

| | |
|---|---|
| <p>E. Adakah anda berhak untuk mendapat sebarang pampasan dari syarikat insurans lain atau mana-mana pihak sumber untuk keadaan ini. Sila berikan butir-butirnya serta sesalinan surat tawaran yang disahkan. Please provide full details of any other insurance policies or any sources under which you may receive payment for this condition</p> | <p>F. Jika perkhidmatan anda ditamatkan, sila nyatakan tarikh berkuatkuasa dan berikan salinan surat tamat perkhidmatan. If your service has been terminated, please confirm the effective date and provide a copy of the termination letter?</p> |
| <p>G. Siapakah yang menyokong pendapatan anda sekarang? Who is supporting your income now?</p> | <p>H. Adakah anda sedang membuat sebarang pekerjaan lain / peniagaan? Are you currently engaged in any other alternate job / business?</p> |
| <p>I. Nyatakan kerja yang kamu lakukan selama tiga (3) tahun di tempat kerja kamu? Please list the jobs that you have held in the last three (3) years.</p> <p>i.</p> <p>ii.</p> <p>iii.</p> | <p>J. Persekitaraan tempat kerja anda:- (pejabat, kilang, tempat terbuka, lain-lain (nyatakan dengan spesifik) What kind of environment do you work in? (Office, Factory, Open Space, others-please state specifically)</p> <p>K. Adakah anda menjalankan tugas-tugas pengurusan atau penyeliaan? Are you in management or supervisory capacity?</p> <p>L. Adakah anda mengendalikan mesin atau alat-alat khas yang lain? Do you operate any machine or special equipments?</p> |
| <p>M. Kelulusan dan/atau kemahiran yang diperlukan dalam pekerjaan anda? / What are the qualification and/or skills needed for your job?</p> <p>N. Adakah kemahiran khas diperlukan? Any special skills required?</p> <p>O. Adakah tahap pengalaman praktikal yang diperlukan? What level of practical experience is required?</p> | <p>P. Adakah waktu dan hari bekerja yang biasa? What is your normal working hours and days?</p> <p>Q. Adakah anda diperlukan bekerja syif, pada hari Ahad atau bila dipanggil? Are you required to work on shift, Sundays or be on call?</p> <p>R. Bagaimana anda pergi ke tempat kerja? How do you travel to work?</p> <p>T. Berapakah jarak perjalanan ke tempat kerja anda? What is the distance of travel to go to your normal place of work?</p> |
| <p>U. Dari segi manakah Hilang Upaya yang menghalang anda dari melakukan pekerjaan biasa anda? What aspects of your disability prevent you from performing your own occupation?</p> | <p>V. Dari segi manakah Hilang Upaya yang menghalang anda dari melakukan sebarang pekerjaan? Sila nyatakan. Is there any aspect of your disability that will prevent you working in any occupation? Please give full details.</p> |

