

MUTIARA ONLINE APPLICATION FORM

Contract Details

Contract Number TTMW000120
Contract holder Name MALAYAN BANKING BERHAD

Principal Details

Full Name ETIQAMSK
ID Type NEW NRIC ID Number 620922055313
Date of Birth 22/09/1962 Gender Male
Marital Status Nationality Malaysian
Contribution Amount RM 100 Occupation Type

Correspondence Address ETIQAMSK
ETIQAMSK
100 JALAN TUN PERAK
State Wilayah Persekutuan (WP) Country Malaysia
Postcode 50050
H/P No. Email Address
Home/Office No.
Bank Name MALAYAN BANKING BERHAD Bank Account No 1231567890

Summary

Total Monthly Contribution Applied RM 100

Principal Member Name	Relationship	Monthly Contribution	Sum Covered
ETIQAMSK	Principal	RM 100	RM 500000

DECLARATION / AUTHORISATION AND AQAD

Please read carefully before signing this Application ("Application").

I hereby agree to apply for coverage ("Coverage") under the Group Mutiara Plus Takaful issued to MALAYAN BANKING BERHAD ("Contract Holder")

Etiqa Family Takaful Berhad (Z66243-D)

(Formerly known as Etiqa Takaful Berhad)

(Licensed under Islamic Financial Services Act 2013) and regulated by Bank Negara Malaysia)

Dataran Maybank
No.1 Jalan Maarof
59000 Kuala Lumpur
Malaysia.

T: +603 2297 3888
F: +603 2297 3800
E: info@etiqa.com.my
www.etiqa.com.my

Page 1 of 4

03/10/2019 2:40:41 PM

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1. I am aware that I must answer all questions and declarations in this Application, and that these answers and declarations are accurate and complete. I agree that failure to answer a question or declaration, or incorrectly answering a question or declaration, may result in termination of the Certificate, a claim not being paid or reduced, or the terms and conditions of the Certificate being changed.
2. I agree to notify Etiqa Family Takaful in writing should there be a change to any answers or declarations in this Application, prior to the time that the contact is entered into, varied or renewed of the Certificate. I agree that failure to notify Etiqa Family Takaful of any such change, may result in voidance of the Certificate, a claim not being paid or reduced, or the terms and conditions of the Certificate being changed.
3. I confirm that I fully understand that my answers and declarations in this Application, and any other relevant documents completed by me in connection with this Application and in any medical report, questionnaires, or amendments given thereto, shall be relied upon by Etiqa Family Takaful in deciding whether to accept this Application or not.
4. I hereby authorise any physician, hospital, clinic, Takaful operator/insurance company, financial institution or any other organisation or company or person that has any records or knowledge about me, my financial standing or my health, to disclose to Etiqa Family Takaful or its representatives any or all information about me with reference to my family history and/or my financial standing and/or medical history before or after my death. I agree that a photocopy or facsimile of this authorization shall be considered as effective and as valid as the original and legally binding on anyone who takes over any of my legal rights.
5. **Sum Covered applied up to Free Cover Limits only**
I understand and agree that pre-existing condition will not be covered except for death benefit under this plan from the commencement date or reinstatement date, whichever is later
6. **Sum Covered applied above Free Cover Limits only**
I understand and agree that the Takaful coverage I have applied for shall only take effect on the date of the TAKAFUL CERTIFICATE HAS BEEN ISSUED by Etiqa Family Takaful provided always that this Application has been approved and that the full contribution has been received by Etiqa Family Takaful during my lifetime and that prior to or as at the date of commencement of the cover, there has been no alterations as to my health. If the initial contribution is paid via cheque, I understand that the Takaful coverage will only commence after the cheque has been cleared. Commencement Date starts from the contribution deduction month or the inclusion date of the Person Covered, whichever is later.
7. Personal Data Protection Act 2010 (PDPA)

I, agree, consent and allow Etiqa Family Takaful to process my personal data (including sensitive personal data) ('Personal Data') with the intention of entering into a contract of Takaful, in compliance with the provisions of the PDPA

I, understand and agree that any Personal Data collected or held by Etiqa Family Takaful (whether contained in this Application or otherwise obtained) may be held, used, processed and disclosed by Etiqa Family Takaful to individuals and/or organizations related to and associated with Etiqa Family Takaful or any selected third party (within or outside Malaysia, including medical institutions, reinsurers, claim adjusters/investigators, solicitors, industry associations, regulators, statutory bodies and government authorities) for the purpose of processing this Application and providing subsequent service related to it and to communicate with me for such purposes.

I understand that I have a right to obtain access to and to request correction of any Personal Data held by Etiqa Family Takaful concerning me. Such request can be made by completing the Access Request Form available at all Etiqa Family Takaful branches or contact Etiqa Family Takaful via email at PDPA@etiqa.com.my. In accordance with the provisions of the PDPA, I may contact the Customer Service Centre at Etiqa Family Takaful Contact Centre at 1 300 13 8888 for the details of my Personal Data. Such information shall only be granted upon verification.

