

DECLARATION BY NEW PARTICIPANT

I NRIC no of

(New participant's name)

....., am the new participant to the
 (New participant's address)

Family Takaful Certificate number..... issued by Great Eastern Takaful Berhad

I hereby make the following declaration:-

1. I am the of the Person Covered.
 (Relationship)
2. I will continue to pay the contributions for the above Certificate in accordance with the terms and conditions stated in the certificate documents with effect from

SOURCE OF FUND AND WEALTH

Note

You may choose more than one option.

1. What is the source of funds used to pay the contribution?

Employment-Related Income (e.g. Salary, Commission, Bonus, EPF, Pension)

Business income (e.g. Profits)

Investment income (e.g. Shares, Sukuk, Unit Trust, Dividends, Rental Income)

Savings or Deposit

Certificate claims, maturity, surrender

Others i.e. inheritance, gift, allowance, financing etc.

2. How did you accumulate your wealth (i.e. your total assets)?

Employment-Related Income (e.g. Salary, Commission, Bonus, EPF, Pension) Business

income (e.g. Profits)

Investment income (e.g. Shares, Sukuk, Unit Trust, Dividends, Rental Income)

Savings or Deposit

Certificate claims, maturity, surrender

Others i.e. inheritance, gift, allowance, financing etc.

CSD-FDNP-V06-122023-TAKAFUL

DATA PROTECTION NOTICE

For information on how we process your personal data and your rights over your personal data, kindly refer to our Personal Data Protection Notice posted at greateasterntakaful.com.

If you have any inquiry or complaint (such as limiting the processing of certain information, including the withdrawal of consent to receive marketing information), you may contact our **Customer Service Careline** at 1300-13-8338, or write to the Takaful Operator at i-greatcare@greateasterntakaful.com.

FATCA (US Foreign Account Tax Compliance Act) related clauses

I/We agree that I/we will update the Takaful Operator promptly of any change or addition to the information provided herein about me/us, the person covered, the beneficiary named in this proposal or of the certificate and any other relevant persons (if any, and collectively with the person covered and the beneficiary the "Relevant Persons") as the Takaful Operator may reasonably require. I/We further agree, and represent to the Takaful Operator that each Relevant Person has agreed when information about him is provided to the Takaful Operator, that the Takaful Operator may disclose such information for the purpose of its compliance with any applicable rules, laws and regulations, codes of practice or guidelines or to assist in law enforcement and investigations by relevant authorities.

I/We understand that the Takaful Operator will not be liable for any costs or losses that may be incurred to me/us or any of the Relevant Persons due to actions of the Takaful Operator permitted herein. In this connection, I/We agree to indemnify the Takaful Operator against all claims of the Relevant Persons for the aforesaid costs or losses. I/We further understand that my/our failure to fulfill any of the obligations herein, or any of untrue or inaccurate representations given herein, will entitle the Takaful Operator to deduct or withhold such amount from any payment payable under the relevant certificate, and/or to terminate the certificate without being held liable, to the extent permitted by law, and I/we will indemnify the Takaful Operator against all costs and losses that may be incurred to it therefrom.

FATCA (US Foreign Account Tax Compliance Act) related clauses

I/We agree to complete and sign such documents and do such things for purposes reasonably required by the Takaful Operator to evaluate my/our proposal and to provide the products or services which I am/we are applying for.

Are you a US tax obligated person?

New Participant

Yes No

Note: If Yes, please provide the completed relevant US IRS documents.

Dated at _____

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Day Month Year

Signature of New Participant

Name : _____

NRIC : _____

Date : _____

Signature of Witness

Name : _____

NRIC : _____

Date : _____