

## CREDIT CARE PLUS PLAN ENROLMENT FORM

Etiqa Life Insurance Berhad (Etiqa Life Insurance) is licensed under the Financial Services Act 2013 to transact life insurance business in Malaysia and is regulated by Bank Negara Malaysia (BNM).

Before you sign this Enrolment Form, please read the IMPORTANT NOTICE below and if you require, obtain a full and detailed explanation of the notes mentioned from the Insurance Intermediary.

### IMPORTANT NOTICE

1. In this enrolment form, unless stated otherwise, the words "I, you, me and my" means Insured Person wherever applicable.
2. In accordance with the requirements of Paragraph 5 of Schedule 9 of the Financial Services Act 2013, you must answer all questions and make the required declarations in this enrolment and these answers and declarations must be accurate and complete.
3. You must notify Etiqa Life Insurance in writing should there be a change to any answer or declaration in this enrolment form prior to the date of issuance of the Certificate of Insurance.
4. All premiums (if applicable) will be subject to relevant charges or taxes as deemed necessary by the Malaysian tax authority. Please retain the receipt as proof of payment of premium.
5. Please ensure that the Insurance Intermediary presents and fully explains the recommended product in the language that you understand and provides you with the product disclosure sheet for your consideration. Please seek clarification from the Insurance Intermediary should you not understand any of the terms and conditions therein especially with regards to benefits which are guaranteed/non-guaranteed and your duties under the Certificate of Insurance.
6. Please provide evidence of age (copy of NRIC or birth certificate) together with this enrolment, as it is a pre-requisite for payment of policy benefits. If true age is misstated, the expiry date of the Certificate of Insurance may be varied.
7. Please contact Etiqa Life Insurance's Customer Contact Centre if you do not receive the Certificate of Insurance after fourteen (30) business days from the submission of this enrolment and all supporting documents.
8. Please notify the Insurance Intermediary or Etiqa Life Insurance of any change in your correspondence address and contact details including the amendments to nominee(s) and/or trustee, to enable Etiqa Life Insurance to effectively communicate with you.
9. If you have an enquiry or require further information, please contact Etiqa Life Insurance's Customer Contact Centre via e-mail at [info@etiqa.com.my](mailto:info@etiqa.com.my) or telephone within Malaysia at 1-300-13-8888. If you have a complaint, dispute or feedback, please contact Etiqa Life Insurance's Complaints Unit via e-mail at [cmu@etiqa.com.my](mailto:cmu@etiqa.com.my), telephone within Malaysia at 1-300-13-8888 or from overseas at +603-2780-4500, facsimile to +603-2785-3093 or by post to Complaints Management Unit, Level 4, Tower C, Dataran Maybank, No. 1 Jalan Maarof, 59000 Kuala Lumpur.
10. Enquiries, complaints, disputes and feedback may be referred to Bank Negara Malaysia by telephone at 1300 88 5465, facsimile to 03-21741515, or by post to Pengarah, Jabatan LINK & Pejabat Wilayah, Bank Negara Malaysia, P.O. Box 10922, 50929 Kuala Lumpur. You may refer to the Ombudsman for Financial Services via e-mail at [enquiry@ofs.org.my](mailto:enquiry@ofs.org.my), by calling at +603-2272-2811, by facsimile to +603-2272-1577, or by post to Level 14, Main Block, Menara Takaful Malaysia, No 4, Jalan Sultan Sulaiman, 50000 Kuala Lumpur.

## DECLARATION & AUTHORISATION

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| <input type="checkbox"/> Yes, I wish to enrol for the Credit Care Plus Plan for just RM0.65 a month for every RM100 of my outstanding credit card closing balance that provides coverage in the event of Death or Total and Permanent Disability or upon diagnosis of any one of the thirty-six (36) covered Critical Illnesses, whichever shall occur first | <input type="checkbox"/> I declare that I am 21 to 60 years old age next birthday. I hereby declare that I have never been suffering or diagnosed to have been afflicted with any of the following ailments: cardiovascular disease, ischemic heart disease, heart attack, cancer, stroke, chronic lung, liver or kidney disease, the contraction of Human Immunodeficiency Virus (HIV) nor have I been hospitalised for more than three (3) days in the last two (2) years and currently not under the service of the armed forces. |
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A Certificate of Insurance which details the Terms and Conditions will be sent to me upon my enrolment. If I am not completely satisfied with the Terms and Conditions of the Certificate, I can cancel my coverage from its inception by informing Maybank Card Centre within fifteen (15) days from the date I received the Certificate.

Please read carefully before signing this Enrolment Form.