| | | | |
|--|----------------------------------|---|--|
| <p>W. Adakah pekerjaan anda memerlukan anda untuk: <i>Does your work require you to do the following:</i></p> | | | |
| 1. Memandu kereta/ <i>Driving a car?</i> | Ya/ Yes <input type="checkbox"/> | Tidak/ No <input type="checkbox"/> | |
| 2. Memandu kenderaan lain/ <i>Driving other vehicles?</i> | Ya/ Yes <input type="checkbox"/> | Tidak/ No <input type="checkbox"/> | |
| 3. Memanjat tangga atau tempat tinggi/ <i>Climbing ladders or heights?</i> | Ya/ Yes <input type="checkbox"/> | Tidak/ No <input type="checkbox"/> | |
| 4. Membawa barangan berat/ <i>Carrying heavy loads?</i> | Ya/ Yes <input type="checkbox"/> | Tidak/ No <input type="checkbox"/> | |
| 5. Mengangkat barangan berat/ <i>Lifting heavy loads?</i> | Ya/ Yes <input type="checkbox"/> | Tidak/ No <input type="checkbox"/> | |
| 6. Merangkak atau melutut/ <i>Crawling or kneeling?</i> | Ya/ Yes <input type="checkbox"/> | Tidak/ No <input type="checkbox"/> | |
| 7. Keluar dari tempat kerja yang biasa/ <i>Travelling away from your normal place of work?</i> | Ya/ Yes <input type="checkbox"/> | Tidak/ No <input type="checkbox"/> | |
| 8. Lain-lain penggunaan tenaga fizikal (Sila nyatakan)/ <i>Other physical exertions? Please specify</i> | Ya/ Yes <input type="checkbox"/> | Tidak/ No <input type="checkbox"/> | |
| <p>4. UNTUK DIISI OLEH ORANG YANG BEKERJA SENDIRI SAHAJA/ TO BE COMPLETED BY A SELF-EMPLOYED PERSON ONLY</p> | | | |
| <p>A. Berikan nama perniagaan/syarikat anda. <i>Please name your business/Company</i></p> | | <p>C. Jenis perniagaan anda? <i>What is the nature of your business?</i></p> | |
| <p>B. Adakah terdapat pemilik atau pengarah yang lain didalam perniagaan ini? Berapa orang? Sila berikan butiran <i>Are there any other proprietors or directors of the business? How many? Please provide details.</i></p> | | <p>D. Sila berikan no. pendaftaran perniagaan atau syarikat, jika didaftarkan./ <i>Please provide your business registration number and your Company registration number, if incorporated.</i></p> | |
| <p>5. UNTUK DIISIKAN JIKA HILANG UPAYA DISEBABKAN OLEH KEMALANGAN/ TO BE COMPLETED IF DISABILITY CAUSED BY AN ACCIDENT.</p> | | | |
| <p>A. Bila kemalangan berikut berlaku? : <i>When did the accident happen?</i></p> <p>Tarikh / <i>Date:</i></p> <p>Waktu (pagi / petang) / <i>Time (a.m. / p.m.):</i></p> <p>Tempat / <i>Location :</i></p> <p>Balai Polis / <i>Police Station :</i></p> | | <p>B.Nyatakan secara terperinci bagaimana kemalangan berlaku <i>Describe in detail how the accident happened</i></p> <p>No repot police / <i>Police report No :</i> (Lampirkan sesalanan repot/ <i>Enclose copy of the report</i>)</p> | |
| <p>C. Nyatakan tahap kecederaan yang dialami akibat kemalangan <i>Describe the extent of the injuries sustained in the accident</i></p> | | <p>D. Adakah anda bercadang untuk mendapat pampasan atau tindakan undang-undang atas seseorang akibat dari kemalangan atau penyakit yang dialami? <i>Are you or do you intend to seek compensation or instigate any legal proceedings against any person, as a result of your accident or illness?</i></p> | |

