

**REQUEST FOR CHANGE FORM (RFC)**

Day      Month      Year

Certificate No : _____	I/C or Birth Certificate No. _____
Participant : _____	_____
Certificate Owner: _____	_____

I / We hereby request that the above certificate to be changed according to the following particular marked ☒ Please refer to overleaf for details.

Financial Alteration	Relevant Details	Non-financial Alteration	Relevant Details						
F1 <input type="checkbox"/> Change Frequency of Contribution Payment	Change to: ( ) Monthly ( ) Quarterly ( ) Half Yearly ( ) Yearly	N1 <input type="checkbox"/> Change Method of Payment	Change to: ( ) Angkasa Deduction ( ) Bank Deduction ( ) Credit Card ( ) Salary Deduction ( ) Direct (Cash/Cheque)						
F2 <input type="checkbox"/> Change of Sum Covered	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Change</td> <td style="width: 25%;">From</td> <td style="width: 25%;">To</td> </tr> <tr> <td>Basic Sum Covered</td> <td>_____</td> <td>_____</td> </tr> </table>	Change	From	To	Basic Sum Covered	_____	_____	N2 <input type="checkbox"/> Change of Name, IC No or other personal details	
Change	From	To							
Basic Sum Covered	_____	_____							
F3 <input type="checkbox"/> Change of Term	Change Term: From _____ To _____	N3 <input type="checkbox"/> Request of Certificate Contract Duplication	Please indicate reason :						
F4 <input type="checkbox"/> Deletion of Rider	1. _____ 2. _____	N4 <input type="checkbox"/> Change of Signature ( ) Certificate Owner ( ) Participant	<div style="border: 1px solid black; height: 50px; width: 100%;"></div> <p style="text-align: center;">New Signature's Specimen</p>						
F5 <input type="checkbox"/> *Inclusion of Rider <small>(with consent to Auto-Deduction of Units During Contribution Holiday and this is only applicable to Investment Linked Product)</small>	1. _____ 2. _____ <b>Auto-Deduction of Units During Contribution Holiday</b> Note: Should you not agree to the auto deduction of units during Contribution Holiday, you may opt to Apply to cancel your supplementary contract(s)/rider(s) to reduce the amount of tabarru' charges deduction.	N5 <input type="checkbox"/> Change of Auto Credit Account No	Bank : _____  Account No. : _____						
F6 <input type="checkbox"/> Non-Forfeiture Option	( ) Extended Term Insurance ( ) Reduced Paid Up Insurance	N6 <input type="checkbox"/> Change of Payout Option (see overleaf for the policy allowed)	( ) Keep into account ( ) To payout - ( ) Cheque - ( ) Auto Credit						
<input type="checkbox"/> Others, please specify: _____		<input type="checkbox"/> Change of Contact Details  ( ) Correspondence Address ( ) Telephone No. ( ) Email Address							

\* Rider contribution subject to 6% GST (where applicable)

Signature of Witness _____	Signature of Certificate Owner or Participant _____	Signature of Assignee _____
Name: _____	Name: _____	Name: _____
I/C No: _____	I/C No: _____	I/C No: _____
Tel No: _____	Tel No: _____	Tel No: _____

ETBLPSAdmRfcBI0710



## Important Note on Document Required for Alterations:

\* Financial Alterations are only allowed after 1<sup>st</sup> policy year for Investment Linked Regular Premium policies.

* Financial Alteration	Rules	Document Required
F1 Change Frequency of Contribution Payment	1. Effective from next due for new frequency of contribution payment. 2. RFC must reach Etiqa one month before the effective date of change.	
F2 Change of Sum Covered	1. Effective from next due date 2. <b>For increase Basic Sum Covered:</b> Allowed within 6 months and effective from the Certificate Commencement Date. 3. RFC must reach Etiqa one month before the effective date of change.	1. Health Declaration Form to be completed - applicable only for increase of Sum Covered.
F3 Change of Term	1. Allowed within 6 months from the Certificate Commencement Date. 2. RFC must reach Etiqa one month before the effective date of change.	1. Health Declaration Form to be completed
F4 Deletion of Rider	1. Effective from next due date. 2. RFC must reach Etiqa one month before the effective date of Change.	
F5 Inclusion of Rider	1. Effective from next Certificate anniversary date. 2. RFC must reach Etiqa one month before the effective date of change.	1. Health Declaration Form to be completed 2. Sales Illustration / Quotation
F6 Non – Forfeiture Option	1. RFC must reach Etiqa one month before the effective date of change.	
Non-financial Alteration	Rules	Document Required
N1 Change Method of Payment	1. Relevant supporting document.	( ) Angkasa Deduction 1. Biro Form 2. Had Kelayakan form 3. Certified copy Identity Card 4. Pay slip  ( ) Bank Deduction 1. Auto debit Form 2. Certified copy of Identity Card 3. Certified copy of ATM card or photocopy of Bank Passbook  ( ) Credit Card - 1. Premium payment through Visa / Master Card form 2. Certified copy of Identity Card 3. Certified copy of credit card  ( ) Salary Deduction 1. Salary Deduction form
N2 Change of Name, IC No or other personal details	1. Documentary of proof is required.	1. Certified copy of Identity Card / Birth Certificate / Passport. is required for change of name, IC No or date of birth.
N3 Request of Certificate Contract Duplication	1. Applicable only for Active policy.	1. Declaration Loss of Certificate with Stamp Duty of RM10. 2. Certificate Fee of RM30 subject to 6% GST
N4 Change of Signature	1. Must be witnessed by Etiqa Branch Manager, Customer Service Executive or Financial Executive.	1. Certified copy of Identity Card / Passport
N5 Change of Auto Credit Account No		1. Certified copy of Identity Card / Passport 2. Photocopy of Bank Passbook
N6 Change of Payout Option	1. Applicable only to plan MaxSave Plus and Twin Special 2. Effective on next payout due date	1. If auto credit, photocopy of Bank Passbook
N7 Conversion / Change Plan	1. Allowed within 6 months from Certificate Commencement Date.	1. Completed proposal form 2. Return original copy of Certificate schedule