

**MSIG Insurance (Malaysia) Bhd**

Registration No. 197901002705 (46983-W)

Head Office: Customer Service Centre, Level 15,

Menara Hap Seng 2, Plaza Hap Seng, No. 1, Jalan P.Ramlee, 50250 Kuala Lumpur

Tel +603 2050 8228, Fax +603 2026 8086, Customer Service Hotline 1800-88-MSIG (6744)

[www.msig.com.my](http://www.msig.com.my)A Member of **MS&AD** INSURANCE GROUP**CONSENT FORM FOR REVOCATION OF NOMINEE AND TRUSTEE**

Policy No.	
Name of Proposer/Insured	
Marital Status of Proposer/Insured	

**IMPORTANT NOTICE**

If you wish to appoint a new Nominee and/or Trustee, a fresh Appointment of Nominee and Trustee Form must be completed and submitted.

The Proposer/Insured and Trustee(s) (if applicable) must sign this Form in the presence of a Witness, in order to make a valid revocation. The Witness/Trustee must be at least 18 years old and the Witness is not a named Nominee/Trustee.

**TYPE OF SERVICE REQUEST**

Instruction: Please select the relevant action.

- A. Revocation of Nominee(s) ☐
- B. Revocation of Trustee(s) ☐

**Revocation of Nominee(s):**

I, the Proposer/Insured, hereby REVOKE ALL nominee(s) named in this policy.

**Declaration and Consent by Existing Appointed Trustee(s):**

I/We, the Existing Appointed Trustee(s) in respect of the above policy, hereby consent to the Nominee(s) revocation as requested by the Proposer/Insured as per Option A, and declare that my/our role is exercised pursuant to Schedule 10 of the Financial Services Act 2013.

Signature of Trustee		
Name	:	_____
NRIC No.	:	_____
Date	:	_____

Signature of Witness		
Name	:	_____
NRIC No.	:	_____
Date	:	_____

Signature of Trustee		
Name	:	_____
NRIC No.	:	_____
Date	:	_____

Signature of Witness		
Name	:	_____
NRIC No.	:	_____
Date	:	_____

---

**Revocation of Trustee(s):**

I, the Proposer/Insured hereby REVOKE the following Appointed Trustee(s) named in this policy. I understand that upon such revocation and pursuant to Schedule 10 of the Financial Services Act 2013, where there is no trustee appointed, (a) the nominee who is competent to contract or (b) where the nominee is incompetent to contract, the parent of the competent nominee other than the Proposer and where there is no surviving parent the Public Trustee or a trust company nominated by the Proposer, shall be the trustee of the policy moneys and the receipt of a trustee shall be a discharge to the insurer (i.e. MSIG Insurance (Malaysia) Bhd ("MSIG")) for all liability in respect of the policy moneys paid to the trustee.

**Details of Trustee(s):****Trustee 1**

Name	
NRIC/Passport No.:	

**Trustee 2**

Name	
NRIC/Passport No.:	

Signature of Proposer/Insured		Signature of Witness	
Name	:	Name	:
NRIC No.	:	NRIC No.	:
Date	:	Date	:

---

**Declaration by Proposer/Insured:**

I/We hereby declare that any of my/our personal information collected or held by MSIG is provided with my/our consent for it to be used, processed and disclosed to individuals or organisations related or associated with MS&AD Insurance Group (in and outside of Malaysia) including inter-departments within MSIG or any selected third party service providers such as insurance or reinsurance companies, broking firms, loss adjusting companies, claims or forensic investigations companies, law firms, credit reference companies, any service provider appointed by governing authority/association/federation of insurance companies, association or federation of insurance companies or any corporate entities or governmental and judicial bodies or regulators to whom MSIG is obliged to disclose under the requirement of any law relating to MSIG or any of its affiliates or partners.

I/We further declare and confirm that I/we have obtained the consent of the person(s) named herein and that he/she/they has/have authorised me/us to disclose his/her/their personal information on his/her/their behalf.

I/We understand that I am/we are entitled to obtain access to and to request correction of my/our personal information held by MSIG. I/We also understand that I am/we are entitled to inform MSIG to cease processing my/our personal information concerning me/us for the purpose of future cross marketing exercises and that such request can be made to MSIG.

**Privacy Notice:** Kindly read our Privacy Notice at <https://www.msig.com.my/privacy-notice/> for details.

---

**FOR OFFICE USE:**

A copy of this form has been filed at the office of MSIG on: