

REQUEST FOR CHANGE OF INSURANCE ADVISER

To: Distribution Middle Office

I, _____ NRIC/ROC No. _____ authorise
(Only Policyholder / Company is allowed to request for the change)

Income to effect a Change of Insurance Adviser for the following policy/policies to this Adviser

Muneer Abdul Halim (Adviser Name) 630616 (Adviser Code) 94230510 (Adviser Mobile)

1. My Life Policy Number

2. My Health Insurance (including my dependant(s)) Policy Number

3. My General / Commercial Insurance Policy Number

Policy Number	Renewal Date	Policy Number	Renewal Date

(Renewal date for General / Commercial Insurance Policy is compulsory and change can only be reflected upon renewal)

IMPORTANT Note: Policy Number MUST be provided otherwise change will NOT be effected.

I understand and agree that this Change of Insurance Adviser request for the abovementioned policy /policies is made on my own accord.

 Signature of Policyholder
 (For Company, please include Company stamp)

 Date

Policyholder's contact number: _____ Email: _____