

Application for Surrender of Policy

Please complete your details

Policy Number _____

Policy Owner _____

Life Assured _____

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@allianz.com.my*

*HSBC Bancassurance Customer

Important Notice:

We would like to advise you that by surrendering your policy, you may be deprived of the invaluable coverage on your life and protection to your loved ones. In addition, you may incur unnecessary financial losses if you decide to take up a fresh policy later due to the following reasons:

1. Participating policy normally only begins to earn dividend after being in force for either two or three years and the value of the dividend grows with the duration of policy. Therefore, the longer you keep the policy the higher will be the returns.
2. The policy's cash value will have to be accumulated afresh.
3. Higher premium will be charged due to your increased age and/or health condition.
4. You will have to wait for another 3 years to enjoy the policy loan facility.

We would like to emphasize that the following options are available should you wish to reconsider your decision to surrender the life insurance policy:

1. Policy Loan
2. Reduced Paid Up Insurance
3. Change Payment Mode
4. Cancellation of Rider
5. Partial Surrender
6. Premium Holiday

Confirmation of Surrender of Policy

I have read and understood the important notice and decided to surrender the policy due to the following reason (Please tick):

- My needs have changed (e.g. product feature, premium no longer appealing)
- Product didn't meet my needs (e.g. coverage/return didn't meet expectation)
- Rather use the funds for other purpose or protect myself from market movement
- Poor after sales service
- I bought/considered a new policy, please elaborate: _____
- Others (please specify): _____

- I hereby agree that the surrender value of the policy shall be according to its terms and conditions as stated in the policy contract, together with all dividends or additions of any nature, if any, and enclosed herewith, the policy mentioned above for cancellation. Upon payment thereof, the liability of Allianz Life Insurance Malaysia Berhad shall be and thereby completely discharged.
- I confirm that I am the policy owner/assignee of this policy and I have not assigned this policy on the date of this application to surrender. I further confirm that I am not a bankrupt.



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Country of Residence for Tax Purpose – Individual Customer (Mandatory to fill up)

Not applicable

Malaysia (if country of residence is Malaysia)

Malaysia (if country of residence is NOT Malaysia). Reason*:
 Work/Business Trainee/ Intern/ Student Others_____

Other Country (please specify below)
Country 1: _____ Reason*:
 Work/Business Trainee/ Intern/ Student Others_____

Tax Identification Number (TIN): _____

Country 2: _____ Reason*:
 Work/Business Trainee/ Intern/ Student Others_____

Tax Identification Number (TIN): _____

* It is mandatory to provide relevant supporting document eg. working visa, student visa, confirmation letter from employer/ education institution, business registration, certificate of residence, etc.

Country of Residence for Tax Purpose – Entity Customer (Mandatory to fill up)

Not applicable

Malaysia

Other Country (please specify below)
Country 1: _____ Reason*:
 Business Others_____

Tax Identification Number (TIN): _____

Country 2: _____ Reason*:
 Business Others_____

Tax Identification Number (TIN): _____

* It is mandatory to provide relevant supporting document

Customer Declaration (Please specify the information which you would like to update)

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Miss <input type="checkbox"/> Madam <input type="checkbox"/> Others_____
Name (as per NRIC/BC/Passport)	
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow <input type="checkbox"/> Divorced
No. of Children	
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female

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Residential Address	_____	_____ Postcode _____
	Country of Residence _____	
Mailing Address	_____	_____ Postcode _____
	Country of Mailing _____	
Mobile No. 1	_____ - _____ - _____	Country Code Area Code
Mobile No. 2	_____ - _____ - _____	Country Code Area Code
Office No.	_____ - _____ - _____	Country Code Area Code
House No.	_____ - _____ - _____	Country Code Area Code
Email Address		
Date of Birth		
Country of Birth		
New NRIC		
Old NRIC		
Passport No.		
Passport Expiry Date		
For Entity Customer Only		
Type of Entity	<input type="checkbox"/> Private/Public Limited Company <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship/Club/Society/Charity	
No. of Certificate of Incorporation/ Partnership Cert/ Business Registration		
Country of Incorporation		
Country of Operations		
Citizenship/ Nationality	<input type="checkbox"/> Malaysian <input type="checkbox"/> Others _____	

Declaration To Comply with Relevant Requirements

I agree to disclose and allow the transfer of my personal and contact information including nationality, tax status or tax residencies (“Relevant Information”) kept with the Company to any local and foreign regulatory or self-regulatory persons in any jurisdiction, or foreign government authorities (“Relevant Authorities”) that the Company is obliged to comply with or choose to comply in its absolute discretion or to meet the requirements of the laws, regulations, guidelines or terms of an agreement with such Relevant Authorities that is in force or may be declared to be in force and as amended from time to time (“Relevant Requirements”).

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I also agree to cooperate with the Company to provide any information or documents as may be requested by the Company from time to time that is required for disclosure by the Company to any Relevant Authorities, in a timely manner and within a reasonable period of time. I undertake that I must promptly update the Company of any changes to the Relevant Information stated under this application.