| 6. UNTUK DIISI JIKA HILANG UPAYA DISEBABKAN OLEH PENYAKIT/ TO BE COMPLETED IF DISABILITY CAUSED BY AN ILLNESS | | | |
|---|--------------------------|--|---|
| A. Nyatakan dengan terperinci keadaan atau tanda-tanda penyakit anda <i>Please describe the condition or the symptoms fully.</i> | | B. Bilakah tanda-tanda / keadaan itu mula-mula timbul? <i>When did the symptoms / conditions first appear?</i> | |
| C. Apakah keputusan diagnosis dan bilakah anda diberitahu mengenainya? <i>What is the exact diagnosis and when was it made known to you?</i> | | D. Berikan nama dan alamat doktor yang telah membuat diagnosis tersebut <i>Provide the name and address of the doctor who had made the diagnosis</i> | |
| E. Apakah ujian atau penyiasatan yang telah dibuat untuk mengesahkan diagnosis itu? / <i>What tests or investigations were done to confirm the diagnosis?</i> | | F. Apakah rawatan yang diterima sekarang? <i>What are the treatments you are undergoing currently?</i> | |
| G. Adakah anda menghidap apa-apa penyakit lain atau keadaan yang berkaitan sebelum hilang upaya bermula? Sila nyatakan penyakit atau keadaan dan butir-butir rawatan (oleh siapa, alamat dan bila) <i>Were you suffering from any other illness or related conditions prior to the onset of disability? Please state the illness or condition and the details of treatment (by whom, address and when)</i> | | | |
| BAHAGIAN INI MESTILAH DIISI DENGAN LENGKAP / THIS SECTION MUST BE FULLY COMPLETED | | | |
| 7. BUTIR-BUTIR DOKTOR YANG MERAWAT HILANG UPAYA SEKARANG DAN LAIN – LAIN PENYAKIT DALAM TEMPOH 3 TAHUN YANG LEPAS / DETAILS OF PHYSICIAN(S) CONSULTED FOR CURRENT DISABILITY AND OTHER DISORDER | | | |
| Nama <i>Name</i> | Alamat <i>Address</i> | Tarikh Rawatan <i>Date of Consultation</i> | Sebab Rawatan <i>Reason for Consultation</i> |
| | | | |

Pengisytiharan / Declaration

Saya menjamin kebenaran ke atas keterangan-keterangan yang dikemukakan, samada ditulis oleh saya atau bagi pihak saya. Saya mengaku bahawa syarat-syarat insurans saya telah patuhi. Saya bersetuju bahawa jika ada kenyataan yang tidak benar atau salah, tekanan atau menyembunyikan dibuat oleh saya, hak saya ke atas tuntutan ini akan ditarik balik secara mutlak.

I warrant the truth of the foregoing particulars, whether written by me or on my behalf. I declare that the conditions of my insurance have been complied with. I agree that if any false or untrue statement, suppression or concealment, is made by me, my right to this claim shall be absolutely forfeited.

Kebenaran/Pemberian Hak / Authorization

Saya, yang bertandatangan di bawah, dengan ini membenarkan mana-mana organisasi, institusi atau individu yang mempunyai sebarang rekod atau pengetahuan tentang kesihatan dan latar belakang perubatan atau nasihat perubatan saya/ hayat yang diinsuranskan, dan telah atau mungkin kemudian dari ini dirujuk untuk mendedahkan segala maklumat tersebut kepada MCIS INSURANCE BERHAD atau wakilnya. Saya bersetuju membenarkan MCIS INSURANCE BERHAD atau wakilnya untuk mengguna dan mendedahkan sebarang maklumat yang dikumpul atau dipegang oleh Syarikat kepada perseorangan/sebarang organisasi yang berhubung dan berkaitan dengan Syarikat atau sebarang pihak ketiga (di dalam atau di luar Malaysia, termasuk institusi perubatan, penginsurans semula, penyelaras tuntutan / penyiasat, peguam, persatuan industri, pengawal selia, badan-badan berkanun, pihak berkuasa kerajaan dan agensi pelaporan kredit) bagi tujuan proses tuntutan insuran. Salinan pengesahan ini adalah sah seperti yang asal.

I, The undersigned(s) hereby irrevocably authorize any organization, institution, or individual that has any records or knowledge of my/life assured health and medical history or treatment or advise and that has been or may hereafter be consulted to disclose to MCIS Insurance Berhad or its representative such information. I/WE agree that MCIS Insurance Berhad or its representative may use and disclose any of the information collected or held by the Company to individuals/organizations related to and associated with the Company to individuals/organizations related to and associated with the Company or any selected third parties (within or outside Malaysia, including medical institutions, reinsurers, claim adjusters / investigators, solicitors, industry associations, regulators, statutory bodies, government authorities and credit reporting agencies) for the purpose of processing the claim.

This authorization shall bind my/our successors and assigns and remain valid notwithstanding my/our/life assured death or incapacity in so far as legally possible. A photocopy of this authorization shall be as valid as the original.

