

## 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

("Certificate") after the death of the certificate owner, .....

(Deceased's name)

NRIC no.....who passed away on .....

(Date of Death)

I hereby make the following declaration:-

1. I am the spouse / father / mother / legal guardian / brother / sister /grandfather /grandmother of the Person Covered.
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 .....
3. I, agree to give the total contributions paid to the Person Covered,..... (NRIC/Birth Certificate No.) as \*Hibah.

*\*Hibah means to immediately transfer possession without compensation. Hibah concept is used as a mean to transfer ownership of the contribution from the Participant to Person Covered*

### DATA PROTECTION NOTICE

The information which you have provided in this form may be recorded, used, stored or processed by Great Eastern Takaful Berhad ("Takaful Operator"), its agents, its related takaful operators and relevant third party service providers to process and carry out the authorisation herein, and to communicate with you and the Certificate Owner from time to time in relation to the same. You may request access to your information which is held by the Takaful Operator, request correction to the same, and withdraw your consent to the above by calling Careline at 1 300 13 8338 or by writing to the Takaful Operator at i-greatcare@greastertakaful.com. The information that you have provided to the Takaful Operator is necessary. If you do not provide the Takaful Operator with such information, the Takaful Operator will not be able to provide the services hereunder. For more 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 www.greastertakaful.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.

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**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 \_\_\_\_\_          

.....  
Signature of New Participant

Name : \_\_\_\_\_

NRIC : \_\_\_\_\_

Date : \_\_\_\_\_

.....  
Signature of Witness

Name : \_\_\_\_\_

NRIC : \_\_\_\_\_

Date : \_\_\_\_\_