I further agree and accept that in case I fail to disclose or update any change to the Relevant Information or submit any requested documents, the Company may, to the extent permitted under applicable law, take any step to ensure the Company’s compliance with the Relevant Requirements including withholding payment of any amount due to me or my personal representatives under my policy in compliance with the Relevant Requirements and/or pay such amount withheld to the Relevant Authorities.

The Company is also entitled to claim, to the extent permitted by law, compensation for any loss, liability or damage which the Company may suffer as a result of my default as declared above.

**Direct Credit Account (E-Payment) Advice
 Account Holder’s Authorisation**

Kindly tick at the appropriate boxes and fill up the bank account details

I hereby request and authorise Allianz Life Insurance Malaysia Berhad (ALIM) to directly credit any relevant payment due from any of my Policies with ALIM into my bank account according to the policy currency upon ALIM’s approval of this form. I agree that this request is governed by the Terms and Conditions as specified below.

Name of Policyowner/ Assignee _____

Bank Account Holder’s Full Name _____

NRIC No. (New) _____

NRIC No. (Old)/ Passport No. _____

Mobile No. (compulsory) _____

Email Address (compulsory) _____

Malaysia Ringgit (MYR) Currency Bank Account

Bank Name _____

Bank Account No. _____

Account Type Individual Joint (Primary holder)

Foreign Currency Bank Account

Disclaimer: For a foreign currency denominated Policy, kindly provide details of your bank account that transacts in the relevant foreign currency. If the bank is not capable of transacting in or accepting the relevant foreign currency, any payout in foreign currency will be subject to foreign currency exchange rate charged by the receiving bank. Remittance of the payout in foreign currency may also be subject to other fees and charges by the receiving bank.

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Currency (please specify)	_____
Bank Name	_____
Bank Account No.	_____
Swift Code	_____
Bank Code	_____
Bank Country	_____

Important Notes

1. This option is to facilitate payment to be credited to your bank account directly ("Direct Credit") as the Policy Owner of the Policy as stated herein.
2. For this purpose, copies of your NRIC/passport and your bank statement/first page of your bank account passbook with account details together are required for our verification purposes.
3. Direct Credit is only available for direct credit to banks participating in the Interbank Giro Payment System (IBG).
4. Direct Credit is not allowed for the following bank accounts:
 - I. Overseas bank account
 - II. Corporate bank account (for keyman policy, mortgage reducing term assurance policy)
 - III. Any local bank account that is not in the name of the Policy Owner as stated in this form
 - IV. Any joint bank account unless the Policy Owner is the primary joint account holder

Terms & Conditions

In consideration of Allianz Life Insurance Malaysia Berhad ("ALIM") agreeing to accept my request for direct credit facility to my bank account, I agree and confirm that:

1. The payment into the Account shall be a valid discharge of ALIM's liability under the Policy.
2. ALIM shall not be held liable for any damages, losses, claims, costs and/or expenses which I may incur if the payment transaction is delayed or is not affected at all, or the payment is credited into an incorrect bank account due to incomplete or incorrect information provided by me in this form.
3. I shall immediately refund to ALIM in full any monies paid into the Account which I am not entitled to receive.
4. I hereby indemnify ALIM for any damages, losses, claims, costs and/or expenses incurred by ALIM arising from or in connection with payments made to the Account in accordance with my instructions herein.
5. ALIM reserves the right to release payment by cheque if ALIM finds that any information and/or document(s) provided in or submitted with this form is incomplete, invalid and/or inconsistent.
6. The information provided by me may be disclosed to relevant third parties for the purpose of this form and in compliance with any legal or regulatory requirements.
7. ALIM may update my contact details on the information provided in this form.

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

_____ Signature of Policy Owner/ Assignee	_____ Signature of Trustee	_____ Signature of Trustee
Name: _____	Name: _____	Name: _____
_____ NRIC: _____	_____ NRIC: _____	_____ NRIC: _____

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

Please ensure that the below documents/requirements are submitted/completed:
 ✓ Application for Surrender of Policy form
 ✓ Signature of policy owner/ assignee/ and trustee(s)
 ✓ Proof of age for policy owner/ assignee and life assured (photocopy of NRIC or birth certificate)
 Note: Original policy contract is not required to return unless requested by the Company in writing

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

Conservation: To be completed by Agent & Agency Leader

We have attempted to conserve the mentioned policy by highlighting the above facts and options to our client. Despite the effort, the Policy Owner still chose to surrender the policy.

_____ Signature of Agent	_____ Witnessed by Agency Leader
Name: _____	Name: _____
_____ Agent Code: _____	_____ Agent Code: _____
Date: _____	Date: _____

To be completed by Agent/Staff/Authorised Bank Staff

Pursuant to the requirement of Section 16 of Anti-Money Laundering, Anti-Terrorism Financing and Proceeds of Unlawful Activities Act 2001, I hereby declare that I have sighted the original NRIC/Birth Cert. or original & valid Passport and verified the identity of the Policy Owner/Life Assured/Claimant for the above Policy.

Signature of Agent/Staff/Authorised Bank Staff
 Name: _____
 Agent Code: _____
 Date: _____