

Absolute Assignment

Allianz Customer Service Centre

Allianz Arena, Ground Floor
Block 2A, Plaza Sentral
Jalan Stesen Sentral 5
Kuala Lumpur Sentral
50470 Kuala Lumpur

Tel : 1 300 22 5542 /
1 300 88 2229*

Email : customer.service
@allianz.com.my /
HSBC.customer@care
@allianz.com.my*

*HSBC Bancassurance

Allianz Life Insurance Malaysia Berhad – Head Office

Level 29, Menara Allianz Sentral
203, Jalan Tun Sambanthan
Kuala Lumpur Sentral
50470 Kuala Lumpur

Tel : +603 2264 1188/0688
Fax : +603 2264 1199
Website : allianz.com.my

Please complete your details

Policy Number _____

Policy Owner _____

Life Assured _____

Important Notice:

- An Assignor and Assignee generally must have attained age of majority (18 years old) except that:
 - Where the Assignor or Assignee is a minor who has attained the age of 10 but not attained the age of 16, he/she may assign a life policy on his/her own life or take an assignment of a life policy with the written consent of his/her parent or guardian.
 - Where the Assignor has attained the age of 16 but below age 18, he/she may assign the life policy on his/her life with the consent of his/ her parent or guardian.
 - Where the Assignee has attained the age of 16, he/she may take an assignment of a life policy as if he/she has attained age of majority.
- The written consent of the Trustee is required if it is a trust policy.
- This document should be stamped in accordance with the Stamp Act of Malaysia ("Act"). Upon the Act, the assignee, as the person who is liable to pay the stamp duty, should attend to the stamping of the document at the nearest LHDN office. If the documents are not stamped or are insufficiently stamped and are needed later to be submitted to a court of law in a legal suit, the document can still be stamped but will be subjected to a penalty for late stamping under the Act.
- This form is furnished by ALLIANZ LIFE INSURANCE MALAYSIA BERHAD as a matter of courtesy and the Company accepts no responsibility for the validity of this assignment, nor for its effects on the rights of the parties to it.
- The Assignee must be a related party with the following permitted relationship with supporting evidence of relationship:
 - Spouse
 - Parent
 - Children
 - Sibling
 - Legal Guardian
 - Grandparent
 - Grandchild
 - Step Child
 - Adopted Child
 - Step-Parent
 - Niece
 - Nephew
 - Sibling of Parent
 - Trust Company
 - Employee
 - Company (for collateral purposes)
 - Bank (for collateral purposes)
- The parties to an assignment should satisfy themselves (with advice from their solicitors, if necessary) that the form and provisions of the assignment are appropriate in creating the desired results. As it is not possible for the Company to draw up assignment forms for every requirement, this specimen is only intended to serve as a guide. Where this form is unsuitable, a separate assignment should be drawn up.
- Please submit proof of identity of Assignor, Assignee and Payor. For Corporate Assignee (except Banks), a copy of the Certificate of Registration/ Memorandum of Association/Article of Association/ Association/ other relevant constituent document and Authorized Representative Letter are required.
- This form must be received by the Company during the lifetime of the policy owner.



AA001

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Part 1: Personal Particulars of Assignee

Name	
NRIC/Passport/Company No.	
NRIC (Old)/Birth Cert. No.	
Date of Birth	
Citizenship/ Nationality	<input type="checkbox"/> Malaysian <input type="checkbox"/> Others _____
Country of Birth	
Residential Address	_____ _____ Postcode _____ Country of Residence _____
Mailing Address	_____ _____ Postcode _____ Country of Residence _____
Mobile No.	_____-_____-_____ Country Code Area Code
Email Address	
Name of Employer	
Nature of Business	
Occupation	
Exact Duties	
Annual Income	
Relationship of Payor to Assignee	
Relationship of Assignee to Life Assured	
Purpose of Absolute Assignment	<input type="checkbox"/> Mortgage <input type="checkbox"/> Business <input type="checkbox"/> Love and Affection

Part 2: Personal Particulars of Payor

Name	
NRIC/Passport/Company No.	
NRIC (Old)/Birth Cert. No.	

