



P008419090

Declaration by Next of Kin

POLICY NO :
LIFE ASSURED :
POLICY OWNER : (Deceased)

PERSONAL DATA – Hong Leong Assurance Berhad (“the Company”) safeguards your personal data in accordance with applicable laws in Malaysia. The Company uses personal data in accordance with the Company’s Notice On Personal Data as set out in the Company’s website (www.hla.com.my) which may be amended from time to time (“Notice on Personal Data”) without any further notice to you. The Notice on Personal Data explains the data collection purposes, the persons to whom the Company may transfer data to, your rights to access and correct your data and how you may contact the Company’s Data Protection Officer.

Request by Next of Kin

- Transfer Ownership to _____
 Claim Maturity payment, payment payable to _____
 Surrender Policy, payment payable to _____
 Others, please specify _____

Particular of Deceased and Next of Kin

Please tick [✓] whichever is applicable and complete the details, where applicable.

1. Do you have any of the following documents?

Yes No

If Yes, please submit a copy of the document(s) with original copy to HLA for verification. Alternatively, a copy of the same which has been certified as a true copy by an advocate and solicitor or a notary public.

- Will
 Letter of Administrator
 Grant of Probate which consists of the Table of Asset/Liabilities of the Deceased
 Sijil of Faraidh

2. Please provide the Deceased’s parents details.

Descriptions	Deceased’s Father	Deceased’s Mother
Name		
Identification Number		
Date of Birth		
Contact Number		
Correspondence Address		
Death Date (if any)*		

* If the Deceased’s parent(s) had passed away, please indicate the death date and provide the death certificate.

Note: Parents refer to a father or mother or as otherwise may be defined by statute such as through adoption or same-sex relationships.

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3. What was the Deceased's marital status?

Single Married Widow/Widower Divorced

4. Please provide the Deceased's Spouse details (if any).

Descriptions	Deceased's Spouse
Name	
Identification Number	
Date of Birth	
Contact Number	
Correspondence Address	
Death Date (if any)*	

* If the Deceased's spouse(s) had passed away, please indicate the death date and provide the death certificate.

Note: Spouse refer to a husband or wife as defined or recognized under state law for purposes of marriage, including common law marriage in states where it is recognized.

Note: Please provide a separate form if there are more than 1 spouse's details.

5. a. Does the Deceased have any children?

Yes No

Number of children : _____
Number of living children : _____

Note: Children refer to a son or daughter or as otherwise may be defined by statute such as through adoption or same-sex relationships.

b. If Yes, kindly provide the details and submit the copy identification card and document proof of relationship for all living children.

1 Name : _____
Identification Number : _____
Date of Birth : _____
Contact Number : _____
Correspondence Address : _____

2 Name : _____
Identification Number : _____
Date of Birth : _____
Contact Number : _____
Correspondence Address : _____

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3 Name : _____
Identification Number : _____
Date of Birth : _____
Contact Number : _____
Correspondence Address : _____

4 Name : _____
Identification Number : _____
Date of Birth : _____
Contact Number : _____
Correspondence Address : _____

5 Name : _____
Identification Number : _____
Date of Birth : _____
Contact Number : _____
Correspondence Address : _____

Note: Please provide a separate form if there are more than 5 children.

6. a. Details of Beneficial Owner

Name : _____
Identification Number : _____
Date of Birth : _____
Nationality : _____
Relationship with Deceased : _____
Contact Number : _____
Correspondence Address : _____

Note: Beneficial Owner refers to any natural person(s) who ultimately owns or controls a customer and/or the natural person on whose behalf a transaction is being conducted. It also includes those natural persons who exercise ultimate effective control over a legal person or arrangement. Reference to "ultimately owns or control" or "ultimate effective control" refers to situations in which ownership or control is exercised through a chain of ownership or by means of control other than direct control. This also refers to any natural person(s) who ultimately owns or controls a beneficiary, where specified in this document.

b. E-payment Details of Beneficial Owner

Name of Payee : _____
Identification Number of Payee : _____
Name of Bank : _____
Bank Account Number : _____
Identification Number of Payee registered with Bank : _____
E-mail Address : _____
Contact Number : _____

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Politically Exposed Person (PEP) Declaration By Beneficial Owner

Notes:

