

LIBERTY GENERAL INSURANCE BERHAD 197801007153 (44191-P)

Formerly known as AmGeneral Insurance Berhad
Liberty Insurance Tower, CT9, Pavilion Damansara Heights, 3, Jalan Damanlela Pusat Bandar Damansara, 50490 Kuala Lumpur
Tel. No.: 03-2268 3333 or 1-300-888-990

 $Website: \underline{www.libertyinsurance.com.my}$

NOMINEE(S) DETAILS									
То		LIBERTY (SENERAL INSURANCE BE	RHA	AD				
Insured Name									
Cover Note or Policy	Number								
Note: A nominee of a Muslim policy owner upon receipt of policy moneys shall distribute the policy moneys in accordance with Islamic law Nomination (Applicable for Non-Muslim only) – I hereby nominate the following person (s) as nominee for the above policy:									
Nominee Name		Date of birth	Date of birth NRIC No. or Passport		Addre	ess		Relationship	% Share
I understand the following persons will receive the policy moneys beneficially and not as an executor of the estate:									
(a) A spouse, child or parent (where there is no spouse or child at the time of making this nomination), in accordance with Paragraph 5(1)(a) and (b) Schedule 10 of the Financial Services Act, 2013									
(b) If I wish for anyone other than persons in Paragraph 5(1) (a) and (b) Schedule 10 of the Financial Services Act, 2013 to receive the policy moneys beneficially, I am required to assign the policy benefits and indicate specifically so in this nomination form in accordance with Paragraph 2 (4) (a) Schedule 10 of the Financial Services Act, 2013.									
	Si	gnature of Ins	ured		Date				
WITNESS									
Note: The above nomination shall be witnessed by a person of sound mind who has attained the age of 18 years and who is not a nominee.									
Name of Witness NRIC/ Passport									
Address									
	S	ignature of W	itness	Date	Date				
OPTIONAL: APPOINTMENT OF TRUSTEE									
Under Paragraph 5 (3) Schedule 10 of the Financial Services Act, 2013, I hereby revoke all existing appointments and appoint the following person(s) as trustee(s) to receive such moneys payable under this policy upon my death and receipt by the trustee of such moneys shall be a complete discharge to the Company for all liability in respect of the policy moneys so paid to them. I understand that I need the consent of the Trustee if I wish to by revoke a nomination or add a nominee (other than my spouse, child or parent), vary or surrender the policy, or assign or pledge the policy as security.									
Name of Trustee (1)					Name of Trustee (2)				
NRIC/ Passport					NRIC/ Passport				
Address				1	Address				
				1			Г		
Signature of Consenting Trustee accepting Appointment		e (1)	Signature of Witness (1)		Signature of Consenti			Signature of Witness (2)	