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Date of Birth		
Citizenship/ Nationality	<input type="checkbox"/> Malaysian <input type="checkbox"/> Others _____	
Country of Birth		
Residential Address	_____ _____ _____ Postcode _____ Country of Residence _____	
Mailing Address	_____ _____ _____ Postcode _____ Country of Residence _____	
Mobile No.	_____-_____-_____ Country Code Area Code	
Email Address		
Name of Employer		
Nature of Business		
Occupation		
Exact Duties		
Annual Income		
Relationship of Payor to Assignee		
Source of Fund	<input type="checkbox"/> Salary/ Business Income <input type="checkbox"/> Maturity of Proceeds <input type="checkbox"/> Personal Savings <input type="checkbox"/> Claims Proceeds <input type="checkbox"/> Sales of Asset/ Property <input type="checkbox"/> Inheritance <input type="checkbox"/> Retirement Fund/ Scheme	
Source of Wealth	<input type="checkbox"/> Salary/ Business Income <input type="checkbox"/> Inheritance <input type="checkbox"/> Investment/ Asset <input type="checkbox"/> Gambling Winning <input type="checkbox"/> Rental Income <input type="checkbox"/> Dividend Income <input type="checkbox"/> Retirement Fund/ Scheme	

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Part 3: Declaration by Assignor

I, being the Assignor named above, confirm that I have read and accepted the Policy and further understand that by assigning this Policy:

- a. I hereby absolutely and irrevocably assign and transfer to the Assignee named above, all my rights, title and ownership, title and interest under the above Policy issued by ALLIANZ LIFE INSURANCE MALAYSIA BERHAD (ALIM) and accepted by me as aforesaid, including all policy benefits and advantages to be derived therefrom provided under this policy and/or any and all riders attached thereto (eg. claim money, guarantee cash payment, surrender value maturity value, etc)
- b. I have relinquished the right to cancel the Policy under freelook period (if applicable) and confirm that the Policy meets my insurance needs but is assigned to the Assignee in consideration of the purpose mentioned above
- c. I understand that I shall no longer be able to make any changes to the Policy and enquire about the Policy details. Unless the Assignee reassigns the Policy to me, I will not be able to revoke or cancel this assignment
- d. I declare that a receipt signed by the Assignee shall fully discharge ALIM from its liabilities and obligations under the Policy in respect of which the receipt is given

Part 4: Declaration & Consent by Assignee

I, being the Assignee named above, understand that by accepting the assignment of this Policy:

- a. I shall be the new owner of the above Policy and receive from the Assignor all rights and ownership, title and interest under the above Policy issued by ALLIANZ LIFE INSURANCE MALAYSIA BERHAD (ALIM), including all policy benefits and advantages to be derived therefrom provided under this policy
- b. I have no right to cancel the Policy under freelook period, if applicable
- c. I shall have the sole rights to change or designate the Policy and make enquire about the Policy details
- d. I am not acting on behalf of a third party (only applicable if the Assignee is an individual)

Consent for Third Party Marketing

In certain cases, Allianz may also share your information with a third party outside its financial group for marketing purposes provided always that you have expressly consented to our doing so. Please indicate below if you consent to such disclosure.

I consent to Allianz disclosing my information to a third party outside its financial group for marketing campaign purposes.

Yes No



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Part 5: Consent of Trustee

Your policy is a trust policy if your nominee is your i) spouse; ii) child; iii) or parent (if you do not have a child or spouse at the time of nomination). In this case, "Signature of Trustee is required should you wish to make any changes to your policy. If you had not appointed specific person as the Trustee of your policy, your competent nominee will be deemed as Trustee for your policy and can sign on Signature of Trustee. If your nominee is incompetent, the parent of your incompetent nominee (other than yourself) can sign on Signature of Trustee.

I/We, the Trustee(s) hereby consent to the Policy Owner (Assignor) named above, to assign and transfer to the Assignee named above, all the rights and ownership, title and interest of the Policy and/or rider thereto

Signature of Trustee
Name: _____

NRIC: _____
Address: _____

Mobile No: _____

Signature of Trustee
Name: _____

NRIC: _____
Address: _____

Mobile No: _____

Signature of Trustee
Name: _____

NRIC: _____
Address: _____

Mobile No: _____

Signature of Witness
Name: _____

NRIC: _____
Address: _____

Signature of Witness
Name: _____

NRIC: _____
Address: _____

Signature of Witness
Name: _____

NRIC: _____
Address: _____

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Part 6: Signature of Assignor & Assignee

Signed at _____ this _____ / _____ / _____
Place Day Month Year

_____ Signature of Assignor	_____ Signature of Assignee	_____ Signature of Parents/Guardian
Name: _____	Name: _____	Name: _____
_____ NRIC: _____	_____ NRIC: _____	_____ NRIC: _____

_____ Signature of Witness	_____ Signature of Witness	_____ Signature of Witness
Name: _____	Name: _____	Name: _____
_____ NRIC: _____	_____ NRIC: _____	_____ NRIC: _____
_____ Address: _____	_____ Address: _____	_____ Address: _____
_____ _____	_____ _____	_____ _____

Part 7: Data Privacy and Disclosure of Personal Information

1. Data Privacy

Allianz Life Insurance Malaysia Berhad (“Company”) will process your personal information strictly in accordance with the Personal Data Protection Act 2010, other related legislation, the Company’s and/or its Group’s own strict internal policy.

