



POLICY NO. / NO. POLISE

P0001

BANK IN SLIP NO. / NO. SLIP BANK DEPOSIT

120210321

Product Name / Nama Produk

P	r	o	d	u	c	t	N	a	m	e						

Product Code / Kod Produkta

3	2	0	0
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Staff application /
Permohonan kakitangan

<input checked="" type="checkbox"/>	Yes / No	<input type="checkbox"/>	No / Tidak
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Remarks / Catatan

Test is Important

INSURANCE PROPOSAL FORM (SIMPLIFIED) / BORANG CADANGAN INSURANS (RINGKAS)

Important notice / Notis penting

1. Under Schedule 9 of the Financial Services Act 2013, you are required to take reasonable care / Di bawah Jadual 9 Akta Perkhidmatan Kewangan 2013, anda dikehendaki mengambil penjagaan munasabah
 - a. not to make any misrepresentation when answering any questions asked by Sun Life Malaysia Assurance Berhad ("the Company") i.e. you should answer the questions fully and accurately. Please note that all of the questions that are asked by the Company are relevant to the Company's decision whether to accept the risk or not and the rates and terms to be applied. / untuk tidak membuat sebarang salah nyataan apabila menjawab sebarang soalan dengan lengkap dan benar. Sila ambil perhatian bahawa semua soalan yang ditanya oleh Syarikat adalah berkait dengan keputusan Syarikat sama ada untuk menerima atau tidak risiko serta kadar dan terma yang hendak dipakal.
 - b. to disclose the changes to the Company fully and accurately if there are any changes to the answers given in this proposal form between the time of submission of this proposal form and the time the policy/certificate is entered into. / untuk mendedahkan kepada Syarikat sepenuhnya dan dengan tepat/benar mengenai sebarang perubahan sekiranya terdapat sebarang perubahan kepada jawapan yang diberikan dalam borang cadangan di antara waktu serahan barang cadangan dengan waktu polisi/sijil dibuat.
 - c. to disclose to the Company any matter which you know to be relevant to the Company's decision on whether to accept the risk or not and the rates and terms to be applied. / untuk mendedahkan kepada Syarikat sebarang perkara yang anda ketahui berkait dengan keputusan Syarikat sama ada untuk menerima atau tidak risiko serta kadar dan terma yang hendak dipakal.
2. You should ask for and study the marketing materials, including the sales illustration (if applicable) and the product disclosure sheet of the insurance product, paying particular attention to benefits which are guaranteed, benefits which are not guaranteed and your duties under the insurance policy/certificate. / Anda harus meminta dan memahami semua bahan-bahan pemasaran, termasuk ilustrasi jualan (jika berkenaan) dan dokumen keterangan produk bagi produk insurans, dengan menitikberatkan perkara-perkara seperti manfaat-manfaat yang dijamin dan manfaat-manfaat yang tidak dijamin serta tanggungjawab anda di bawah polisi/sijil insurans.
3. The life to be assured's age will be admitted if due proof is furnished to the Company. Proof of age is required prior to the payment of benefit under the insurance policy/certificate. / Umur orang yang akan diinsuranskan akan diakui jika bukti sewajarnya diberikan kepada Syarikat. Bukti umur adalah diperlukan sebelum pembayaran manfaat-manfaat bagi polisi/sijil insurans tersebut dilakukan.
4. The insurance coverage shall only commence upon the issuance of policy/certificate document which is generally within 14 days from the application date. You may cancel your policy/certificate by giving the Company written notice and returning the policy/certificate to the Company within 15 days from the date of delivery of the policy/certificate, after you have evaluated the suitability of the plan purchased. / Perlindungan insurans hanya akan bermula selepas polisi/sijil dikeluarkan, yang pada kebiasaannya dalam tempoh 14 hari dari tarikh permohonan. Anda boleh membatalkan polisi/sijil anda dengan memberikan notis bertulis kepada Syarikat dan memulangkan polisi/sijil ini kepada Syarikat dalam masa 15 hari dari tarikh penghantaran polisi/sijil, selepas anda telah menilai kesesuaian pelan yang dibeli.
5. All taxes, including but not limited to any goods and services tax, and/or other forms of sales or consumption tax, whether currently in force or implemented after the date of the policy/certificate will be charged in accordance with the applicable legislation at the prevailing rate. Where necessary, the Company will amend the terms of the policy/certificate to take into account any such tax. / Semua cukai, termasuk tetapi tidak terhad kepada sebarang cukai barangan dan perkhidmatan, dan/atau lain-lain bentuk cukai jualan atau kepenggunaan, sama ada yang berkuatkuasa pada masa ini atau dilaksanakan selepas tarikh polisi/sijil akan dikenakan mengikut undang-undang yang berkenaan pada kadar semasa. Jika perlu, Syarikat akan meminda terma-terma polisi/sijil untuk mengambil kira cukai-cukai sedemikian.
6. Under the Anti-Money Laundering, Anti-Terrorism Financing and Proceeds of Unlawful Activities Act 2001, the Company is to bring to your attention that a copy of your national registration identity card (NRIC), police/army identity card, valid passport, birth certificate, driving license or official identity document has to be submitted to the Company for the purpose of processing your application. / Di bawah Akta Pencegahan Pengubahan Wang Haram, Pencegahan Pembiayaan Keganasan dan Hasil daripada Aktiviti Haram 2001, Syarikat ingin membawa perhatian anda bahawa satu salinan kad pengenalan pendaftar negara (KP), kod pengenalan polis/tentera, pasport yang sah, sijil kelahiran atau dokumen identiti rasmi perlu dihantar kepada Syarikat untuk tujuan pemprosesan permohonan anda.
7. Please refer to our Privacy Notice at sunlifemalaysia.com for more information on how we are committed to maintain your personal data confidential. / Sila rujuk kepada Notis Privasi kami di sunlifemalaysia.com bagi mendapat maklumat lanjut berkenaan bagaimana kami komited menjaga data peribadi sulit anda.

