



TAKAFUL IKHLAS FAMILY BERHAD (200201025412)
 IKHLAS Point, Tower 11A, Avenue 5, Bangsar South,
 No. 8, Jalan Kerinchi, 59200 Kuala Lumpur.
 Telephone No: 03-2723 9696 Fax No: 03-2723 9998
 Website: www.takaful-ikhlas.com.my
 (Licensed under Islamic Financial Services Act 2013
 and regulated by Bank Negara Malaysia)

IMPORTANT NOTE:

Warning: Pursuant to Schedule 9 of the Islamic Financial Services Act 2013, you are to take reasonable care not to make any misrepresentation when answering any questions in this Proposal Form or in any request by Takaful Ikhlas Family Berhad ("the Company") before this Takaful Certificate is issued, varied or renewed/reinstated. You are also required to disclose to us any matter that you know or ought to know to be relevant to the decision of the Company whether to accept the risk or not and the rates and terms to be applied. You are also required to exercise the duty of utmost good faith in all your dealings with the Company and failure to observe this duty may result in non-payment of Takaful benefits or different terms may be applicable to the Takaful Certificate depending on the type of misrepresentation. It is important that you keep the proof of Takaful Contribution payment for any future reference. You should be satisfied that the product would best serve your needs and the takaful contribution payable is affordable.

PROPOSAL FORM FOR IKHLAS IDAMAN	
INSTRUCTIONS ON COMPLETING THE PROPOSAL FORM	
All questions must be fully completed in CAPITAL LETTERS, and by ticking (✓) where applicable. Product Disclosure Sheet will be given together with the Proposal Form. Takaful Certificate will be issued within fourteen (14) days from the receipt date of Takaful Contribution (For standard case ONLY). Please use black ink ball pen only.	
Master Takaful Certificate No. (For Office Use Only)	<input type="text"/>
Master Takaful Participant	<input type="text"/>
A. DETAILS OF PERSON COVERED (MEMBER)	
Type of Participation (Please Tick and Specify No. of Unit)	<input type="checkbox"/> New Participation <input type="checkbox"/> Addition of Unit <input type="checkbox"/> Addition of Family Member <input type="text"/> Unit (s) RM <input type="text"/>
Coverage Term	<input type="text"/> year (s) Note: Please refer to your Master Takaful Participant for details on the Takaful benefits
Salutation	<input type="checkbox"/> Mr <input type="checkbox"/> Madam <input type="checkbox"/> Miss <input type="checkbox"/> Others <input type="text"/>
Full Name (as per Identity Type)	<input type="text"/>
ID Copy Received (For Office Use Only)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Identity Type	<input type="checkbox"/> New NRIC <input type="checkbox"/> Old NRIC <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Army <input type="checkbox"/> Police <input type="checkbox"/> Passport
Identity No.	<input type="text"/>
Date of Birth (DD/MM/YYYY)	<input type="text"/> / <input type="text"/> / <input type="text"/>
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Occupation	<input type="text"/>
Industry Type	<input type="text"/>
Nature of Work	<input type="text"/>
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married
Height & Weight	<input type="text"/> cm <input type="text"/> kg
Nationality	<input type="text"/>
Religion	<input type="text"/>
Race	<input type="text"/>
Method of Receiving Information	<input type="checkbox"/> E-mail <input type="checkbox"/> Post
Preferred Language	<input type="checkbox"/> English <input type="checkbox"/> Bahasa Malaysia

Correspondence Address	[Grid]	
	Postcode: [Grid]	City: [Grid]
	State: [Grid]	Country: [Grid]
	[Grid]	
Residential Address	[Grid]	
	Postcode: [Grid]	City: [Grid]
	State: [Grid]	Country: [Grid]
	[Grid]	
E-mail	[Grid]	
Contact Details	Telephone: [Grid] - [Grid]	
	Mobile: [Grid] - [Grid]	
Staff ID Number	[Grid]	
Name of Bank (for Benefit Payable/ Refund purposes)	[Grid]	
Bank Account's Number	[Grid]	
Payor Identity No. :		