1. All names as per NRIC/Passport
2. Politically Exposed Persons (PEP):
 - a) Are individuals who are or who have been entrusted with prominent public function (Head of State or Government, senior politicians, senior government, judiciary or military officials, senior executives of state owned corporations and important political party officials)
 - b) Persons who are or have been entrusted with a prominent function by an international organization which refers to members of senior management. (Directors, deputy directors and members of the board or equivalent functions)
3. **Family Members and Close Associates
 - a) **Family Members are individuals who are related to a PEP either directly (consanguinity) or through marriage. This includes parents, siblings, spouse(s), child or spouse's parents (biological and non-biological relationship).
 - b) Close Associates is any individual closely connected to a PEP, either socially or professionally and may include extended family members such as relatives (biological or non-biological relationship), financially dependent individuals (persons salaried by the PEP such as drivers, bodyguard, secretaries, business partners or associate, prominent members of the same organization as the PEP, individuals working closely with the PEP i.e. work colleagues, close friend).

Politically Exposed Person (PEP) Declaration By Beneficial Owner

Please tick [√] whichever is applicable:

- a. Do you hold, or have previously held or is being considered for a prominent public position?

Yes No

If yes, please elaborate a) Position Held _____ No. Of Years _____

- b. Does any of your immediate **family members/close associates hold, or previously held or is being considered for prominent public position?

Yes No

If yes, please elaborate :

Name of Immediate **Family Members/Close Associates: _____	Identification Number : _____
Position Held : _____	Relationship : _____

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Declaration By All Next Of Kin

1. Next of Kin refer to Deceased's close family member(s) which including parent(s), spouse(s) and children(s).
2. I/We hereby declare that the information given is true and accurate to the best of my/our knowledge and record. I/We shall indemnify the Company for any loss arising from the reliance on the information given.
3. I/We understand and agree that any of my/our personal information disclosed by me/us or held by the Company may be used and disclosed to individuals or organizations related to or associated with the Company or any Authority in connection with the Applicable Requirements whether effected directly or sent through Head Office or other related corporations or in such manner as deemed fit. I/We shall provide the Company with further information as may be required for disclosure to any Authority within such time as may be reasonable required.
4. I/We further agree to co-operate with the Company to enable the Company to comply with its obligations under all applicable requirements concerning me/us or our Policies with the Company.

Signed at : _____ On _____ (dd/mm/yy)

Signature of Next of Kin
Name : _____
Identification No. : _____
Relationship to
the Deceased : _____

Signature of Next of Kin
Name : _____
Identification No. : _____
Relationship to
the Deceased : _____

Signature of Next of Kin
Name : _____
Identification No. : _____
Relationship to
the Deceased : _____

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Signature of Next of Kin
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Identification No. : _____
Relationship to
the Deceased : _____

Signature of Next of Kin
Name : _____
Identification No. : _____
Relationship to
the Deceased : _____

Note: Please provide a separate form if there are more than 8 Next Of Kin.

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Witness Declaration

I hereby declare that the aforesaid declaration was witnessed by me. I further declare that I am of sound mind, that I am above 18 years of age, and that I am not the party of the contract.

Signature of Witness

Name : _____

Identification No. : _____

Tel No. : _____

Address : _____

Important Notes:

1. Please submit a copy of the document(s) with original copy to HLA for verification. Alternatively, a copy of the same which has been certified as a true copy by an advocate and solicitor or a notary public.
2. Requirements:
 - a. Full set of certified true copy of Grant of Probate which consist of the Table of Asset/Liabilities of the deceased (if any); or
 - b. Full set of certified true copy of Letter of Administrator (if any); or
 - c. Full set of certified true copy of Sijil of Faraidh (if any);and
 - d. Full set of certified true copy of Wills (if any); and
 - e. Certified true copy of Death Certificate of the Deceased; and
 - f. Certified true copy Death Certificate of any parties listed above if has already passed away; and
 - g. Certified true copy of Identification Card for all parties name as above; and
 - h. Certified true copy of document proof of relationship with the Deceased such as Birth Certificate and Marriage Certificate.
3. HLA reserves the right to call for the original documents, or any others documents for review and verification purposes.

For Office Use Only:

Checked by : _____

Received Date : _____

Submission Branch : _____