Pasport* (DD/MMM/YYYY) / *(HH/BBB/TTTT)*
	Mobile No. / *No. Telefon Bimbit*	**Mobile No. /** *No. Telefon Bimbit*