PACIFIC & ORIENT INSURANCE CO. BERHAD
Registration No. 197201000959 (12557-W)
A Member of The Pacific & Orient Group A Member of PIDM
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INSURANCE NOMINATION FORM

POLICY NO.	
NAME OF PROPOSER / POLICYHOLDER / INSURED	

HOW TO COMPLETE THE FORM

1. This Form is to be completed by a proposer/policyholder/insured for nomination of individuals to receive policy moneys payable upon his or her death under his or her Personal Accident policy insuring with Pacific & Orient Insurance Co. Berhad ("P&O").
2. This Nomination Form **IS NOT APPLICABLE** for situations where personal accident cover is attached to vehicle insurance or vice versa where, in the event of claim, the proceeds of the policy money will go to the hire purchase or leasing company, or the employer of the insured. Nomination for such insurance is attached with the respective Application or Proposal Form.
3. Please complete the Form in full and in BLOCK letters without the use of any correction fluid or eraser for any alteration or amendments.
4. Any alteration or amendments to the nomination can only be done by completing and submitting a new Nomination Form to P&O once the nomination has been endorsed in the Policy.
5. If there are more than 5 nominees to be nominated, the proposer/policyholder/insured shall attach to this Form additional copies of the Form as may be necessary to cover all nominees.
6. Please submit the ORIGINAL HARDCOPY of the duly completed Form to P&O.

IMPORTANT NOTES – PLEASE READ BEFORE YOU COMPLETE THE FORM

1. A nomination made by a non-Muslim proposer/policyholder/insured creates a trust in favour of the nominee of the policy moneys payable upon the death of the policyholder/insured, if (i) the nominee is his or her spouse or child; or (ii) the nominee is his or her parent (if there is no spouse or child living at the time making the nomination);
2. A nominee (other than the policyholder/insured's spouse, child or parent(s) (if no spouse or child living at the time of the nomination)) is an executor and upon receipt of policy moneys, shall distribute the policy moneys in accordance with the will or the law relating to the distribution of the estate of deceased persons as applicable to the policyholder/insured.
3. The policyholder/insured has to assign the policy benefits to his or her nominee(s) if his or her intention is for his or her nominee(s) (other than his or her spouse, child or parent) to receive the policy benefits beneficially and not as an executor.
4. A nominee of a Muslim policyholder/insured upon receipt of the policy moneys shall distribute the policy moneys in accordance with Islamic law.
5. The nomination must be witnessed by a witness who must be 18 years old and above, of sound mind and not a named nominee herein.
6. The nomination registered in the Policy will remain unchanged while the Policy is in-forced and on subsequent renewal(s) of this Policy unless request of change has been submitted by the policyholder/insured.
7. For full details on power to make nomination, please refer to Schedule 10 of Financial Services Act 2013.

Please be reminded that this Nomination Form must be fully completed, signed, witnessed and returned to P&O, failing which, the nomination may be deemed invalid and may eventually result in a delay in the payment of policy moneys.

I, the abovenamed Proposer/Policyholder/Insured, hereby nominate the following individual(s) as my nominee(s) to receive the policy moneys payable upon my death under the above Policy and the subsequent policy renewal (if the above Policy is renewed). I declare and confirm that the following named nominee(s) have authorised me to disclose their personal details on their behalf in respect of the information required for in this Nomination Form.

Name	NRIC / Birth Certificate No.	Date of Birth	Relationship	Address	Share (%)

Proposer / Policyholder / Insured:

Signature: _____

Date: _____

Name: _____

NRIC/Passport No.: _____

Address: _____

_____

Contact No.: _____

Witness:
I confirm that this Form was signed by the proposer / policyholder / insured in my presence. I confirm that I am not the named nominee.

Signature: _____

Date: _____

Name: _____

NRIC/Passport No.: _____

Address: _____

_____

Contact No.: _____