Should I not provide an updated bank account for auto credit purposes to Etiqa Family Takaful (please refer to Step 1 under Bank information Section), I consent that my account with Maybank Group may be utilised for the same purpose.

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Page 2 of 4

03/10/2019 2:40:41 PM

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8. APPLICATION OF PRINCIPLES OF TAKAFUL

I agree to participate in this Group Takaful scheme based on the principle of Takaful. I agree to the concept of Tabarru' (donation) for the purposes of mutual support of other participants and with this contribution, I am entitled to the Takaful cover as expressed in the terms and conditions of this Takaful contract.

I agree to pay the Wakalah Fee (as shown in the Product Disclosure Sheet and as mentioned in the Takaful Certificate) to Etiqa Family Takaful, as a deduction from contributions, to cover the expenses of managing and distributing the Group Takaful scheme.

I agree to pay **RM 100** per month as contribution for the selected Plan and consent for Etiqa Family Takaful to deduct the same amount from my/our salary.

I understand that at the end of each financial year, the underwriting surplus (if any) from the Participants' Risk Fund (PRF) will be determined by Etiqa Family Takaful. I agree that 50% of the distributed surplus (if any) will be paid to Etiqa Family Takaful as an incentive for operating and managing the PRF, and the balance of 50% will be shared amongst Persons Covered whose Certificates have not terminated and who have not made any claim within the financial year.

I agree to appoint Etiqa Family Takaful to manage the Participant's Investment Funds (PIF) according to the principles of Shariah, and that Etiqa Family Takaful will be paid an incentive fee for managing the performance, according to the following table:

Product Name	INCENTIVE FEE FROM INVESTMENT PROFIT IN PIF (where applicable)	
	Person Covered	Etiqa Family Takaful
Group Mutiara Plus Takaful	80%	20%

9. MINOR CONSENT (IF APPLICABLE)

I hereby provide my consent for a Takaful certificate to be issued on the life of my child/ward and that he/she is the Person Covered of the Takaful Certificate.

I consent for the collection, use or disclosure of my child's/ward's information relating to this Application.

Note: You may require to provide us legal documents to establish your relationship during claim stage.

10. PERSON COVERED (IF APPLICABLE)

I understand that certain aspects of such coverage may extend to my spouse/eligible dependants/person to be covered (collectively, "Person Covered").

I am authorized by Person Covered to consent to this Application, on their behalf as if they were signing it themselves, and to disclose and receive the Person Covered information, for the purpose of this Application.

I confirm that I have permissible Takaful interest in the Person Covered.

11. COMMUNICATION

I agree a photocopy or electronic version of this Application is valid

If applicable, I authorize Etiqa Family Takaful to correspond with me through the email address identified on this form regarding this Application. I understand such correspondence may contain information; and that the information is being sent in a manner that is not guaranteed as a secured means of communication. I agree that Etiqa Family Takaful is not liable for damages which I may incur as a result of interception by a third party of an email transmission sent by Etiqa Family Takaful or by me pursuant to this authorization. I agree should the email address identified on this form change that I am responsible for updating the email address maintained by Etiqa Family Takaful. I understand that if I do not wish to receive emails from Etiqa Family Takaful, I can remove my email address by contacting the Etiqa Contact Centre.

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Page 3 of 4

03/10/2019 2:40:41 PM

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12. E-SIGNATURE

I hereby agree that by selecting the button, I am signing this Application and any other related documents ('Documents') electronically and that my electronic signature is the legal equivalent of my manual signature on these Documents. Further, by selecting the button, I hereby consent to be legally bound by the terms and conditions of these Documents.

I hereby further agree and consent that the use of a key pad, mouse or other device to select an item, button, icon or similar act/action, or to otherwise provide Etiqa Family Takaful via this Mutiara Plus Portal platform, or in accessing or making any transaction regarding any agreement, acknowledgement, consent terms, disclosures or conditions constitutes my signature ("E-Signature"), acceptance and agreement as if actually signed by me in writing.

I also agree that no certification authority or other third party verification is necessary to validate my E-Signature and that the lack of such certification or third party verification will not in any way affect the enforceability of my E-Signature or any resulting contract between me and Etiqa Family Takaful.

I/We represent member(s) as below hereby declare, after reading and understanding the rules pertaining to the Plan above, that I/We would like to participate in the Plan and agree to abide to the rules of the Plan. I/We agree to pay RM100 per month as contribution for the Plan and content for Etiqa Family Takaful to deduct the same amount from my/our salary.*

Member Name	Relationship	Member ID Number
ETIQAMSK	Principal	620922055313

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Page 4 of 4

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