1. I am aware that I must answer all questions and declarations in this enrolment form, and that these answers and declarations are accurate and complete. I agree that failure to answer a question or declaration, or incorrectly answering a question or declaration, may result in termination of the Certificate of Insurance, a claim not being paid, or the terms and conditions of the Certificate of Insurance being changed.
2. I agree to notify Etiqa Life Insurance in writing should there be a change to any answer or declaration in this enrolment form, prior to the date of issuance of the Certificate of Insurance. I agree that failure to notify Etiqa Life Insurance of any such change, may result in termination of the Certificate of Insurance, a claim not being paid, or the terms and conditions of the Certificate of Insurance being changed.
3. I confirm that I fully understand that my answers and declarations given in this enrolment and any other relevant documents completed by me in connection with this enrolment and in any medical report, questionnaire or amendment thereto shall be relied upon by Etiqa Life Insurance in deciding whether to accept my enrolment or not.

4. I hereby authorise any physician, hospital, clinic, insurance company/takaful operator, financial institution or any other organisation or company or person that has any record or knowledge about me, my financial standing or my health, to disclose to Etiqa Life Insurance or its representatives any or all such information about me before or after my death. I agree that a photocopy or facsimile of this authorisation shall be considered as effective and as valid as the original and legally binding on anyone who takes over any of my legal rights.
5. I understand and agree that the insurance coverage I have applied for shall only take effect on the date of the CERTIFICATE OF INSURANCE HAS BEEN ISSUED by Etiqa Life Insurance provided always that this enrolment has been approved and that the full initial premium has been received by Etiqa Life Insurance during my lifetime and that prior to or as at the date of commencement of the cover, there has been no alterations as to my health. If the initial premium is paid via cheque, I understand that the insurance coverage will only commence after the cheque has been cleared.
6. I understand and agree that the insurance coverage which I have applied for shall only commence upon outstanding credit card balance is more than RM100 which is based on my credit card billing date every month, if any, provided always that the enrolment has been approved and that the full premium has been received by Etiqa Life Insurance during my lifetime and that prior to or as at the date of commencement, there has been no alteration as to my health.
7. I also understand and agree that the premium will be auto-debited to my credit card account and the premium will be shown in my monthly statement.
8. I understand and agree that under no circumstances shall Etiqa Life Insurance be deemed to provide cover and no liability to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim, or provision of such benefit would expose Etiqa Life Insurance to any sanction, prohibition or restriction under the United Nations resolutions, or trade or economic sanctions, laws or regulations of European Union, United Kingdom or United States of America or any of its states, and/or any other applicable economic or trade sanction laws or regulations. Etiqa Life Insurance may terminate this policy with immediate effect and shall not thereafter be required to transact any business with me/us in connection with this policy, including by not limited to, making or receiving any payments under this policy.
9. PERSONAL DATA PROTECTION ACT 2010 (PDPA)

I agree, consent and allow Etiqa Life Insurance to process my personal data (including sensitive personal data) ('Personal Data') with the intention of entering into a contract of Insurance, in compliance with the provisions of the PDPA.

I understand and agree that any Personal Data collected or held by Etiqa Life Insurance (whether contained in this enrolment or otherwise obtained) may be held, used, processed and disclosed by Etiqa Life Insurance to individuals and/or organisations related to and associated with Etiqa Life Insurance or any selected third party (within or outside Malaysia, including medical institutions, reinsurers, claim adjusters/investigators, solicitors, industry associations, regulators, statutory bodies and government authorities) for the purpose of processing this enrolment and providing subsequent service related to it and to communicate with me for such purposes.

I understand that I have a right to obtain access to and to request correction of any Personal Data held by Etiqa Life Insurance concerning me. Such request can be made by completing the Access Request Form available at all Etiqa Life Insurance branches or by contacting Etiqa Life Insurance via email at [PDPA@etiqa.com.my](mailto:PDPA@etiqa.com.my). In accordance with the provisions of the PDPA, I may contact the Customer Service Centre at **Etiqa Online at 1 300 13 8888** for the details of my Personal Data. Such information shall only be granted upon verification.

#### Details of The Cardholder to be Insured (Mandatory to complete)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

New NRIC: \_\_\_\_\_ Old NRIC: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Mobile No.: \_\_\_\_\_ Office Tel No.: \_\_\_\_\_ House Tel No.: \_\_\_\_\_

Email: \_\_\_\_\_

Please fill whichever is applicable:

Maybank Principal Credit Card No.

-     -     -

Expiry date:   /

Visa  MasterCard  American Express

Maybank Principal Credit Card No.

-     -     -

Expiry date:   /

Visa  MasterCard  American Express

Maybank Principal Credit Card No.

-     -     -

Expiry date:   /

Visa  MasterCard  American Express

Principal Cardholder's Signature \_\_\_\_\_

Date \_\_\_\_\_

- Note:
1. The signature authorises payment to be made by Auto Debit/Credit Card, enrolment and declaration for the plan.
  2. Please complete this enrolment form and email it to : Maybank Card Centre, 7<sup>th</sup> Floor, Menara Maybank, 100 Jalan Tun Perak, 50050 Kuala Lumpur. You may also fax it to: 03-79538640 or email it to: [mbbcardservices@maybank.com.my](mailto:mbbcardservices@maybank.com.my).