INSTRUCTION: / ARAHAN:

1. Please complete this proposal form in full by using CAPITAL LETTERS and DARK BLACK ink only. / Sila isi barang cadangan sepenuhnya dengan menggunakan HURUF BESAR dan dakwat HITAM GELAP sahaja.

SECTION A: PERSONAL INFORMATION / SEKSYEN A: BUTIR-BUTIR PERIBADI

LIFE TO BE ASSURED / ORANG YANG AKAN DIINSURANSKAN

PROPOSER (if different from life to be assured) /

PENCADANG (jika lain dari orang yang akan diinsuranskan)

<input type="checkbox"/>	Mr. / Encik	<input type="checkbox"/>	Madam / Puan	<input type="checkbox"/>	Miss / Cik	<input type="checkbox"/>	Others / Lain-lain
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Full name (as shown in NRIC)/Name of business /

Full name (as shown in NRIC) / Name of business /
Nama penuh (seperti dalam kod pengenalan) / Nama perniagaan

[illegible][illegible]

LIFE TO BE ASSURED / ORANG YANG AKAN DIINSURANSKAN

NRIC number (new) / Nombor kad pengenalan (baharu)

2 2 1 2 2 1 - 3 2 - 1 2 3 4

Other identification number / Nombor pengenalan lain

Date of birth / Tarikh lahir

2 1 - 0 1 - 1 9 7 0

Gender / Jantina

☒ Male / Lelaki ☐ Female / Perempuan

Marital status / Status perkahwinan

☒ Single / Bujang ☐ Married / Berkahwin ☐ Divorced / Berceraai ☐ Widowed / Balu

Race / Kaum

☒ Malay / Melayu ☐ Chinese / Cina ☐ Indian / India ☐ Others / Lain-lain

Nationality / Kewarganegaraan

☒ Malaysian / Malaysia ☐ Others / Lain-lain

Correspondence address / Alamat surat-menyurat

In Malaysia

Postcode / Paskod 1 2 3 4 5

Country / Negara

Malaysia

Residential address (if different from correspondence address) / Alamat rumah (jika lain dari alamat surat-menyurat)

Postcode / Paskod

Country / Negara

Phone number / Nombor telefon

a. **Mobile telephone number / Nombor telefon bimbit**

0 1 2 - 3 4 5 6 7 8 9

b. **Residence telephone number / Nombor telefon kediaman**

0 1 1 - 1 2 3 4 5 6 7 8

c. **Office telephone number / Nombor telefon pejabat**

0 1 1 - 1 2 3 4 5 6 7 8

Email / Emel

e m a s i l @ t e s t . c o m

PROPOSER (if different from life to be assured) /

PENCADANG (jika lain dari orang yang akan diinsuranskan)

NRIC number (new) / Nombor kad pengenalan (baharu)

