

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.

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

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Correspondence Address	Postcode:	City:
Residential Address	Postcode:	City: Country:
E-mail		
Contact Details	Telephone:	
Staff ID Number		
Name of Bank (for Benefit Payable/ Refund purposes)	ППППППППППППППППППППППППППППППППППППППП	
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Nature	of Work	
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Type of (Please of Unit	of Participation e Tick and Specify No.	New Participation Addition of Unit Unit (s) RM Unit (s) RM
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C. H	HEALTH DETAILS (TO	BE COMPLETED FOR SUM COVERED APPLIED ABOVE FREE COVER LIMIT)  Member Spouse Child 1 Child 2 Child 3
1	treatment for a dis- deformity, or sequels disease, stroke, high liver, kidney(s), the disorders, diabetes neurological disorder tuberculosis, breast of a medical doctor/prof	diagnosed with or treated for or advised to seek ease, injury, disability, physical defect, physical thereof (such as but not limited to cardiovascular blood pressure, cancer, eye disease, disease of the digestive tract or the respiratory tract, metabolic mellitus, diseases of the musculoskeletal system, ers, paralysis, mental or psychiatric disorders, or female reproductive organs disorder, HIV/AIDS) by dessional?
2	In the past five (5) ye hospitalized, had sur such as, but not lim mammogram, CT so scan for a specific real any of these in the full	ears, have you consulted a medical specialist, been regery (other than child birth), had a diagnostic test on the property of
3	Has any of your a	pplication or renewal or reinstatement for family Yes No Y

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4	Have you been ein any hazardous	ngaged	(in the p	ast five	(5) yea	rs) or p	olanneo	to eng	gage	Yes	No	Yes	No	Yes	No	Yes	No	Yes	_
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15	(a) Are you now		int? If ye	s, how n	nany m	onths?			$\prod$	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	(b) Do you have complication	in the p	tory of p	regnand urrently I	y comp	lication any co	n or chi mplicat	ldbirth ion of											
-	pregnancy?																		
"'	any answer to the que	estion 1	to 8 is "	YES", p	ease g	ve full	particu	ilars be	low, in	cludin	g dates,	, diagnos	sis, etc	, noting	the que	estion n	umber.		
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2.	/ are aware of the tak	caful plan	n that yo	ou partic	ipated.					onto c	pon you	ur doddin	1000	0 40415	00 10 0	113010 0	iot tho		-(-)
3.	You can revoke the n You can either nomin	ate the	nomine	e(s) as e	xecuto	r or be	neficia	y unde	r Part										
4.	If you nominate more on an equal basis. Yo	than on	e nominominate	ee, you	may di	rect sp	ecific sing in th	hares to	o them	. In al	bsence on ation for	of such o	direction or at ar	n, the Cony time a	ompany after the	shall p takafu	ay to the	e nomi	nee(s) s beer
	For the purpose of wa					174	5000	- 97											
1 1	conditions specified b	y the C	ompany	) or the	Compar	ny is u	nder no	obliga	tions t	to hor	or payn	nent of b	enefits	to the	nomine	e(s) wh	o are o	utside	of this
6.	Payment of the takafutakaful certificate. The	l benefi	its to yo	ur nomir	nee(s) s	shall gi	ve the	Compa	ny a c	omple	te disch	arge fro	m its lia	ability for	r paym	ent of t	he ben	efit und	er the
1 11	paid in respect of the in the event of death of	nominat	tion. Tak	aful Par	ticipant	who is	s sixtee	n (16)	years a	and al	bove ma	y nomin	ate any	y natura	l perso	n to rec	eive be	nefit pa	ayable
7.	The witness must be a	a persor	n other t	han the	nomine	e hims	self and	d who is	s of so	und m									-11
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1 10	You may from time to Company. Other than	revocati	ion via w	vritten no	omination	on, sul	bseque	nt nom	ination	nomin and	ee(s) wi death of	nomine	en noti e(s) du	fication ring the	duly re	eceived e of the	and ac	cepted Il Partic	by the cipant
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Mobile:

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Mobile:

Please tick one (1) only	Executor  Beneficiary (Hibah Recipient) (Spouse)	Executor Beneficiary (Hibah Recipient) (Child 1)
Full Name (as per in Identity		
type)		
Identity Type	□ New NRIC □ Old NRIC □ Birth Certificate □ Army □ Police □ Passport	□ New NRIC □ Old NRIC □ Birth Certificate □ Army □ Police □ Passport
Identity No.		
Relationship	☐ Parent ☐ Spouse ☐ Child ☐ Others Please state	☐ Parent ☐ Spouse ☐ Child ☐ Others ☐ Please state
Gender	☐ Male ☐ Female	☐ Male ☐ Female
Nationality		
Date of Birth (DD/MM/YYY)		
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4100 10 11 11 11 11 11	Telephone: -	Telephone: -
Contact Details	Mobile:	Mobile:
Please tick one (1) only	Executor   Beneficiary (Hibah Recipient)   (Child 2)	Executor Beneficiary (Hibah Recipient) (Child 3)
Full Name (as per in Identity type)		
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dentity Type	□ New NRIC □ Old NRIC □ Birth Certificate □ Army □ Police □ Passport	□ New NRIC □ Old NRIC □ Birth Certificate □ Army □ Police □ Passport
dentity No.		
Relationship	☐ Parent ☐ Spouse ☐ Child ☐ Others Please state	☐ Parent ☐ Spouse ☐ Child ☐ Others ☐ Please state
Gender	☐ Male ☐ Female	☐ Male ☐ Female
lationality	ППППППППППППППППППППППППППППППППППППППП	ППППППП
Pate of Birth (DD/MM/YYY)		

