

**REQUEST FOR CHANGE OF POLICY  
CONDITION**
**PERMOHONAN UNTUK MEMBUAT PERUBAHAN  
KEADAAN POLICY**
**IMPORTANT / PENTING:**

**PLEASE FILL IN THE INDIVIDUAL/ENTITY/CONTROLLING PERSON TAX RESIDENCY SELF CERTIFICATION STATUS FORM IF THERE IS ANY CHANGE IN NATIONALITY, CITIZENSHIP, RESIDENCY, OR COUNTRY OF ADDRESS/CONTACT NUMBER. / SILA ISIKAN BORANG PENGESAHAN DIRI PEMASTAUTIN CUKAI INDIVIDU/ENTITI/INDIVIDU YANG MENGAWAL JIKA ADA PERUBAHAN UNTUK KEWARGANEGARAAN, KERAKYATAN, KEDIAMAN, ATAU ALAMAT NEGARA/NOMBOR TELEFON.**

**Insured / Orang yang Diinsuranskan :** \_\_\_\_\_

**Policy No. / No. Polisi :** \_\_\_\_\_ **IC No. / No. KP :** \_\_\_\_\_

I hereby request for the following changes to be made to the above policy with the understanding and agreement that this Request for Change shall form part of the Policy Contract. / Saya, dengan ini memohon perubahan yang berikut dilakukan terhadap Polisi yang di atas dengan pemahaman dan persetujuan bahawa Permohonan Untuk Membuat Perubahan ini akan menjadi sebahagian daripada kontrak polisi tersebut:-

## A REVIEW OCCUPATION RATING/CHANGE OF OCCUPATION / MENGAJI SEMULA PERKADARAN PEKERJAAN/PERTUKARAN PEKERJAAN

**\*\* Please provide a copy of New Employment Letter / Sile lampirkan salinan Surat Pekerjaan Baru**

**New Occupation / Pekerjaan Baru**
**Since / Sejak**

 ..... / .....  
(MM/BB) (YYYY/TTTT)

**Name of Employer / Nama Majikan**
**Nature of Business / Jenis Perniagaan**
**Exact Duties / Tugas Terperinci**

## B REDUCTION OF REGULAR PREMIUM / PENGURANGAN PREMIUM TETAP

☐ **Reduce Basic Investment Premium to / Pengurangan Premium Pelaburan Asas Kepada: RM** ..... **per annum / tahunan**
☐ **Reduce Regular Top Up Premium to / Pengurangan Top Up Premium Biasa Kepada: RM** ..... **per annum / tahunan**
**IMPORTANT NOTE / NOTA PENTING:**

**HEALTH DECLARATION FOR CHANGE OF POLICY CONDITION FORM (FROM NO. LF4066) WOULD BE REQUIRED FOR INCREASE OF FACE AMOUNT, ADDITIONAL OF RIDER(S) AND REVIEW OF MEDICAL RATING OR EXCLUSION. / PENGAKUAN KESIHATAN BAGI PERUBAHAN KEADAAN POLICY (NO. BORANG LF4066) ADALAH DIPERLUKAN BAGI PENAMBAHAN AMAUN MUKA, PENAMBAHAN RIDER DAN MENGAJI SEMULA KADAR PERUBAHAN ATAU PENGECUALIAN.**

## C INCREASE OF FACE AMOUNT / PENAMBAHAN AMAUN MUKA

☐ **Increase Basic Plan Face Amount to / Penambahan Amaun Muka Plan Asas Kepada: RM** .....

**\*\* Not applicable for Traditional policy in force for more than One (1) year / Tidak berkenaan dengan Polisi Tradisional yang berkuatkuasa lebih daripada Satu (1) tahun.**

☐ **Rider(s) / Rider**
**Increase Face Amount to / Penambahan Amaun Muka kepada**

1. ....

1. RM .....

2. ....

2. RM .....

3. ....

3. RM .....



## D ADDITIONAL OF RIDER(S) / PENAMBAHAN RIDER

<input type="checkbox"/> Rider(s) / Rider	Term (if applicable) / Tempoh (jika berkenaan)	Face Amount / Amaun Muka
1. ....	1. ....	1. RM .....
2. ....	2. ....	2. RM .....
3. ....	3. ....	3. RM .....