Other identification number/Business registration number / Nombor pengenalan lain/Nombor pendaftaran perniagaan

Date of birth / Tarikh lahir

Gender / Jantina

☐ Male / Lelaki ☐ Female / Perempuan

Marital status / Status perkahwinan

☐ Single / Bujang ☐ Married / Berkahwin ☐ Divorced / Berceraai ☐ Widowed / Balu

Race / Kaum

☐ Malay / Melayu ☐ Chinese / Cina ☐ Indian / India ☐ Others / Lain-lain

Nationality / Kewarganegaraan

☐ Malaysian / Malaysia ☐ Others / Lain-lain

Correspondence address / Alamat surat-menyurat

Postcode / Paskod

Country / Negara

Residential address (if different from correspondence address) / Alamat rumah (jika lain dari alamat surat-menyurat)

Postcode / Paskod

Country / Negara

Phone number / Nombor telefon

a. **Mobile telephone number / Nombor telefon bimbit**

b. **Residence telephone number / Nombor telefon kediaman**

c. **Office telephone number / Nombor telefon pejabat**

Email / Emel

Your policy/certificate will be sent to your email address stated above. You may also refer to your policy/certificate details anytime via our client portal sunaccess.sunlifemalaysia.com/portal-ui/CUSTOMER/login. If there is no valid email address provided, your policy/certificate will be mailed to your correspondence address. / Polisi/sijil anda akan dihantar kepada emel anda seperti di atas. Anda juga boleh merujuk kepada butiran polisi/sijil anda pada bila-bila masa melalui sunaccess.sunlifemalaysia.com/portal-ui/CUSTOMER/login. Jika tiada emel sah diberi, polisi/sijil anda akan dihantar ke alamat surat-menyurat anda.

Please select the preferred language for your policy/certificate. / Sila pilih bahasa yang dikehendaki untuk polisi/sijil anda.

☐ English / Bahasa Inggeris

☐ Malay / Bahasa Melayu

If there is no preference selected, your policy/certificate will be in English. / Jika tiada pilihan dibuat, Bahasa Inggeris akan digunakan untuk polisi/sijil anda.

Monthly income / Pendapatan bulanan

R M 2 0 0 0

Occupation / Pekerjaan

J o b

Monthly income / Pendapatan bulanan

R M

Occupation / Pekerjaan

LIFE TO BE ASSURED / ORANG YANG AKAN DIINSURANSKAN

Exact duties / Tanggungjawab sebenar

J o b

Nature of business / Jenis perniagaan

I n s u r a n c e

Name and address of business / Nama dan alamat perniagaan

I n M a l a y s i a

Postcode /
Poskod

1 2 3 4 5

Country / Negara

M a l a y s i a

**PROPOSER (if different from life to be assured) /
PENCADANG (jika lain dari orang yang akan diinsuranskan)**

Exact duties / Tanggungjawab sebenar

Nature of business / Jenis perniagaan

Name and address of business / Nama dan alamat perniagaan

Postcode /
Poskod

Country / Negara

Relationship to life to be assured / Hubungan dengan orang yang akan diinsuranskan

☐ Spouse /
Pasangan☐ Parent /
Ibu bapa☐ Others /
Lain-lain**PAYOR (if different from proposer/life to be assured) / PEMBAYAR (jika lain daripada pencadang/orang yang akan diinsuranskan)**☐ Mr. /
Encik☐ Madam /
Puan☐ Miss /
Cik☐ Others /
Lain-lain

Full name (as shown in NRIC)/Name of business /

Nama penuh (seperti dalam kad pengenalan)/Nama perniagaan

NRIC number (new) / Nombor kad pengenalan (baharu)

Other identification number/Business registration number /
Nombor pengenalan lain/Nombor pendaftaran perniagaan

Date of birth / Tarikh lahir

D D - M M - Y Y Y Y

Gender / Jantina

☐ Male /
Lelaki☐ Female /
Perempuan

Marital status / Status perkahwinan

☐ Single /
Bujang☐ Married /
Berkahwin☐ Divorced /
Bercera☐ Widowed /
Balu

Race / Kaum

☐ Malay /
Melayu☐ Chinese /
Cina☐ Indian /
India☐ Others /
Lain-lain

Nationality / Kewarganegaraan

☐ Malaysian /
Malaysia☐ Others /
Lain-lain

Contact number / Nombor telefon

Correspondence address / Alamat surat-menyurat

Postcode /
Poskod

Country / Negara

Residential address (if different from correspondence address)/Business address /
Alamat rumah (jika lain dari alamat surat-menyurat)/Alamat perniagaanPostcode /
Poskod