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Correspondence Address  Postcode  City  State	%     %													1		
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Contact Details	Telephone:					+	elephone:		П	]-	П	П	Ŧ	П	П	
<ol> <li>If the nominee passed awa</li> <li>The executor(s) is the recip subject to condition below:         <ol> <li>For Takaful Particip Act 2013 according</li> <li>For Takaful Particip Administration or G</li> </ol> </li> <li>Please refer to the following of th</li></ol>	pant who is a Multiple to Islamic Law a count who is not a count of Probate.  uidelines if you have receive the take ecipient predeced a paid to your he way after your development / Person the agreed perceimination form if a sthe Takaful Painaturity subject to the ered once he/she ontingent owner is the compulsory to the compulsory to the termination of the ered once he/she ontingent owner is the compulsory to the termination of the ered once he/she ontingent owner is the compulsory to the termination of the ered once he/she ontingent owner is the compulsory to the ered once he/she ontingent owner is the compulsory to the ered once he/she ontingent owner is the ered once he/she ontingent owner in the ered once he/she ontingent owner is the ered once he/she ontingent owner in the ered once he/she ontingent owner is the ered once he/she ontingent owner in the ered of the ered once he/she ontingent owner is the ered once he/she ontingent owner in the ered of the ered once he/she ontingent owner in the ered of the ered once he/she ontingent owner in the ered of the ered once he/she ontingent owner in the ered of the ered once he/she ontingent owner in the ered of the ered once he/she ontingent owner in the ered of the ered of the ered once he/she ontingent owner in the ered of the ered	slim, the exemple a Muslim, the exemple a Muslim, the exemple as you, you are in the even at the box for Juve a Covered participant here to the terms a greathes agree trustee).	ecutor(s) had other applicate executor(s) ted your be based on the are required at the takaff enile plan is essed away eclared above ation is required and condition is required and condition is required and condition is required and condition is required at the takaff enile plan is required at the takaff e	as to distribute able laws; or s) has to distribute able laws; or s) has to distribute able laws; or e percentage do make a eath. The takaful laws are takaful certions stated in birthday. If the pirthday. If the pirthday is the takaful certions stated in birthday. If the pirthday is takaful certions stated in birthday.	te the taka tribute the e above. subseque re paid, the	ful b taka nt no	ed and is rependent of the penefit o	espones specification of the ered a	ecified accordi	undering to	not re	Islaminibution	ic Fin n Act d, the the h	nancia 1958 share heir of	Lett e of the	vices er of ne
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I FURTHER DECLARE     a) I fully understood the     b) I have given the Con     c) I agree to pay the Co     in full and the takaful     of health and circum     be communicated in	e questions and/onpany or it's ager ompany all medic certificate is issued stances of the Po	or the questi nt no other in al expenses ued. I further erson Cover	ons have be formation incurred and agree that	een explaine except that wind there sha prior to the i	ed to me control of the second	learl writt bility of the	ten form a upon the	agen nd al Com	I the appany u	intil t	ne firs	t takaf	ful cor	ntribut	ion is	etata

4.	Please tick (✓) on your option
	Member Spouse Child 1 Child 2 Child 3 Child 3
	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.
5.	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 hamless from any suit under civil or criminal as a result of such act by the Company.
6.	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.
	Please provide address in the USA below:
7.	FATCA Declaration Section
	<ul> <li>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.</li> <li>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.</li> <li>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.</li> <li>d) I have read and understood the Company's Privacy Notice, which is available at the Company website and branches.</li> </ul>
	e) I understand that the Company will deduct any withholding required by FATCA.  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.
8.	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.
9.	I AGREE that my takaful contribution shall be placed in the Personal Investment Account (PIA) and / or Personal Risk Investment Account (PRIA).
10.	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).
11.	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.
12.	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.
13.	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).
14.	For Badal Haji*  Member Spouse Child 1 Child 2 Child 3 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.
15.	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.

Signature of Person Covered (Member)  Identity No.:  Date:	Signature of Period Identity No.:	rson Covered (Spouse)
Signature of Person Covered (Child 1)  Identity No.:  Date:	Signature of Period Identity No.:  Date:	erson Covered (Child 2)
Signature of Person Covered (Child 3)  Identity No.:  Date:		
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