

## EXTRACT OF SPECIMEN SIGNATURE BORANG CONTOH TANDATANGAN

|                                                             |                                          |                                        |                                          |
|-------------------------------------------------------------|------------------------------------------|----------------------------------------|------------------------------------------|
| <b>Certificate Number /<br/>Nombor Sijil</b>                | <input style="width: 95%;" type="text"/> | <b>Proposal No. /<br/>No. Proposal</b> | <input style="width: 95%;" type="text"/> |
| <b>Name of Certificate Holder /<br/>Nama Pemegang Sijil</b> | <input style="width: 95%;" type="text"/> |                                        |                                          |
| <b>NRIC No. / No. KP</b>                                    | <input style="width: 95%;" type="text"/> |                                        |                                          |
| <b>Name of Participant /<br/>Nama Peserta</b>               | <input style="width: 95%;" type="text"/> |                                        |                                          |
| <b>NRIC No. / No. KP</b>                                    | <input style="width: 95%;" type="text"/> |                                        |                                          |

### STATEMENT OF SIGNATURE / PERNYATAAN PENGESAHAN TANDATANGAN

I hereby declare that the signature in the form below is my signature : (Please tick where applicable) /  
 Saya dengan ini mengesahkan bahawa tandatangan di dalam borang di bawah adalah tandatangan saya : (Sila tanda yang mana berkenaan)

|                          |                                                                                                             |
|--------------------------|-------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | Proposal Form / Borang Cadangan                                                                             |
| <input type="checkbox"/> | Request for Alteration Form Financial / Non-Financial / Borang Permohonan Pindaan Kewangan / Bukan Kewangan |
| <input type="checkbox"/> | Nomination Form / Absolute Assignment Form / Borang Penamaan / Borang Penyerahan Hak Mutlak                 |
| <input type="checkbox"/> | Health Declaration Form / Borang Pengakuan Kesihatan                                                        |
| <input type="checkbox"/> | Servicing Form Investment-Linked Certificates / Borang Perkhidmatan untuk Sijil Berkaitan Pelaburan         |
| <input type="checkbox"/> | Surrender Form / Borang Permohonan Serahan                                                                  |
| <input type="checkbox"/> | Change of Address Form / Borang Pertukaran Alamat                                                           |
| <input type="checkbox"/> | Other forms / Lain-lain Borang                                                                              |

### STATEMENT OF SIGNATURE CHANGE / PERNYATAAN PERUBAHAN TANDATANGAN

I \_\_\_\_\_ certify that the following are all my true signature. I use any of them in signing documents. / Saya  
 \_\_\_\_\_ mengesahkan bahawa semua tandatangan di bawah adalah benar dan menggunakan salah satu  
 daripadanya untuk mendatangi sebarang dokumen.

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

**PERSONAL DATA AND FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) DECLARATION /  
DEKLARASI DATA PERIBADI DAN AKTA PEMATUHAN CUKAI AKAUN ASING (FATCA)**

1. I/We agree that AmMetLife Takaful, AmBank Group and/or MetLife Inc. and its subsidiaries and affiliates (MetLife Group), and their related companies, subsidiaries, holding company, business partners and any third party (within or outside Malaysia) can share and use my/our data and personal information for the purpose of promoting its related companies', subsidiaries', holding company's, business partners' and any third party products, new services and support requirements; and marketing campaigns and commercial transaction activities. I/We can withdraw this permission at any time by notifying AmMetLife Takaful in writing. / Saya/Kami bersetuju bahawa AmMetLife Takaful, Kumpulan AmBank dan/atau MetLife Inc. dan anak syarikat dan sekutu (Kumpulan MetLife), dan syarikat-syarikat berkaitan, anak syarikat, syarikat induk, rakan kongsi perniagaan dan mana-mana pihak ketiga (di dalam atau di luar Malaysia) boleh berkongsi dan menggunakan data saya/kami dan maklumat peribadi untuk maksud menggalakkan syarikat-syarikat berkaitan, syarikat-syarikat subsidiari, pegangan, rakan kongsi perniagaan syarikat dan mana-mana produk pihak ketiga, perkhidmatan baru dan keperluan sokongan; dan kempen pemasaran dan aktiviti-aktiviti urus niaga perdagangan. Saya/Kami boleh menarik balik kebenaran ini pada bila-bila masa dengan memberitahu AmMetLife Takaful secara bertulis.

Yes / Ya

No / Tidak

2. I/We further understand and agree that AmMetLife Takaful shall have the right to use my/our data and personal information for the purpose of the Takaful operational process which might include transfer of data and personal information, within or outside Malaysia, to MetLife Group, AmMetLife Takaful's other related companies, subsidiaries and/or its holding companies, outsourcing partners, retakaful operators, solicitors, affiliate companies including their outsourcing partners and to any regulatory bodies, or any relevant foreign tax authority, including any reporting obligations by AmMetLife Takaful, its shareholders or its related/affiliated entities under the United States Foreign Account Tax Compliance Act (FATCA). I/We can withdraw this permission at any time by notifying AmMetLife Takaful in writing. / Saya/Kami memahami dan bersetuju bahawa AmMetLife Takaful berhak untuk menggunakan data dan maklumat peribadi saya/kami untuk tujuan proses operasi takaful yang mungkin termasuk pemindahan data dan maklumat peribadi, di dalam atau di luar Malaysia, ke Kumpulan MetLife, lain-lain syarikat berkaitan AmMetLife Takaful, subsidiari dan/atau syarikat pegangan, rakan penyumberan luar, pengendali takaful semula, peguamcara, syarikat-syarikat gabungan termasuk rakan penyumberan luar mereka dan kepada sebarang badan pengawal selia, atau mana-mana pihak berkuasa cukai asing yang berkaitan termasuk sebarang keperluan laporan oleh AmMetLife Takaful, pemegang-pemegang saham atau entiti berkaitan/gabungan di bawah Akta Pematuhan Cukai Akaun Asing Amerika Syarikat (FATCA). Saya/Kami boleh menarik semula kebenaran ini pada bila-bila masa dengan memaklumkan secara bertulis kepada AmMetLife Takaful.
3. I/We understand that I/We have a right to obtain access to and to request correction of any data and personal information held by AmMetLife Takaful concerning me/us. Such request can be made via a written request to AmMetLife Takaful. / Saya/Kami memahami bahawa saya/kami berhak untuk mendapatkan akses dan untuk memohon pembetulan sebarang maklumat peribadi dan data yang dipegang oleh AmMetLife Takaful berkenaan saya/kami. Permohonan tersebut boleh dilakukan secara bertulis kepada AmMetLife Takaful.
4. I/We have read and understood AmMetLife Takaful's Privacy Notice, which is available at AmMetLife Takaful website and branches. / Saya/Kami telah membaca dan memahami Notis Privasi AmMetLife Takaful, yang terdapat di laman web dan cawangan-cawangan AmMetLife Takaful.

\_\_\_\_\_  
**Signature of Participant / Tandatangan Peserta**

**Name / Nama :**

**Tel No. / No. Tel :**

**Date / Tarikh :**

\_\_\_\_\_  
**Signature of Certificate Holder / Tandatangan Pemegang Sijil**

**Name / Nama :**

**Tel No. / No. Tel :**

**Date / Tarikh :**

\_\_\_\_\_  
**Verified By / Disahkan Oleh**

**Name / Nama :**

**NRIC No. / No. KP :**

**Tel No. / No. Tel :**

**Date / Tarikh :**