.....
Tandatangan Pihak Menuntut
Signature of Claimant

Nama :
Name:

No. Kad Pengenalan atau Pasport:
NRIC or Passport No:

Tarikh Lahir (DD/MM/YYYY):
Date of Birth (DD/MM/YYYY):

No. Pengenalan Cukai:
Tax Identification Number (TIN):

Alamat :
Address :

.....
Perkerjaan :
Occupation :

No. Telefon :
Telephone No. :

Tarikh :
Date :

.....
Tandatangan Saksi
Signature of Witness

Nama:
Name :

No. Kad Pengenalan atau Pasport:
NRIC or Passport No:

Alamat :
Address :

.....
No. Telefon :
Telephone No. :

No. Telefon :
Telephone No. :

Tarikh :
Date :

Mukasurat ini sengaja dikosongkan
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FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) AND COMMON REPORTING STANDARD (CRS) SELF-CERTIFICATION FORM FOR INDIVIDUALS (TO BE COMPLETED BY THE CLAIMANT/ASSURED)

Please read these instructions before completing the form.

Under Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS), MCIS Insurance Berhad is required to collect and report certain information to the local tax authority on the status of our customers.

Should there is a change in circumstances relating to information, such as the Individual's tax status or other mandatory field information that makes this form incorrect or incomplete, please let us know by notifying us or providing us with an updated Self- Certification Form.

As a financial institution, we are not allowed to give tax advice. Kindly consult your tax or legal adviser should you have questions on or in relation to FATCA and CRS. Where necessary, you can find summaries of defined terms in the Appendix.

Part 1 – Identification of Individual

Name:

Date of Birth (DD/MM/YYYY):

Country of Birth:

Old IC No./ New IC No./ Birth Certificate No./ Passport No.

Current Residence Address:

Mailing Address:

(Complete if different to the current residence address)

Address Line 1:

Address Line 1:

Address Line 2:

Address Line 2:

Address Line 3: (Postal Code/ZIP Code)

Address Line 3: (Postal Code/ZIP Code)

Address Line 4: (Country)

Address Line 4: (Country)

Telephone Number (with country code):

Primary:

Secondary (if any):

Part 2 – FATCA Self Certification

Definitions applicable

The term U.S. person or United States person means a person described in section 7701(a)(30) of the Internal Revenue Code: The term "United States person" means—

(A) a citizen or resident of the United States

Please check "✓" Yes or No for each of the following questions:

| | | Yes | No |
|---|--|--|--------------------------|
| 1 | Are you a U.S. Citizen? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | Do you hold a U.S. Permanent Resident Card (Green Card)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | Are you a U.S. Resident (including US Tax Resident)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | <p>If you have ticked "No" to all three questions above, then please tick as:</p> <p><i>Kindly take note that if you are a Non U.S. person but U.S. is your country of birth, please provide MCIS:</i></p> <p><i>i. A copy of non-U.S. passport or non-U.S. government-issued identification document; and</i></p> <p><i>ii. A copy of Certificate of Loss of Nationality of the U.S. or specify your explanation of:</i></p> <ul style="list-style-type: none"> <i>The reason of not having such certificate despite relinquishing U.S. citizenship; or</i> <i>The reason you did not obtain a U.S. citizenship at birth.</i> <p><i>Reason:</i></p> | <input type="checkbox"/> Non U.S. person | |
| | <p>If you have ticked "Yes" to any of the three questions above, please tick as:</p> <p><i>Please fill up your U.S. TIN in the table under Part 3, Section 1.</i></p> | <input type="checkbox"/> U.S. person | |

I am a tax resident of Malaysia **ONLY**. *

- Note: By ticking "No" you are confirming that you are: -

- Section 1: Details of Foreign Tax Residence(s)*

Please complete the following table indicating:

- For example, if the Individual is a tax resident of Malaysia, the TIN is the Income Tax Number. Refer to the OECD website for more information on tax residency and other formats of TIN:

If the Individual is a tax resident in more than three countries/ jurisdictions, please use a separate sheet.

