

For Office Use Only					
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Registration No. :

## ADDITIONAL PREMIUM (TOP-UP) APPLICATION

Policy Number :

Plan Code : \_\_\_\_\_

Policy Owner Name : \_\_\_\_\_

Name of Insured : \_\_\_\_\_

Additional Premium RM

Total Payable RM

Fill in Fund Name and Ratio (%):

FUND NAME	Ratio (%)			
				%
				%
				%
				%
Total	1	0	0	%

### Declaration and Authorisation

I/We declare and agree on behalf of myself and any person or persons, firm or corporation, who may have or claims any interest in the above stated Policy the following:

- A) I/We understand that the assurance provided by this additional premium will not commence until the application form has been officially accepted by Zurich Life Insurance Malaysia Berhad (herein called "the Company").
- B) I/We agree that the number of units allocated to this policy in respect of any premium shall be determined by reference to the Unit Price established on the Valuation Date immediately following the day the premium was received by the Company at its Head Office in Kuala Lumpur or one of its branches in Malaysia. The terms of any conditional receipt issued shall apply hereto and are agreed to.

Please tick (✓) the appropriate box:

	<u>Policy Owner</u>		<u>Assignee</u>	
	Yes	No	Yes	No
<b>Individual:</b>				
1. Are you a Malaysian Resident for Tax Purpose?	( )	( )	( )	( )
2. Are you a United States Citizen or United States Resident / Taxpayer?	( )	( )	( )	( )
3. Are you a Resident for Tax Purpose / Taxpayer of any country other than Malaysia and United States?	( )	( )	( )	( )
<b>Entity:</b>				
4. Is the Company / Entity incorporated outside Malaysia?	( )	( )	( )	( )
5. Is the controlling person(s) a tax resident anywhere other than Malaysia?	( )	( )	( )	( )

**Note:**

If any of the option (2-5) as above selected as "Yes", please fill up the Common Reporting Standard(CRS) Self Certification Form accordingly.

**For Individual/Controlling Person**

Common Reporting Standard(CRS) Self Certification Form for Individual to be completed for each of the individual/Controlling Person

**For Entity**

Common Reporting Standard(CRS) Self Certification Form for Entity (For Non-Individual Assignor or Assignee Only)

**ADDITIONAL PREMIUM (TOP-UP) APPLICATION**

Policy Number : 

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- C) I/We declare that at this time, I/we am/are not a citizen, resident or person subject to the taxation laws of any other country except for the country or jurisdiction which I/we have declared hereto. I/We hereby undertake to notify the Company in writing in the event that my/our status changes in the future, for any reason, causing me/us to become subject to any taxation law or legislation of any other country. I/We hereby grant the Company my/our full and unconditional authority to notify any relevant foreign tax authority to which the Company consider that the Company or I/we become subject as a result of any future change to my/our taxation status without giving me/our prior notice for such actions
- D) I/We understand and agree that by signing up for any products offered by Zurich Life Insurance Malaysia Berhad ("the Company"), interacting with the Company and submitting my/our information to the Company, I/we have consented on the collection, processing, using and sharing of my/our personal data including my/our sensitive personal data by and for the Company.

I/We understand and agree that the personal data provided may be used, processed and disclosed by the Company to individuals/ organization related to and associated with the Company or any appointed third party (within or outside of Malaysia, including reinsurance, claims investigation companies and industry associations and federations) for the obligatory purposes of processing this application and providing subsequent service for this product and/or communicate with me/us for such purposes; as described in the Company's Personal Data Protection Notice published at <https://www.zurich.com.my/en/customer-hub/show-me-more-info/personal-data-protection-notice>.

I/We understand that I/we have the right to access, update, change or opt-out my/our personal data held by the Company concerning me/us. Such requests can be made through forms which can be downloaded at the Company's website or in writing at the Company's nearest branches.

I/We understand that inquiries or complaints (such as limiting the processing of certain information, including the withdrawal of consent to receive marketing information) can be made by contacting the Company's Customer Care Officer at 1-300-888-622, or by visiting/writing to the Company at [CallCentre@zurich.com.my](mailto:CallCentre@zurich.com.my).

I/We understand that the Company's Personal Data Protection Notice may be updated from time to time in line with the requirement set forth in the Personal Data Protection Act 2010 and Personal Data Protection Code of Conduct for Insurance Industry and the updated Personal Data Protection Notice is being published at the Company's website.

Signature of Policy Owner / Parents / Legal Guardian (If Juvenile Insurance)  <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> Name : I/C No. : Contact No. : Date : Foreign Residence Address of Policy Owner:	Signature of Witness*  <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> Name : I/C No. : Contact No. : Date : Address of Witness:
Signature of Assignee  <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> Name : I/C No. : Contact No. : Date : Foreign Residence Address of Assignee:	Signature of Witness*  <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> Name : I/C No. : Contact No. : Date : Address of Witness:

\*The witness must have attained the age of 18 years.

**Zurich Life Insurance Malaysia Berhad**

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