B. DETAILS OF FAMILY MEMBERS

Relationship	SPOUSE	CHILD 1
Type of Participation (Please Tick and Specify No. of Unit)	<input type="checkbox"/> New Participation <input type="checkbox"/> Addition of Unit <input type="checkbox"/> Unit (s) RM _____	<input type="checkbox"/> New Participation <input type="checkbox"/> Addition of Unit <input type="checkbox"/> Unit (s) RM _____
Salutation	[Grid]	[Grid]
Full Name (as per Identity type)	[Grid]	[Grid]
Identity Type	<input type="checkbox"/> New NRIC <input type="checkbox"/> Old NRIC <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Army <input type="checkbox"/> Police <input type="checkbox"/> Passport	<input type="checkbox"/> New NRIC <input type="checkbox"/> Old NRIC <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Army <input type="checkbox"/> Police <input type="checkbox"/> Passport
ID Copy Received (For Office Use Only)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Identity No.	[Grid]	[Grid]
Date of Birth (DD/MM/YYYY)	[Grid] / [Grid] / [Grid]	[Grid] / [Grid] / [Grid]
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married	<input type="checkbox"/> Single <input type="checkbox"/> Married
Height & Weight	[Grid] cm [Grid] kg	[Grid] cm [Grid] kg
Occupation	[Grid]	[Grid]
Company Name	[Grid]	[Grid]
Industry Type	[Grid]	[Grid]

Nature of Work	<input type="text"/>	<input type="text"/>
Religion	<input type="text"/>	<input type="text"/>
Race	<input type="text"/>	<input type="text"/>
Nationality	<input type="text"/>	<input type="text"/>
Coverage Term	<input type="text"/> year(s)	<input type="text"/> year(s)
Relationship	CHILD 2	CHILD 3
Type of Participation (Please Tick and Specify No. of Unit)	<input type="checkbox"/> New Participation <input type="checkbox"/> Addition of Unit <input type="text"/> Unit (s) RM _____	<input type="checkbox"/> New Participation <input type="checkbox"/> Addition of Unit <input type="text"/> Unit (s) RM _____
Salutation	<input type="text"/>	<input type="text"/>
Full Name (as per Identity type)	<input type="text"/>	<input type="text"/>
Identity Type	<input type="checkbox"/> New NRIC <input type="checkbox"/> Old NRIC <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Army <input type="checkbox"/> Police <input type="checkbox"/> Passport	<input type="checkbox"/> New NRIC <input type="checkbox"/> Old NRIC <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Army <input type="checkbox"/> Police <input type="checkbox"/> Passport
ID Copy Received (For Office Use Only)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Identity No.	<input type="text"/>	<input type="text"/>
Date of Birth (DD/MM/YYYY)	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married	<input type="checkbox"/> Single <input type="checkbox"/> Married
Height & Weight	<input type="text"/> cm <input type="text"/> kg	<input type="text"/> cm <input type="text"/> kg
Occupation	<input type="text"/>	<input type="text"/>
Company Name	<input type="text"/>	<input type="text"/>
Industry Type	<input type="text"/>	<input type="text"/>
Nature of Work	<input type="text"/>	<input type="text"/>
Religion	<input type="text"/>	<input type="text"/>
Race	<input type="text"/>	<input type="text"/>
Nationality	<input type="text"/>	<input type="text"/>
Coverage Term	<input type="text"/> year(s)	<input type="text"/> year(s)