Complete the following table indication:

- (a) the jurisdiction of residence where the Individual is a resident for tax purposes (except for Brunei) and
(b) the Individual's TIN for each jurisdiction indicated. Indicate All jurisdictions of residence.

If a TIN is unavailable, indicate which of the following reason is applicable:

Reason A – The jurisdiction where the Individual is a resident for tax purpose does not issue TINs to its residents.

Reason B – The Individual is unable to obtain a TIN.

Reason C – TIN is not required.

(Note: Select this reason only if the authorities of the jurisdiction of residence do not require the TIN to be disclosed.)

Please explain in the following boxes why you are unable to obtain a TIN if you selected **Reason B** above.

Note: If the Individual is a resident for tax purpose in more than three countries, please use separate sheet.

Section 2: Clarification of Tax Residence Information**

If the country (other than Malaysia) indicated in your address/contact number is different from the country(ies) which you have disclosed as your tax residence(s), please provide your explanation below.

I have a foreign address/contact number which differs from the country of my tax residence because:

**Please indicate N/A if the country of your address/contact number is same as the country of tax residence declared.

| Declaration and Signature | |
|---|--|
| <p>I understand that the information supplied by me is covered by the full provisions of the terms and conditions governing the individual's relationship with MCIS Insurance Berhad setting out how MCIS Insurance Berhad may use and share the information supplied by me.</p> <p>I understand that the term "U.S. person" means any citizen or resident of the United States.</p> <p>I acknowledge that the information contained in this form and information regarding the Individual and any Reportable Account(s) may be provided to the tax authorities of the country/ jurisdiction in which this account(s) is/are maintained and exchanged with the tax authorities of another country/ jurisdiction or countries/ jurisdictions in which the Individual may be tax resident pursuant to intergovernmental agreements to exchange financial account information.</p> <p>I certify that I am the Individual (or am authorized to sign for the Individual) of all the policy(s) to which this form relates.</p> <p>I declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete.</p> <p>I undertake to advise MCIS Insurance Berhad within 30 days of any change in circumstances which affects the tax residency status of the individual identified in Part 1 of this form or causes the information contained herein to become incorrect or incomplete, and to provide MCIS Insurance Berhad with a suitably updated self-certification and Declaration within 30 days of such change in circumstances.</p> | |
| Signature: | _____ |
| Name: | _____ |
| Date (dd/mm/yyyy): | _____ |
| Capacity: | _____ <i>(Indicate the capacity if you are not the individual identified in Part 1. If signing under a Power of Attorney, attached a certified copy of the Power of Attorney)</i> |

Appendix – Summary Descriptions of Selected Defined Terms

Note: The following are selected summaries of defined terms provided to assist you with the completion of this form. Further details can be found within the OECD Common Reporting Standard for Automatic Exchange of Financial Account information ("CRS"), the associated Commentary to the CRS, Malaysia-US Intergovernmental Agreement on Foreign Account Tax Compliance Act (FATCA) and other domestic guidance.

Account Holder

The term "Account Holder" means the person listed or identified as the holder of a Financial Account. A person, other than a Financial Institution, holding a Financial Account for the benefit of another person as an agent, a custodian, a nominee, a signatory, an investment advisor, an intermediary, or as a legal guardian, is not treated as the Account Holder. In these circumstances that other person is the Account Holder. For example, in the case of a parent/child relationship where the parent is acting as a legal guardian, the child is regarded as the Account Holder. With respect to a jointly held account, each joint holder is treated as an Account Holder.

Change in Circumstances

As per CRS and FATCA requirements, the "Change in Circumstances" means any change in one or more of the information below:

- Change of tax residency details (to/from outside Malaysia; or one country to another)
- Change of residence or mailing address (to/from outside Malaysia; or one country to another)
- Change of contact number (to/from outside Malaysia; or one country to another)
- Application or cancellation of standing instructions to transfer funds to an account maintained outside Malaysia; or from an overseas account to another
- Change of address of the current effective power of attorney/signatory authority (to/from outside Malaysia; or one country to another)
- Change of nationality to/from U.S. (for FATCA only).

