FORM A: NOMINATION OF EXECUTOR – GROUP SCHEME

Master Certificate No. : _____

Participant : _____

Participant's ID/IC No. : _____

Important Notes:

1. This Nomination of Executor form is to be completed by the takaful Participant who has attained the age of 16 years, whereby the Person(s) named below shall receive the takaful benefits including accumulated amount in the Participant Investment Fund as an Executor.

2. For Muslim Participant, subject to terms and conditions of any assignment and/ or security in which this takaful benefits may be assigned and/ or pledged into, the Executor(s) is the recipient of the takaful benefits according to the percentage (%) indicated and is responsible to distribute the benefits in accordance to Faraid. Should any one of the Executors predeceases the Participant his/her portion shall be divided equally among the surviving Executors.

3. For Non-Muslim Participant, subject to terms and conditions of any assignment and/ or security in which this takaful benefits may be assigned and/ or pledged into, the Executor(s) is the recipient of the takaful benefits according to the percentage (%) indicated which is to be distributed according to the Distribution Act 1958. Should any one of the Executors predeceases the Participant his/her portion shall be divided among the surviving Executors in accordance with the Distribution Act 1958.

4. Nomination of executor(s) is allowed only if the Participant is the Person Covered.

5. The latest submission and endorsement of nomination by the Company will supersede any previous nomination made.

Declaration & Authorization:
I, the above named hereby nominate the following as Executor(s) for the above certificate.

Executor Details			
	Executor I	**Executor II**	**Executor III**
Name*			
Gender*			
ID Description*			
ID Number* (Old IC/ Birth Certificate/ Army ID/ Police ID/ Passport)			
New I.C. Number (if any)*			
Date of Birth*			
Age			
Nationality*			

to be continued

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Executor Details			
	Executor I	**Executor II**	**Executor III**
Occupation* (State the exact duty)			
Name of Employer*			
Nature of Business, if self-employed*			
Relationship with Participant*			
Current / Saving Account Number			
Bank's Name			
Share (%)*			
Mailing Address*			
Residential Address* (if different from Mailing Address)			
Contact Number*	Home: Office: Mobile :	Home: Office: Mobile:	Home: Office: Mobile:
Purpose of Nomination*			

Note:
- *** Mandatory fields to be filled.**
- **Submission of a copy of the executor's IC / Passport is encouraged.**

_____

Date:

_____	_____
SIgnature of Witness**	**Signature of Participant**
Name : _____	Name : _____
I.C. No : _____	I.C. No : _____
Address : _____	Address : _____
_____	_____
_____	_____
_____	_____
_____	_____
Tel No : _____	Tel No : _____
Email : _____	Email : _____

Note:

- **** Witness must be at least 18 years of age, of sound mind and cannot be a named executor.**
- **This document is prepared in accordance with Islamic Financial Services Act 2013.**