C. HEALTH DETAILS (TO BE COMPLETED FOR SUM COVERED APPLIED ABOVE FREE COVER LIMIT)

		Member	Spouse	Child 1	Child 2	Child 3
1	Have you ever been diagnosed with or treated for or advised to seek treatment for a disease, injury, disability, physical defect, physical deformity, or sequels thereof (such as but not limited to cardiovascular disease, stroke, high blood pressure, cancer, eye disease, disease of the liver, kidney(s), the digestive tract or the respiratory tract, metabolic disorders, diabetes mellitus, diseases of the musculoskeletal system, neurological disorders, paralysis, mental or psychiatric disorders, tuberculosis, breast or female reproductive organs disorder, HIV/AIDS) by a medical doctor/professional?	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>
2	In the past five (5) years, have you consulted a medical specialist, been hospitalized, had surgery (other than child birth), had a diagnostic test such as, but not limited to blood test, x-ray, ultrasound, pap smear, mammogram, CT scan, angiogram, tumour marker, ECG, biopsy, MRI scan for a specific reason with an abnormal result or been advised to have any of these in the future?	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>
3	Has any of your application or renewal or reinstatement for family Takaful/life insurance certificate/policy ever been rated up, postponed, declined or in any way modified?	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>

4	Have you been engaged (in the past five (5) years) or planned to engage in any hazardous sports as a career or hobby or races or flying other than as a fare paying passenger on a regular scheduled airline?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5	FEMALE ONLY (a) Are you now pregnant? If yes, how many months? <input type="text"/> <input type="text"/> (b) Do you have any history of pregnancy complication or childbirth complication in the past or currently having any complication of pregnancy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If any answer to the question 1 to 8 is "YES", please give full particulars below, including dates, diagnosis, etc, noting the question number.

D. NOMINATION FORM TERMS & CONDITIONS

- You may nominate any individual other than yourself to receive the takaful benefits upon your death. You are advised to ensure that the nominee(s) is / are aware of the takaful plan that you participated.
- You can revoke the nomination at any time by a subsequent nomination.
- You can either nominate the nominee(s) as executor or beneficiary under Part E below subject to the terms and conditions.
- If you nominate more than one nominee, you may direct specific shares to them. In absence of such direction, the Company shall pay to the nominee(s) on an equal basis. You can nominate the nominee(s) by filling in the respective nomination form now or at any time after the takaful certificate has been issued.
- For the purpose of wakaf, you are advised to execute an assignment of the takaful benefits to the named wakaf recipients (subject to the terms and conditions specified by the Company) or the Company is under no obligations to honor payment of benefits to the nominee(s) who are outside of this contract.
- Payment of the takaful benefits to your nominee(s) shall give the Company a complete discharge from its liability for payment of the benefit under the takaful certificate. The Company shall not in any circumstance be bound or responsible to ensure the application of any takaful benefit which has been paid in respect of the nomination. Takaful Participant who is sixteen (16) years and above may nominate any natural person to receive benefit payable in the event of death of the Person Covered, either as an executor or beneficiary.
- The witness must be a person other than the nominee himself and who is of sound mind and has attained the age of eighteen (18) years.
- In the event of no nomination been made and upon death of the Person Covered, the takaful benefit shall be paid to the lawful executor or administrator of your estate or to the proper claimant up to the maximum amount in accordance with the law of Malaysia.
- You may from time to time revoke any such nomination and / or name another nominee(s) with a written notification duly received and accepted by the Company. Other than revocation via written nomination, subsequent nomination and death of nominee(s) during the lifetime of the Takaful Participant, a nomination shall not be revoked by a will or by any act, event or any means.

E. NOMINATION / HIBAH DETAILS

1. Please tick one (1) only	Executor <input type="checkbox"/> Beneficiary (Hibah Recipient) <input type="checkbox"/> (Member) <input type="checkbox"/>	
Full Name (as per identity type)	<input type="text"/>	
Identity Type	<input type="checkbox"/> New NRIC <input type="checkbox"/> Old NRIC <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Army <input type="checkbox"/> Police <input type="checkbox"/> Passport	
Identity No.	<input type="text"/>	
Relationship	<input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Others <input type="checkbox"/> Please state _____	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Nationality	<input type="text"/>	
Date of Birth (DD/MM/YYYY)	<input type="text"/> / <input type="text"/> / <input type="text"/>	
Percentage	<input type="text"/> %	
Correspondence Address	<input type="text"/>	
	Postcode:	City:
	State:	Country:
E-mail	<input type="text"/>	
Contact Details	Telephone:	Telephone:
	Mobile:	Mobile:

Please tick one (1) only	Executor <input type="checkbox"/> Beneficiary (Hibah Recipient) <input type="checkbox"/> (Spouse)	Executor <input type="checkbox"/> Beneficiary (Hibah Recipient) <input type="checkbox"/> (Child 1)
Full Name (as per in Identity type)		
Identity Type	<input type="checkbox"/> New NRIC <input type="checkbox"/> Old NRIC <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Army <input type="checkbox"/> Police <input type="checkbox"/> Passport	<input type="checkbox"/> New NRIC <input type="checkbox"/> Old NRIC <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Army <input type="checkbox"/> Police <input type="checkbox"/> Passport
Identity No.		
Relationship	<input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Others Please state _____	<input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Others Please state _____
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Nationality		
Date of Birth (DD/MM/YYYY)		
Percentage		
Correspondence Address		
Postcode		
City		
State		
Country		
E-mail		
Contact Details	Telephone: <input type="text"/> - <input type="text"/>	Telephone: <input type="text"/> - <input type="text"/>
	Mobile: <input type="text"/> - <input type="text"/>	Mobile: <input type="text"/> - <input type="text"/>
Please tick one (1) only	Executor <input type="checkbox"/> Beneficiary (Hibah Recipient) <input type="checkbox"/> (Child 2)	Executor <input type="checkbox"/> Beneficiary (Hibah Recipient) <input type="checkbox"/> (Child 3)
Full Name (as per in Identity type)		
Identity Type	<input type="checkbox"/> New NRIC <input type="checkbox"/> Old NRIC <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Army <input type="checkbox"/> Police <input type="checkbox"/> Passport	<input type="checkbox"/> New NRIC <input type="checkbox"/> Old NRIC <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Army <input type="checkbox"/> Police <input type="checkbox"/> Passport
Identity No.		
Relationship	<input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Others Please state _____	<input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Others Please state _____
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Nationality		
Date of Birth (DD/MM/YYYY)		

4.	<p>Please tick (✓) on your option Member <input type="checkbox"/> Spouse <input type="checkbox"/> Child 1 <input type="checkbox"/> Child 2 <input type="checkbox"/> Child 3 <input type="checkbox"/></p> <p>I HEREBY AGREE and consent to the use of the Person Covered or my personal data for the purposes prescribed in the Company's Privacy Policy as stated in its official website [www.takaful-ikhlas.com.my] including additional terms and conditions updated from time to time for the purpose of the performance of its function and duty as a takaful operator.</p>
5.	<p>I HEREBY AGREE in the event that the Company has knowledge or discovers or has justified suspicions that this takaful coverage maybe exploited for money laundering activities or to finance terrorism, or if any instruction / request given may lead to a breach of any sanction / law, the Company reserves the right to refuse any instruction / request given by me or to terminate this takaful coverage immediately either with or without notice sent to me. The Company shall deal with all takaful contributions paid and all benefits / sums payable in respect of this takaful coverage in any manner which the Company deem appropriate, including but not limited to informing and handing it over to the relevant authorities. I AGREE to release and keep the Company harmless from any suit under civil or criminal as a result of such act by the Company.</p>
6.	<p>In the case where I am or the Person Covered is a United States of America (USA) citizens, I HEREBY AGREE to comply to the Foreign Account Tax Compliance (FATCA) regulations, or any other relevant laws, including withholding any monies due or cancellation of the takaful certificate, and will also PROVIDE the necessary Taxpayer ID to the Company and authorize the Company to perform fully any obligations it has under the relevant laws.</p> <p>Please provide address in the USA below:</p>
7.	<p>FATCA Declaration Section</p> <p>a) I further understand and agree that the Company shall have the right to use my data and personal information for the purpose of the takaful operational process which might include transfer of data and personal information to the Company's related companies, subsidiaries and / or its holding companies, outsourcing partners, the Company and solicitor but not limited to affiliate companies including their outsourcing partners. I can withdraw this permission at any time by notifying the Company in writing.</p> <p>b) I understand that I have a right to obtain access to and to request correction of any data and personal information held by the Company concerning me. Such request can be made via a written request to the Company.</p> <p>c) I hereby provide consent to the Company to conduct credit checks with any credit reporting agency in Malaysia and for the Company to receive the credit report containing my credit information from the credit reporting agency.</p> <p>d) I have read and understood the Company's Privacy Notice, which is available at the Company website and branches.</p> <p>e) I understand that the Company will deduct any withholding required by FATCA.</p> <p>f) I further understand that the Company reserves the right, within its sole discretion, to cancel this proposal in the event that appropriate documentation of my US or non-US status for purposes of FATCA is not timely provided to the Company. In particular, in the event that applicable laws or regulations of Malaysia would prohibit withholding on payments to the takaful certificate or prohibit the reporting of the takaful certificate, and no waiver of such local law is obtained, the Company reserve the right to terminate the takaful certificate.</p>
8.	<p>I AGREE to participate in the family takaful plan (basic plan / rider(s)) and appoint the Company as my wakil (agent) to manage my family takaful contribution in accordance to Shariah principles as stated in the takaful certificate for the purpose of carrying takaful business allowed by Islamic Financial Services Act 2013.</p>
9.	<p>I AGREE that my takaful contribution shall be placed in the Personal Investment Account (PIA) and / or Personal Risk Investment Account (PRIA).</p>
10.	<p>I AGREE to allow the Company to deduct a certain percentage from the takaful contribution as Wakalah fee for managing my family takaful contribution (the Wakalah fee is mentioned in the benefit illustration).</p>
11.	<p>I ALSO AGREE that a portion of my takaful contribution shall be allocated on monthly basis as Tabarru' (donation) into the Risk Fund and be used to help all Takaful Participants in times of misfortune and the remainder of the takaful contribution in the PIA and / or PRIA shall be invested by the Company. I FURTHER AGREE any investment profit from the PIA and / or PRIA, if any, shall be returned to me after deducting 30% IPF from the profit. However, the Company may at its discretion and where appropriate charge less than 30% IPF. I also understand a Surplus Administration Charge (SAC) of 50% will be imposed on any declared gross distributable surplus from the Risk Fund, if any, and net distributable surplus declared (after deducting SAC) from the Risk Fund will be allocated in full (100%) to me.</p>
12.	<p>I understand that any fee and/or monies payable under this takaful certificate are exclusive of any taxes, levies or charges imposed by the relevant authorities in Malaysia at the prevailing rate.</p>
13.	<p>I HEREBY DECLARE to have permissible takaful interest on the life of the Person Covered and had been given consent for the takaful certificate to be issued to me (applicable if the Takaful Participant and the Person Covered are different person).</p>
14.	<p>For Badal Haji*</p> <p>Member <input type="checkbox"/> Spouse <input type="checkbox"/> Child 1 <input type="checkbox"/> Child 2 <input type="checkbox"/> Child 3 <input type="checkbox"/></p> <p>I understand and agree that for Badal Haji benefit, upon my demise, RM2, 500.00 will be deducted and this benefit shall be paid to the Badal Haji service provider appointed by the Company. It is the duty of the nominated service provider to ensure that the money is used to perform Haji on my behalf.</p>
15.	<p>I HEREBY DECLARE that all statements made above and other documents submitted in connection with this proposal are complete and true to the best of my knowledge and belief. I consent and authorize the Company to seek medical information from my doctor(s) who at any time have attended to me or from any hospital or organization that has any records or knowledge of my health.</p>

Signature of Person Covered (Member)

Identity No.:

Date : - -

Signature of Person Covered (Spouse)

Identity No.:

Date : - -

Signature of Person Covered (Child 1)

Identity No.:

Date : - -

Signature of Person Covered (Child 2)

Identity No.:

Date : - -

Signature of Person Covered (Child 3)

Identity No.:

Date : - -

**FOR OFFICE USE ONLY:
RECEIVED DATE & STAMP**