

ABSOLUTE ASSIGNMENT

Policy No.		Policyowner's ☎*	
Policyowner			

Assignor's Declaration (Policyowner)

I, the Policyowner stated above hereby assigns and transfers to the assignee below mentioned all legal rights and equitable rights, the full benefits of all moneys assured or cash surrender value to become payable by or under the abovementioned policy issued by Gibraltar BSN Life Berhad. I hereby covenant with the assignee that I have not and shall not do or knowingly suffer anything to be done whereby the said policy may be rendered void or voidable or the assignee may be prevented from receiving, exercising or be deprived of the right to receive the moneys assured/benefits or to become payable by or under the said policy and I hereby declare that the receipt signed by the assignee shall fully discharge Gibraltar BSN Life Berhad from all liabilities and obligations arising under the said policy in respect of which the receipt is given.

Consent & Declaration - Personal Information, US Foreign Account Tax Compliance Act (FATCA) & Common Reporting Standard (CRS)

I give consent to Gibraltar BSN Life Berhad to hold, use or disclose my Personal Information provided to Gibraltar BSN Life Berhad pursuant to this application or otherwise provided to its Group of Companies (within or outside Malaysia) and this includes respective employees, professional advisers or bodies including Life Insurance Association of Malaysia, Financial Mediation Bureau and Insurance Services of Malaysia, agents or representatives, insurance of or reinsurance companies, governmental authorities for purposes of processing this application.

Signed at _____ this _____ day of _____ 20 _____

Assignee's Details*

Name of Individual / Company / Bank			
Relationship to Assignor / Policyowner			
Residential Address		#NRIC No./ Company No.	
Correspondence Address		Date of Birth (if applicable)	
<input type="checkbox"/> Same as above <input type="checkbox"/> Different		Assignee's ☎	
Nationality	<input type="checkbox"/> Malaysian <input type="checkbox"/> American / US Resident	<input type="checkbox"/> Others _____	
If your nationality is American or US Resident, you are required to state your Tax Indicator No. (TIN) / Social Security No.(SSN) or GIIN. To complete additional FATCA			TIN / SSN / GIIN (please state here):
Occupation		Nature of Business	
Employer's Name		Employer's Address :	
Employer's ☎			
Purpose of this Assignment	<input type="checkbox"/> Mortgage	* All information compulsory # For Individual Assignee, a photocopy of NRIC or Passport is required / Corporate Assignee (except Banks), photocopy of the Companies Commission of Malaysia Form 24 and Form 49 must be attached # For Partnership, photocopy of Companies Commission of Malaysia Business Registration as proof of partnership must be attached ☎ Telephone No. (Please fill up your contact number, to ensure that you are contactable immediately should there be any urgent matter(s)/	
	<input type="checkbox"/> Business		
	<input type="checkbox"/> Love and Affection		
Signature of Policyowner/Assignor	Signature of Assignee/Authorized Signatory of Company/Bank	Before Me,	Official Stamp of Company/Bank/ Commission of Oath
		Name : _____ NRIC No. : _____	
Signature of Nominee** Name :	Signature of Nominee** Name :	Signature of Nominee** Name :	Signature of Trustee** Name :

**Consent is required. To be completed if this is a "trust policy", where the nominee is the spouse, children or/and parents. This consent shall effectively revoke all nominee(s). To reappoint nominee(s), please submit new nomination application once the Absolute Assignment is released.

It is hereby stated that the abovementioned Absolute Assignment was registered with GIBRALTAR BSN LIFE BERHAD on the date mentioned below.

Officer In Charge Signature

Date of Registration

Important Notice :

This absolute assignment form is furnished by Gibraltar BSN Life Berhad as a matter of convenience but Gibraltar BSN Life Berhad does not assume any responsibility nor liability for the validity or legality of the assignment. The validity of an assignment is wholly within the responsibility of the assignor and assignee. The assignor and/or assignee must ensure this assignment is stamped with sufficient stamp duty within the provisions of the Stamp Act 1949. This form must be received by the Company during the lifetime of the Policyowner.

Personal Data

Please refer to the Privacy Statement on our official website www.gibraltarbsn.com