## E REVIEW OF MEDICAL RATING OR EXCLUSION / MENGAJI SEMULA KADAR PERUBATAN ATAU PENGECCUALIAN

**\*\* Please furnish a copy of existing medical reports ( if any ). / Sila lampirkan salinan laporan perubatan yang sedia ada (sekiranya ada). Further medical requirement maybe required. / Laporan perubatan yang selanjutnya mungkin diperlukan.**

<input type="checkbox"/> Medical Rating / Perkadaran Perubatan	<input type="checkbox"/> Exclusion / Pengeccualian
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### IMPORTANT NOTE / NOTA PENTING:

THE TRUST NOMINEES' (UNDER SCHEDULE 10 [SECTION 130] OF THE FINANCIAL SERVICES ACT 2013) CONSENT IS REQUIRED IF THERE IS NO TRUSTEE BEING APPOINTED FOR THE REQUEST OF REDUCTION OF FACE AMOUNT AND CANCELLATION OF RIDER(S). / PERSETUJUAN PENAMA-PENAMA AMANAH (DI BAWAH JADUAL 10 [SEKSYEN 130] AKTA PERKHIDMATAN KEWANGAN 2013) ADALAH DIPERLUKAN SEKIRANYA TIADA PEMEGANG AMANAH TELAH DILANTIK BAGI PERMOHONAN PENGURANGAN AMAUN MUKA DAN PEMBATALAN RIDER.

## F REDUCTION OF FACE AMOUNT / PENGURANGAN AMAUN MUKA

<input type="checkbox"/> Reduce Basic Plan Face Amount to / Pengurangan Amaun Muka Plan Asas Kepada: RM .....	
<input type="checkbox"/> Rider(s) / Rider	Reduce Face Amount to / Pengurangan Amaun Muka kepada
1. ....	1. RM .....
2. ....	2. RM .....
3. ....	3. RM .....

## G CANCELLATION OF RIDER(S) / PEMBATALAN RIDER

<input type="checkbox"/> Rider(s) / Rider	
1. ....	4. ....
2. ....	5. ....
3. ....	6. ....

## H OTHERS / LAIN-LAIN

.....
.....
.....
.....

Signed at / Ditandatangani di ..... on / pada ..... day of / haribulan ..... , .....  
state / negeri ..... date / tarikh ..... month / bulan ..... year / tahun .....

Signature of Policy Owner/Assignee /  
Tandatangan Pemunya Polisi/  
Penerima Serahhakan

Signature of Trustee(s)/Nominee(s) /  
Tandatangan Pemegang Amanah/Penama

Signature of Witness / Tandatangan Saksi

Name / Nama : .....

Name / Nama : .....

Name / Nama : .....

IC No. / No. KP : .....

IC No. / No. KP : .....

IC No. / No. KP : .....

Tel No. / No. Tel : .....

**Notice on Personal Data and Privacy / Notis Data Peribadi Dan Privasi:**

The personal data set out in this form and/or otherwise provided by you will be used in accordance with the Notice on Personal Data and Privacy. The Notice on Personal Data and Privacy, which is published on [www.manulife.com.my](http://www.manulife.com.my), explains the purpose of data collection, the persons to whom your data may be transferred, your right to access and correct your data, and how you may contact our Data Protection Officer. / Data Peribadi yang dinyatakan dalam borang ini dan/ atau diberikan oleh anda akan digunakan mengikut Notis Data Peribadi dan Privasi. Notis Data Peribadi yang diterbitkan di [www.manulife.com.my](http://www.manulife.com.my), menerangkan tujuan pengumpulan data, kepada siapa data akan dipindahkan, hak anda untuk mengakses dan meminda data anda, dan bagaimana anda boleh menghubungi Pegawai Perlindungan Data kami.

**Note / Nota:**

1. Signature of the Policy Owner/ Trustee/ Assignee/ Nominee (where applicable) should be the same as our records and witnessed by a third party with no insurable interest. / Tandatangan Pemunya polisi / Pemegang Amanah/ Penerima Serahhakan/ Penama seharusnya sama seperti rekod kami dan disaksikan oleh pihak ketiga yang tidak mempunyai kepentingan.
2. It is important that the Company is notified of any change of address/telephone no. of the Policy Owner. / Adalah penting Syarikat diberi notis sekiranya ada sebarang pertukaran alamat/no.telefon Pemunya Polisi.