



**LIBERTY GENERAL INSURANCE BERHAD 197801007153 (44191-P)**

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 : [www.libertyinsurance.com.my](http://www.libertyinsurance.com.my)

**NOMINEE(S) DETAILS**

<b>To</b>	<b>LIBERTY GENERAL INSURANCE BERHAD</b>
<b>Insured Name</b>	
<b>Cover Note or Policy Number</b>	

**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	NRIC No. or Passport No	Address	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.

Signature of Insured

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

Signature of Witness

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

Address

Signature of Consenting Trustee (1)  
accepting Appointment

Signature of Witness (1)

Signature of Consenting Trustee (2)  
accepting Appointment

Signature of Witness (2)