Country / Negara

Occupation / Pekerjaan

Nature of business / Jenis pekerjaan/perniagaan

Name of employer / Nama majikan

Relationship to proposer (must be one of the following) /

Hubungan kepada pencadang (mesti pilih salah satu hubungan berikut)

☐ Spouse / Pasangan☐

Parent in-law / Ibu bapa mertua

☐ Parent / Ibu bapa☐

Legal guardian / Penjaga sah

☐ Sibling / Abang/Kakak/Adik☐

Son/Daughter / Anak

☐ Grandparent / Datuk/Nenek☐

Employer / Majikan

Purpose of transaction / Tujuan transaksi

☐ For premium payment / Bagi pembayaran premium

SECTION B: PLAN DETAILS / SEKSYEN B: BUTIRAN PELAN

a. Basic Plan / Pelan Asas

Plan name / Nama pelan	Term (year) / Tempoh (tahun)	Sum assured (RM) / Jumlah yang diinsuranskan (RM)	Instalment premium (RM) / Premium ansuran (RM)	Scheduled Top-Up (if any) / Premium penambahan berjadual (jika ada)
SomePlan	5	50000	200	

b. Rider (if any) / Rider (jika ada)

Product code / Kod produk	Rider name / Nama rider	Term (year) / Tempoh (tahun)	Sum assured (RM) / Jumlah yang diinsuranskan (RM)	Instalment premium (RM) / Premium ansuran (RM)
Service tax, if any / Cukai perkhidmatan, jika ada				
Total instalment premium payable (inclusive of any service tax) / Jumlah premium ansuran perlu dibayar (termasuk sebarang cukai perkhidmatan)				0.00

Should you participate in any unit deducting riders, please provide your consent below. / Sekiranya anda menyertai sebarang rider penolakan unit, sila berikan persetujuan anda di bawah.

In the event of non-payment of premiums i.e. premium break/holiday (choose one only) / Sekiranya premium tidak dibayar iaitu pemberhentian/cuti premium (sila pilih satu sahaja)

☐ continue my optional rider(s)' coverage by deducting the rider(s)' cost of insurance from my investment account, if available. / meneruskan perlindungan rider (rider-rider) pilihan saya dengan memotong kos insurans bagi rider (rider-rider) dari akaun pelaburan, sekiranya ada.

☐ discontinue my optional rider(s) coverage. / memberhentikan perlindungan rider (rider-rider) pilihan saya.

Guaranteed Cash Payments Option (applicable for universal life plans only) / Pilihan Bayaran Tunai Terjamin (terpakai untuk pelan hayat universal)

☐ Cash Payout Option / Pilihan Bayaran Tunai
This option allows the Company to pay all guaranteed cash payments. / Pilihan ini membolehkan pihak Syarikat membayar semua bayaran tunai terjamin.

☐ Cash Accumulation Option / Pilihan Pengumpulan Tunai
This option allows the Company to accumulate all guaranteed cash payments with interest to be declared from time to time. / Pilihan ini membolehkan pihak Syarikat mengumpulkan semua bayaran tunai terjamin dengan faedah yang akan diisytiharkan dari semasa ke semasa.

PREMIUM DIRECTION / ARAH PREMIUM

(Applicable for Investment-linked Insurance Plan only / Terpakai untuk Pelan Insurans Berkaitan-Pelaburan sahaja)

Note: Percentage for each fund must be in multiples of 5%. The total percentage of all funds must be 100%. / Nota: Peratusan bagi setiap dana hendaklah dalam gandaan 5%. Jumlah peratusan bagi semua dana mestilah 100%.

NAME OF INVESTMENT-LINKED FUND / NAMA DANA BERKAITAN-PELABURAN	PREMIUM DIRECTION / ARAH PREMIUM	NAME OF INVESTMENT-LINKED FUND / NAMA DANA BERKAITAN-PELABURAN	PREMIUM DIRECTION / ARAH PREMIUM
1.	%	7.	%
2.	%	8.	%
3.	%	9.	%
4.	%	10.	%
5.	%	11.	%
6.	%	12.	%
		TOTAL / JUMLAH	0 %