Common Reporting Standard (CRS)

CRS stands for Common Reporting Standard, which is developed by the Organisation for Economic Co-operation and Development (OECD) to obtain information from Financial Institutions and for automatic exchange of financial account information with other jurisdictions on an annual basis for tax purposes.

Foreign Account Tax Compliance Act (FATCA)

FATCA stands for the U.S. provisions commonly known as the Foreign Account Tax Compliance provisions, which were enacted into U.S. law as part of the Hiring Incentives to Restore Employment (HIRE) Act on March 18, 2010. FATCA creates a new information reporting and withholding regime for payments made to certain non-U.S. Financial Institutions and other non-U.S. entities.

Financial Account

A "Financial Account" is an account maintained by a Financial Institution and includes: Depository Accounts; Custodial Accounts; Equity and debt interest in certain Investment Entities; Cash Value Insurance Contracts; and Annuity Contracts.

Participating Jurisdiction (CRS)

A "Participating Jurisdiction" means a jurisdiction with which an agreement is in place pursuant to which it will provide the information required on the automatic exchange of financial account information set out in the Common Reporting Standard and that is identified in a published list.

Reportable Account

The term "Reportable Account" means an account held by one or more Reportable Persons or by a Passive NFE with one or more Controlling Persons that is a Reportable Person.

Reportable Jurisdiction (CRS)

A "Reportable Jurisdiction" is a jurisdiction with which an obligation to provide financial account information is in place and that is identified in a published list.

Reportable Jurisdiction Person (CRS)

A Reportable Jurisdiction Person means an individual or Entity that is resident in a Reportable Jurisdiction under the tax laws of such jurisdiction, or an estate of a decedent that was a resident of a Reportable Jurisdiction.

Reportable Person

A Reportable Person is defined as an individual who is tax resident in a Reportable Jurisdiction under the tax laws of that jurisdiction. Dual resident individuals may rely on the tiebreaker rules contained in tax conventions (if applicable) to solve cases of double residence for purposes of determining their residence for tax purposes.

Resident for tax purposes

Generally, an individual will only have one jurisdiction of residence. However, an individual may be resident for tax purposes in two or more jurisdictions. The domestic laws of the various jurisdictions lay down the conditions under which an individual is to be treated as fiscally "resident". They cover various forms of attachment to a jurisdiction which, in the domestic taxation laws, form the basis of a comprehensive taxation (full liability to tax). They also cover cases where an individual is deemed, according to the taxation laws of a jurisdiction, to be resident of that jurisdiction (e.g. diplomats or other persons in government service). To solve cases of double residence, tax conventions contain special rules which give the attachment to one jurisdiction a preference over the attachment of the other jurisdiction for purposes of those conventions. Generally, an individual will be resident for tax purposes in a jurisdiction if, under the laws of that jurisdiction (including tax conventions), he pays or should be paying tax therein by reason of his domicile, residence or any other criterion of a similar nature, and not only from sources in that jurisdiction. Dual resident individuals may rely on the tiebreaker rules contained in tax conventions (if applicable) to solve cases of double residence for determining their residence for tax purposes.

The following examples illustrate how an individual's residence for tax purposes may be determined:

Example 1: An individual has his permanent home in Jurisdiction A and is taxed as being a resident of Jurisdiction A. He has had a stay of more than six months in Jurisdiction B and according to the legislation of the latter Jurisdiction he is, in consequence of the length of the stay, taxed as being a resident of that Jurisdiction. Thus, he is resident of both Jurisdictions.

Example 2: Same facts as Example 1, except that the individual only had a stay of eight weeks in Jurisdiction B and according to the legislation of that Jurisdiction he is not, by reason of the length of the stay, taxed as being a resident of Jurisdiction B. Thus, he is only resident of Jurisdiction A.