2. Processing of Personal Data

When you apply for, update, modify or renew an insurance policy, the personal information including policy information, financial information and Sensitive Personal Data pertaining to you (“Personal Data”) will be collected, held on computer and/or in documents, used, disclosed and otherwise processed by the Company and its employees, representatives, reinsurers, agents and affiliates to facilitate the performance and administration of the Company’s functions as an insurance company.

The Personal Data in relation to you may include copies and other details of identity documents, proof of address and other contact details, information concerning age, marital status, creditworthiness, physical or mental health or medical condition (“Sensitive Personal Data”).

The Company may obtain your Personal Data from other sources, such as bureaus or agencies established or to be established by regulatory authorities, operators of registers or databases available to the insurance industry, government departments, agencies or authorities, any party who has, does or will provide products or services to you and to whom you have granted

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consent, our commercial partners, insurance intermediaries, reinsurers, third party administrators and/or service providers, other insurance companies, your attending doctors, hospitals, clinics, other medical professionals, facilities or pharmacies, laboratories, your lawyers, agents, proposed assignees, group policyholders, benefit plan administrators and employer, or related persons or organizations where such information would be essential for the purposes stated herein.

3. Impact resulting from failure to supply information

You may choose whether or not to provide your Personal Data to the Company. If you choose not to do so, the Company may be unable to provide you with the services and/or products requested. Hence, it is obligatory for you to provide the Company with your Personal Data when you choose to apply for insurance cover with the Company.

4. Purpose of Collecting and Using Your Personal Data

Your Personal Data will be collected, used and otherwise processed by the Company for the following purposes:

- a) to better understand your insurance situation, provide quotes, enter into and execute your insurance contract, and to set up and administer your policy;
- b) for underwriting, risk assessment, handling and settling of claims and audit purposes;
- c) for detection and prevention of criminal activity or fraud in connection with an insurance transaction;
- d) to manage and service the Company's relationship with you and provide you with better customer service including marketing and promoting of other products and services by the Company and/or its Group;
- e) to maintain and develop our business systems and infrastructure;
- f) for data transfer, and sharing with, the Company and its Group and/or third parties acting on our behalf, including those located outside Malaysia.

5. Disclosure of Your Personal Data

The Company may share your Personal Data with your employer and its representatives, agents and affiliates (where, for example, you are insured under a group insurance policy obtained through your employer), other insurers, brokers, credit organizations, underwriters, reinsurers, group policyholders, benefit plan administrators, those to whom the Company outsource certain business operations, commercial partners of the Company, regulatory authorities, bureaux or agencies established or to be established by regulatory authorities, operators of registers or databases available to the insurance industry, professionals working on behalf of the Company and/or its Group such as loss adjusters, lawyers, auditors, persons conducting actuarial or research studies, accountants, consultants, surveyors, external claims data collectors, investigators and medical professionals, and any other contractors or sub-contractors as required or permitted by law or as we may determine to be necessary or appropriate.

6. Data Transfer and Sharing

Where the Company considers it necessary or appropriate for the purposes of data storage or processing or human resource management, the Company may transfer your Personal Data to another member of the Group or third party service or product providers within or outside Malaysia, under conditions of confidentiality and similar levels of security safeguards.

7. Your Rights of Access to Your Personal Data

You have the right to request in writing, access to and correction of your Personal Data held by the Company and you may make any enquiries or complaints in respect of your Personal Data by contacting the Company's Customer Service Officer at 1300-22-5542, from 8.00 a.m. to 8.00 p.m., Monday to Friday or email at customer.service@allianz.com.my or via our Fax No. 03-2264 8499. You also have the right to request in writing for the Company to cease processing your Personal Data including for marketing purposes.



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8. Information About Another Person

When you give the Company, information about another person, you confirm that they have appointed you to act for them, to consent to the processing of their personal data and to receive on their behalf, any data privacy notices.

The Company reserves the right to update and amend this Privacy Notice or its Privacy Policy from time to time. The Company will notify you of any amendments to this Privacy Notice or its Privacy Policy via announcements on the Company's website (www.allianz.com.my) or other appropriate means. If the Company amends this Privacy Notice or its Privacy Policy, the amendment will only apply to Personal Data collected after the Company has posted the revised Privacy Notice or Privacy Policy.

If you have a residential address in any of the European Union (EU) member states, please reach out to us at: privacy@allianz.com.my in order for us to assess and comply with the EU Privacy Law - General Data Protection Regulation (GDPR)