



Premium Holiday/Re-Activation Form

This Form is applicable for Accumulation Manager Plan and Takaful Anugrah Plan

Only original form correctly completed is considered a valid request and it is irrevocable by the policyowner/certificate holder. The request will not take effect until approved by the Company.

Policy/certificate no.	
Adviser's/wakil's no.	
Adviser's/wakil's name	

Particulars of policyowner/certificate holder

Name of policyowner/certificate holder _____
 NRIC no. _____ Contact no. _____

Premium holiday

To activate premium holiday with effect from:

Premium/contribution due on _____ to premium due on _____ (inclusive).
 (dd/mm/yyyy) (dd/mm/yyyy)

Important notes:

1. Policy/certificate fees will be deducted through your unit holdings.
2. All supplementary Benefits will lapse with the activation of premium holiday.

Reactivate of recurrent single premium

Warning: Pursuant to Section 25(5) of the Insurance Act, you are to disclose in this form, fully and faithfully, all the facts which you know or ought to know otherwise the reinstatement effected hereunder may be void.

- 1) To terminate premium holiday & re-activate recurrent single premium/contribution with effect from premium/contribution due on _____.
 (dd/mm/yyyy)
- 2) Life insured/participant : Height _____ (cm) Weight _____ (kg)
 Policyowner/Certificate holder: Height _____ (cm) Weight _____ (kg)

Since the inception of the supplementary benefits,

- | | | |
|---|-----|----|
| (a) Are you currently in good health? | Yes | No |
| (b) Do you contemplate engaging in any private flying, diving, sky diving, rock/mountain climbing, racing or any other hazardous sports or flying other than as a fare paying passenger on a regular scheduled airline or have you in the last five years engaged in such flying or sports? | Yes | No |
| (c) Have you suffered from any significant illness, bodily injury or physical impairment? | Yes | No |

If the answer to question (c) or (b) is "Yes", please provide additional information below:

Important notes:

1. Complete the health questions above if the supplementary benefits have been lapsed for less than 6 months, otherwise complete the adult health certificate.
2. For payment using inter-bank Giro only, reinstatement of the supplementary benefits will automatically re-activate the inter-bank Giro for the recurrent single premium.
3. The complete form must reach the company 2 weeks before the activation of the premium due date.
4. This form is only applicable for Accumulation Manager Plan and Takaful Anugrah Plan.

Signature of life insured/participant _____

Signature of policyowner/certificate holder/trustee/assignee _____

Date (dd/mm/yyyy) _____