For additional information on tax residence, please talk to your tax adviser or refer to the OECD Automatic Exchange Portal at this link:

<https://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-residency/>

TIN (including Functional Equivalent)

The term "TIN" means Taxpayer Identification Number or a functional equivalent in the absence of a TIN. A TIN is a unique combination of letters or numbers assigned by a jurisdiction to an individual or an Entity and used to identify the individual or Entity for the purposes of administering the tax laws of such jurisdiction. Further details of acceptable TINs can be found at this link:

<https://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-identification-numbers/>

Some jurisdictions do not issue a TIN. However, these jurisdictions often utilise some other high integrity number with an equivalent level of identification (a "functional equivalent"). Examples of that type of number include, for individuals, a social security/insurance number, citizen/personal identification/service code/number, and resident registration number.

U.S. Person (FATCA)

A "U.S. Person" means a U.S. citizen or resident individual, a partnership or corporation organized in the U.S. or under the laws of the U.S. or any State thereof, a trust if (i) a court within the U.S. would have authority under applicable law to render orders or judgements concerning substantially all issues regarding administration of the trust, and (ii) one or more U.S. Persons have the authority to control all substantial decisions of the trust, or an estate of a decedent that is a citizen or resident of the U.S.

(PENTING: TULIS DALAM HURUF BESAR/CETAK DENGAN JELAS) / (IMPORTANT: WRITE IN BLOCK/PRINT CLEARLY)

PER/ RE : NO POLISI / POLICY NO: _____

I hereby allow/ give consent that payment(s) due to me by MCIS INSURANCE BERHAD (hereafter referred to as MCIS LIFE) on the abovementioned policy be credited to my bank account as stated below and confirm that :-

- Tandatangan Pemegang Polisi/ Penuntut
Policyowner / Claimant Signature

Pilihan dikenakan kepada/ ☐ Semua Polisi/ ☐ Polisi Semasa/
Option apply to : ☐ All Policies ☐ Current Policy

Senarai adalah untuk rujukan sahaja. Bank lain (dalam Malaysia) yang tiada dalam senarai atas akan diterima. / *Bank Listed above are for reference only. Other banks (in Malaysia) not listed are acceptable.*

| SENARAI BANK DAN BUTIRAN RUJUKAN / LIST OF BANKS AND DETAILS FOR REFERENCE | | | | | |
|--|--|-------------|--|--|-------------|
| Nama Bank / <i>Bank Name</i> | | Angka Digit | | Nama Bank / <i>Bank Name</i> | Angka Digit |
| Affin Bank Bhd / Affin Islamic Bank Bhd | | 12 | | Agro Bank/Bank Pertanian | 16 |
| AmBank (M) Bhd / AmIslamic Bank Bhd | | 13 | | Al Rajhi Bank | 15 |
| Alliance Bank Malaysia / Alliance Islamic Bank Bhd | | 15 | | Bank Islam Malaysia | 14 |
| Bank Kerjasama Rakyat | | 12 | | Bank Muamalat Malaysia | 14 |
| Bank Simpanan National | | 16 | | CIMB Bank / CIMB Islamic Bank Berhad | 14/10 |
| Citibank Berhad | | 10 | | Hong Leong Bank / Hong Leong Islamic Bank Berhad | 11 |
| HSBC Bank / HSBC Amanah Malaysia Berhad | | 12 | | Kuwait Finance House | 12 |
| Maybank Bhd / Maybank Islamic Bhd | | 12 | | OCBC Bank Malaysia / OCBC Al-Amin Bank Berhad | 10 |
| Public Bank Bhd / Public Islamic Bank Bhd | | 10 | | RHB Bank Bhd / RHB Islamic Bank Bhd | 14 |
| Standard Chartered Bank / Standard Chartered Saadiq Berhad | | 12 | | United Oversea Bank | 11 |