

Sun Life Malaysia Assurance Berhad* (197499-U) Level 11, 338 Jalan Tuanku Abdul Rahman, 50100 Kuala Lumpur Telephone: (603) 2612 3600 Facsimile: (603) 2698 7035 Client Careline: 1300-88-5055 sunlifemalaysia.com

DMC USE ONLY / KEGUNAAN DMC SAHAJA

Ref No. / No. Ruj. G POLICY NO. / NO. POLISI P0001

BANK IN SUP NO. / NO. SLIP BANK DEPOSIT 120210321

Product Code / Kod Produk

Staff application / Permohonan kakitangan 3 2 0 0

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Remarks / Catatan

Test is Important

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

- 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 saalan yang dikemukakan oleh Sun Life Malaysia Assurance Berhad ("Syarikat") iaitu anda seharusnya menjawab 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 dipakai.
 - 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 borang cadangan dengan waktu polisi/sijil dibuat.
 - 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 dipakat.

 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. / Ando 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.
- 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 embayaran manfaat-manfaat bagi polisi/sijil insurans tersebut dilakukan.
- 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 in kepada Syarikat dalam masa 15 hari dari tarikh penghantaran polisi/sijil, selepas anda telah memilai kesesuaian pelan yang dibeli.
- 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 cukal, termasuk tetapi tidak terhad kepada sebarang cukal 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.
- Cultai-cultai sedemitian.
 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 bowah Akta Pencegahan Pengubahan Wang Haram, Pencegahan Pembiayaan Keganasan dan Hasil daripada Aktiviti Haram 2001, Syarikat ingin membawa perhatian anda bahawa satu salinan kad pengenalan pendaftaran negara (KP), kad pengenalan polis/tentera, pasport yang sah, sijil kelahiran atau dokumen identiti rasmi perlu dihantar kepada Syarikat untuk tujuan pemprosesan permohonan anda.
 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.

- 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.
- Please TBCK (/) in boxes as appropriate. / Sila TANDAKAN (/) pada kotak-kotak yang berkenaan.

 Any amendments must be countersigned in full. / Sebarang pembetulan hendaklah ditandatangani balas sepenuhnya.

SECTION A: PERSONAL INFORM	ATION / SEKSYEN A: BU	UTIR-BUTIR PERIBAD
BE TO BE ASSURED / ORANG YANG AKAI	M PHING IDANICVAN	PROPOSER /

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LIFE TO BE ASSURED / ORANG YANG AKAN DIINSURANSKAN	PROPOSER (if different from life to be assured) / PENCADANG (like lain dari orang yang akan dilasuranskan)
NRIC number (new) / Nombor kad pengenalan (baharu)	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	Other identification number/Business registration number / Nombor pengenalan lain/Nombor pendaftaran perniagaan
Nombor pergenaum am	remov pergenaan any romov penaararan pernagaan
Date of birth / Tarikh lahir	Date of birth / Tarikh lahir
2 1 - 0 1 - 1 9 7 0	D 0 M M - Y Y Y
Gender / Jantina , Male / Female /	Gender / Jantina Male / Female /
✓ Lelaki Perempuan	Lefaki Perempuan
Marital status / Status perkahwinan Single / Married / Divorced / Widowed /	Marital status / Status perkahwinan Single / Married / Divorced / Widowed /
Bujang Berkahwin Bercerai Balu	BujangBerkahwinBerceraiBalu
Race / Kourn / Malay / Chinese / Indian / Others /	Race / Koum Malay / Chinese / Indian / Others /
✓ Melayu Cina India Loin-iain	Melayu Cina India Lain-lain
Nationality / Kewarganegaraan Malaysian / Others /	Nationality / Kewarganegaraan Malaysian / Others /
✓ Malaysia Lain-lain	Malaysia Lain-lain
Correspondence address / Alamat surat-menyurat	Correspondence address / Alamat surat-menyurat
In Malaysia	
Postcode / 1 2 3 4 5	Postcode / Poskod
Country / Negara	Country / Negara
Malaysia	
Residential address (if different from correspondence address) /	Residential address (if different from correspondence address) /
Alamat rumah (jika lain dari alamat surat-menyurat)	Alamat rumah (jika lain dari alamat surat-menyurat)
Postcode / Poskod	Postcode / Poskod
Country / Negara	Country / Negara
Phone number / Nombor telefon	Phone number / Nombor telefon
a. Mobile telephone number / Nombor telefon bimbit	a. Mobile telephone number / Nombor telefon bimbit
0 1 2 - 3 4 5 6 7 8 9	
b. Residence telephone number / Nombor telefon kediaman	b. Residence telephone number / Nombor telefon kediaman
0 1 1 - 1 2 3 4 5 6 7 8	
c. Office telephone number / Nambor telefon pejabat	c. Office telephone number / Nombor telefon pejabat
0 1 1 - 1 2 3 4 5 6 7 8	
Email / Emel	Email / Emel
emasil@test.com	
sunaccess.sunlifemalaysia.com/portal-ui/CUSTOMER/login. If there is no valid	
English / Bahasa Inggeris Malay / Bahasa Melayu	
If there is no preference selected, your policy/certificate will be in English. / Ji	ka tiada pilihan dibuat, Bahasa inggeris akan digunakan untuk polisi/siiil anda.
Monthly income / Pendapatan bulanan	Monthly income / Pendapatan bulanan
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Occupation / Pekerjaan	Occupation / Pekerjaan

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ь.	Rider (if any) / Rider (jika ada)						
	Product code / Kod produk	Rider name / Nama rider	Term (year) / Tempoh (tahun)		ired (RM) / insuranskan (RM)		premium (RM) / ansuran (RM)
				Service tax, if any / Cukai perkhidmata			
				Total instalment pr (inclusive of any se Jumlah premium ar			0 . 0 0
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SECTION B: PLAN DETAILS / SEKSYEN B: BUTIRAN PELAN

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SECTION C: PREMIUM	PAYMEN	T/PAY	OUT	DETA	LS / S	EKSY	EN C	: BU	TIRA	NP	EMI	BAYA	RA	V PR	EMI	UM/	BAY	ARA	N				
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SECTION D: HEALTH (Please tick (/) "Yes" or "No including medical condition dates, name and address of tanda (/) "Ya" atau "Tidak butirannya (termasuk keada dilakukan dengan tarikh, na bawah atau di dalam helaiai bawah atau di dalam helaiai	". If you have s, date of d loctor, result ". Sekiranya an perubata ma dan alar	e answe liagnosis lt, if any) anda r an, tarikh	and di at the menjaw diagno	S to a uratio answ ob Y/ osls d	iny of t n, treat er colun A untuk an temp	he que ment p nn pro mana och, ra	estions prescri vided p-man	s belo ibed, belo	ow, pl	lease re of in a s	pro test	done	e wit	h the		ife to Oran diin	yar	ssured ig aka	n	insun applic	able i	If to be der any riders) lang kan	y

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