PURPOSE OF TRANSACTION / TUJUAN TRANSAKSI

<input type="checkbox"/>	Insurance/Medical coverage / Perlindungan insurans/perubatan	<input type="checkbox"/>	Others / Lain-lain
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SECTION C: PREMIUM PAYMENT/PAYOUT DETAILS / SEKSYEN C: BUTIRAN PEMBAYARAN PREMIUM/BAYARAN

PREMIUM DETAILS / BUTIRAN PREMIUM

Payment Frequency / Kekerapan Pembayaran

☒ Monthly /
Bulanan ☐ Quarterly /
Suku tahunan ☐ Half yearly /
Setengah tahunan ☐ Annually /
Tahunan ☐ Single premium /
Premium tunggal

Initial payment method /
Cara pembayaran untuk bayaran permulaan

<input checked="" type="checkbox"/> Cash* / Tunai*	<input type="checkbox"/> Cheque** / Cek**
<input type="checkbox"/> Credit card / Kad kredit	<input type="checkbox"/> Debit card / Kad debit

Recurring payment method (if applicable) /
Cara pembayaran untuk bayaran berulang (jika berkenaan)

☒ Credit card / Kad kredit ☐ Debit card / Kad debit

☐ Direct debit*** / Debit terus***

^a Cash refers to direct bank-in of payments over the counter at the bank or electronic fund transfers. / Tunai adalah merujuk kepada pembayaran terus di kaunter bank atau pemindahan dana elektronik.

**** Cheque refers to direct bankin of payments over the counter at the bank. / Cek adalah meruiuk kepada pembayaran terus di kaunter bank.**

*** For direct debit, please fill in the Application for Direct Debit Service Form. / Untuk debit terus, sila isi Borang Permohonan Perkhidmatan Debit Terus.

CREDIT CARD/DEBIT CARD DETAILS / BUTIRAN KAD KREDIT/KAD DEBIT

Credit card/debit card type (tick one only) / Jenis kad kredit/kad debit (tandaikan satu sahaja)

☒ VISA ☐ MASTERCARD

Card expiry date /
Tarikh luput kod

0	2	2	5
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Month / Bulan Year / Tahun

Credit card/debit card number / Number kod kredit/kod debit

1	2	3	4	-	5	6	5	6	-	6	5	4	3	-	2	3	4	5
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Card issuing bank / Bank pengeluar kad

Malayan Bank

Name of credit card/debit card holder / Nama pemegang kad kredit/kad debit

C	u	s	t	o	m	e	r
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PAYOUT DETAILS / BUTIRAN BAYARAN

Any amount payable/refundable to you for any reason under this policy/certificate will be done via e-payment. You are required to complete the following information: / Sebarang amount yang perlu dibayar/dibayar balik kepada anda atas apa-apa sebab di bawah polisi/sijil ini akan dibuat melalui e-pembayaran. Anda dikehendaki melengkapi maklumat berikut:

Name of account holder (must be the same name as the proposer) / Nama pemegang akaun (mesti sama dengan dengan nama pencadang)

C	a	s	t	e	r
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Name of bank / Nama bank

[illegible]

Bank account number / Nomor akaun bank

1	2	3	4	5	6	7	8	9	8	7	6	9	8	7
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SECTION D: HEALTH QUESTIONNAIRES / SEKSYEN D: SOAL SELIDIK KESIHATAN

Please tick (✓) "Yes" or "No". If you have answered YES to any of the questions below, please provide full details (including medical conditions, date of diagnosis and duration, treatment prescribed, nature of test done with the dates, name and address of doctor, result, if any) at the answer column provided below or in a separate sheet. / Sila tandai (✓) "Ya" atau "Tidak". Sekiranya anda menjawab YA untuk mana-mana soalan di bawah, sila nyatakan butirannya (termasuk keadaan perubatan, tarikh diagnosis dan tempoh, rawatan yang ditetapkan, jenis ujian yang dilakukan dengan tarikh, nama dan alamat doktor, keputusan, sekiranya ada) di kotak jawapan yang disediakan di bawah atau di dalam helaian lain.

Life to be assured /
Orang yang akan
diinsuranskan

Proposer (If to be insured under any applicable riders) /
Pencadang
(jika akan dinsuranskan di bawah mana-mana rider-rider yang berkenaan)

1. Please provide your height and weight. / Sila berikan ketinggian dan berat anda.

Height / Tinggi			
1	2	3	cm

Weight / Berat

5	4
---	---

kg

Height / Tinggi			cm

Weight / Berat

--	--	--

kg

[illegible]

