

**REQUEST FOR CHANGE FORM (RFC)**

**IMPORTANT NOTE:** Please note that for multiple transaction in one request or a few request on Investment Linked Plan submitted on same day, we will facilitate the request in sequential basis on different valuation date, which could result in differences of valuation of Net Asset Value price.

Certificate No.	: .....	IC or Birth Certificate No.
Participant	: .....	.....
Certificate Owner	: .....	.....
Staff	: <input type="checkbox"/> Yes, PF Number : .....	<input type="checkbox"/> No

I / We hereby request that the above certificate 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/Debit Card ( ) Salary Deduction ( ) Direct (Cash / Cheque)
F2 <input type="checkbox"/> Change of Sum Covered	Change Basic Sum Covered: From                      To RM ..... RM .....	N2 <input type="checkbox"/> Change of Name, IC No. or Other Personal Details	
F3 <input type="checkbox"/> Change of Term	Change Term: From ..... To .....	N3 <input type="checkbox"/> Request for Certificate Contract Duplication	Please indicate reason:
F4 <input type="checkbox"/> Deletion of Rider	1. .... 2. ....	N4 <input type="checkbox"/> Change of Signature ( ) Certificate Owner ( ) Person Covered	<div style="border: 1px dashed black; width: 150px; height: 50px; margin: 0 auto;"></div> New Signature's Specimen
F5 <input type="checkbox"/> *Inclusion of Rider  (with consent to Auto-Deduction of Units During Contribution Holiday and this is only applicable to Investment Linked Product)	1. .... 2. ....  <u>Auto-Deduction of Units During Contribution Holiday</u> Note: Should you not agree to the auto deduction of units during Contribution Holiday, you may opt to apply to cancel your supplementary certificate(s) / rider(s) to reduce the amount of tabbarru' charges deduction.	N5 <input type="checkbox"/> Change of Auto Credit Account No.	Bank : .....  Account No. : .....
F6 <input type="checkbox"/> Non-Forfeiture Option	( ) Extended Term Coverage ( ) Reduced Paid Up Coverage	N6 <input type="checkbox"/> Change of Payout Option	( ) Keep into account ( ) To payout (Auto Credit)
F7 <input type="checkbox"/> Change of Investment Linked Regular Contribution	Change: From ..... To .....	N7 <input type="checkbox"/> Change of Contact Details ( ) Correspondence Address ( ) Telephone No. ( ) Email Address ( ) Others (please specify) .....	

\*Rider contribution subject to 6% GST (where applicable)  
For Investment Linked certificate, changes cannot be backdated.

Signature of Witness	Signature of Certificate Owner / Participant	Signature of Assignee
Name .....	Name .....	Name .....
IC No. ....	IC No. ....	IC No. ....
Tel No. ....	Tel No. ....	Tel No. ....

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### Important Note on Document Required for Alterations

\* Financial Alterations are only allowed after 1st certificate year for Investment Linked Regular contribution certificates.

* Financial Alteration		Rules	Document Required
F1	Change Frequency of Contribution Payment	<ol style="list-style-type: none"> <li>Effective from next due for new frequency of Contribution payment.</li> <li>RFC must reach Etiqa one month before the effective date of change.</li> </ol>	
F2	Change of Sum Covered	<ol style="list-style-type: none"> <li>Effective from next due date.</li> <li><b>For increase of Basic or Rider Sum Covered:</b> <ol style="list-style-type: none"> <li>For Conventional plans, allowed within the first 6 months and effective from the Certificate Commencement Date.</li> <li>For Investment-linked plans, effective from next Certificate Anniversary Date.</li> </ol> </li> <li>RFC must reach Etiqa one month before the effective date of change.</li> </ol>	Health Declaration Form to be completed - applicable only for increase of Basic or Rider Sum Covered.
F3	Change of Term	<ol style="list-style-type: none"> <li>Allowed within 6 months from the Certificate Commencement Date.</li> <li>RFC must reach Etiqa one month before the effective date of change.</li> </ol>	Health Declaration Form to be completed.
F4	Deletion of Rider	<ol style="list-style-type: none"> <li>Effective from next due date.</li> <li>RFC must reach Etiqa one month before the effective date of change.</li> </ol>	
F5	Inclusion of Rider	<ol style="list-style-type: none"> <li>Effective from next Certificate Anniversary Date.</li> <li>RFC must reach Etiqa one month before the effective date of change.</li> <li>Auto-Deduction of Units During Contribution Holiday - only applicable to Investment Linked product.</li> </ol>	<ol style="list-style-type: none"> <li>Health Declaration Form to be completed.</li> <li>Sales Illustration / Quotation, upon request.</li> </ol>
F6	Non-Forfeiture Option	RFC must reach Etiqa one month before the effective date of change.	
F7	Change of Investment Linked Regular Contribution	As per Rules for F5.	For increase in Contribution, Health Declaration Form to be completed.
* Non-Financial Alteration		Rules	Document Required
N1	Change Method of Payment	Relevant supporting document.	<ul style="list-style-type: none"> <li>( ) <b>Angkasa Deduction</b> <ol style="list-style-type: none"> <li>Biro Form</li> <li>Had Kelayakan form.</li> <li>Certified copy of Identity Card.</li> <li>Pay slip.</li> </ol> </li> <li>( ) <b>Bank Deduction</b> <ol style="list-style-type: none"> <li>Auto debit Form.</li> <li>Certified copy of Identity Card.</li> <li>Certified copy of ATM card or photocopy of Bank Passbook.</li> </ol> </li> <li>( ) <b>Credit/Debit Card</b> <ol style="list-style-type: none"> <li>Contribution payment through Visa/Master Card form.</li> <li>Certified copy of Identity Card.</li> <li>Certified copy of credit/debit card.</li> </ol> </li> <li>( ) <b>Salary Deduction</b> <ol style="list-style-type: none"> <li>Salary Deduction form. (New Application)</li> <li>Had Kelayakan form. (New Application)</li> <li>Certified copy of Identity Card. (New Application)</li> <li>Certified latest Pay Slip (New application / Increase Contribution, for government staff deduction ratio below 60%).</li> </ol> </li> </ul>
N2	Change of Name, IC No. or Other Personal Details	Documentary proof is required.	Certified copy of Identity Card / Birth Certificate / Passport is required for change of name, IC No. or date of birth.
N3	Request for Certificate Contract Duplication	Applicable only for Active Certificate.	<ol style="list-style-type: none"> <li>Declaration Loss of Certificate with RM10 Stamp Duty.</li> <li>Certificate Fee of RM30 subject to 6% GST.</li> </ol>
N4	Change of Signature	Must be witnessed by Etiqa Branch Manager, Customer Service Executive or Personal Financial Advisor (Maybank).	Certified copy of Identity Card / Passport.
N5	Change of Auto Credit Account No.		<ol style="list-style-type: none"> <li>Certified copy of Identity Card / Passport.</li> <li>Photocopy of Bank Passbook.</li> </ol>
N6	Change of Payout Option	<ol style="list-style-type: none"> <li>Applicable only to products with benefits payout options.</li> <li>Effective on next payout due date.</li> </ol>	If payment option, photocopy of Bank Passbook.
N7	Change of Contact Details		Details of change.