

Confirmation of Advice given to
Pengesahan Nasihat yang diberikan kepada

E-Reference No.: RN130614050333513

Name of customer/*Nama pelanggan*

Name of intermediary/*Nama perantara*

Tan Ah Kao

HLA Agents

Based on the information provided in the Customer Fact Find Form, we have concluded the prioritised financial goals of

Tan Ah Kao are as follows (Please tick where applicable):-

Berdasarkan kepada maklumat yang diberikan dalam Borang Pencarian Fakta Pelanggan, analisa keutamaan matlamat kewangan untuk Tan Ah Kao dapat disimpulkan seperti dibawah (Sila tanda pada pada petak yang berkenaan):-

- ☒ Protecting your family against death and yourself against disability and critical illness.
Melindungi keluarga anda terhadap kematian dan diri anda terhadap hilang upaya dan penyakit kritikal.
- ☒ Security in retirement./*Jaminan semasa persaraan.*
- ☒ Provision for your children's education./*Peruntukan untuk pendidikan anak-anak.*
- ☐ Regular savings for the future./*Simpanan tetap untuk masa depan.*
- ☐ Lump sum investment./*Pelaburan sekali gus.*
- ☐ Others/*Lain-lain* - _____

In order to meet these goals, the following product(s) have been recommended for
Untuk memenuhi matlamat di atas, produk-produk berikut telah dicadangkan kepada

Tan Ah Kao

to purchase:
untuk dibeli:

Name of Insured <i>Nama Hayat yang Diinsuranskan</i>	Product Type <i>Jenis Produk</i>	Term <i>Tempoh</i>	Premium and Frequency (monthly/annual/single) <i>Premium dan Kekerapan (bulanan/tahunan/tunggal)</i>	Sum Assured <i>Jumlah Diinsuranskan</i>	Additional Benefits <i>Manfaat Tambahan</i>	Bought (Yes or No) <i>Dibeli (Ya atau Tidak)</i>
Lim Suk Mui	HLA EverLife	64	1,800.00 / ANNUAL	63,000.00	Critical Illness Waiver of Premium Rider, HLA Major Medi	Y
Tan Ah Kao	HLA EverLife	64	1,800.00 / ANNUAL	63,000.00	Living Care Waiver of Premium Rider	Y

Signature is required in Authorization Form

Date: _____ (DD/MM/YYYY)
Tarikh: _____ (HH/BB/TTTT)

Signature of Intermediary
Tandatangan Perantara

Name of Intermediary/*Nama Perantara*: HLA Agents

NRIC No./*No Kad Pengenalan*: 770101011111

You may cancel your life insurance policy by returning the policy to your insurance company within 15 days after the delivery of the policy document. Premiums paid, less any medical examination expenses incurred, will be refunded to you.

Anda boleh membatalkan polisi insurans hayat dengan memulangkan polisi kepada syarikat insurans dalam tempoh 15 hari selepas penghantaran dokumen polisi. Premium yang telah dibayar akan dibayar balik kepada anda setelah ditolak sebarang perbelanjaan perubatan yang ditanggung.

This statement should be attached with the insurance policy contract and a copy will be kept by the insurance company and the Intermediary.
Penyata ini mestilah disertakan bersama kontrak polisi insurans dan satu salinan akan disimpan oleh syarikat insurans dan Perantara.

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