



SCAN ME FOR BROCHURE

LIFE INSURANCE

ARCHIPELAGO ENDOWMENT ALPHA SERIES 43

CLOSE-ENDED | 24-MONTHS ENDOWMENT | 5% FIXED COUPON PLUS MINIMUM OF 1% AND MAXIMUM OF 5% POTENTIAL COUPON ENHANCEMENT AT MATURITY

PROPOSAL FORM - INDIVIDUAL & NON-INDIVIDUAL

Archipelago Life Insurance Limited (A Life Insurer Licensed by Labuan FSA)
Co. No. LL09829 | Licence No. IS2013141



Archipelago™
Life Insurance Limited

INSTRUCTIONS

1. You are to disclose in this form, fully and faithfully, all the facts which you know or ought to know, or the policy issued may be void.
2. Please complete the form in CAPITAL LETTERS. All fields are mandatory. Use blue/black ink only.
3. Please indicate all options selected with an [X].
4. Please ensure all information provided is accurate.
5. Please initial any amendments made.
6. Please submit completed application form together with the required documents in the checklist below to: customerservice@archipelagold.com or fax to +603 – 6201 0481 by 12.00PM on Wednesday 31st March 2021.
7. The Administrator will only process this application when all required documents are received. Archipelago Life Insurance Limited (“Archipelago Life”) reserves the right to reject any application which is deemed incomplete.

DOCUMENT CHECKLIST

- Completed Endowment Application Form
- For Individual: Photocopy NRIC or Valid Passport
- For Non-Individual – Memorandum & Articles, Form 24 & 49, Company Registration Certificates
- For Entity – A set of Board of Directors’ Resolution / Mandate
- Proof of Telegraphic Transfer (TT) into the Archipelago Life Insurance Limited’s bank account.
- Photocopy of Life Assured’s NRIC or Valid Passport (If different from proposer/ owner)
- KYC & Compliance Information Form
- Foreign Account Tax Compliance Act (FATCA) Individual/Corporate (Proposer)

A. DETAILS OF LIFE ASSURED

Salutation : Mr / Mrs / Miss / Tan Sri / Dato’ / Dr. / Ir. / (Others, pls state) :		
Full Name (As per NRIC/Passport, please <u>underline</u> surname) :		
Date of Birth : DD/MM/YYYY	Nationality :	Religion :
NRIC / Passport No :	Country of Passport Issued :	
Gender : <input type="checkbox"/> Male <input type="checkbox"/> Female	Height : cm	Weight : kg OR lbs
Marital Status : <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorcee <input type="checkbox"/> Widow		
Permanent Address :		
		Postal Code :
Correspondence Address : (If same as above, tick here <input type="checkbox"/>)		
		Postal Code :
Telephone No :	Fax No :	Email :
Occupation :	Company Name :	
Nature of Business :		

A. DETAILS OF LIFE ASSURED (continued)

1. Are you in good health now?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If no, please specify:
2. Any intention to take part in an aerial flight other than as a fare-paying passenger with a commercial airline?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, please specify:
3. Do you engage or intend to engage in any business, sport or occupation of a hazardous nature?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, please specify:
4. Are you expecting to undergo any surgical operation?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, please specify:
5. Have you ever made an application for a life/family, disability or dread disease assurance/ Takaful to this or any other company which has been declined, postponed, withdrawn, is still considered or being accepted with an extra premium or on special terms?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, please specify:
6. Are you making or have you made any claims on any policies with any other company?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, please specify:
7. Have you EVER		
a. had or been advised to have any diagnostic test, EVER been hospitalised or undergone any surgical operation or observation or treatment or been advised to seek any medical or surgical consultation or follow up?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, please specify:
b. had or been told you had or been treated for or currently have respiratory disease, high blood pressure, chest pain, heart disease, blood/blood vessel disease, ulcer or bowel disease, liver/gall bladder disease, renal stones or any disorder of the genito-urinary system, epilepsy, mental/nervous disorder, diabetes, cancer, AIDS, tumour or any other disease/disorder/severe injury not mentioned above?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, please specify:
8. For Female Life Assured only,		
a. Are you pregnant now?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, how many months:
b. Do you suffer from a hypertension or diabetes or has there been any complications related to your pregnancy?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, please specify:
9. Do you smoke?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, please state number of sticks smoked per day:
10. Have either of your natural parents or any siblings ever suffered or died from blood disease, liver disease, heart or kidney disease, stroke, diabetes, hypertension, mental disorder, tuberculosis, cancer, hemophilia, AIDS, or AIDS related complex, multiple sclerosis, Huntington's disease, polycystic kidney disease, polyposis of the colon or any other hereditary disorder?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, please specify:

B. DETAILS OF PROPOSER (If Different from Life Assured) ("POLICY OWNER")

Salutation : Mr / Mrs / Miss / Tan Sri / Dato' / Dr. / Ir. / (Others, pls state) :		
Full Name (As per NRIC/Passport, please <u>underline</u> surname) :		
Date of Birth : DD/MM/YYYY	Nationality :	Religion :
NRIC / Passport No :	Country of Passport Issued :	
Gender : <input type="checkbox"/> Male <input type="checkbox"/> Female		
Marital Status : <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorcee <input type="checkbox"/> Widow		
Permanent Address :		
		Postal Code :
Correspondence Address : (If same as above, tick here <input type="checkbox"/>)		
		Postal Code :
Telephone / Mobile No :	Fax No :	Email :
Relationship to Life Assured:		

CONTINGENT OWNERFull Name (Please underline surname) :

Relationship to Proposer/ Owner :

NRIC/ Passport No. :

C. DETAILS OF PROPOSER / OWNER (NON-INDIVIDUAL)

Type of Business Entity :

 Sdn. Bhd / Pte. Ltd Others

Entity Name :

Entity Registration No :

Business Address :

Postal Code :

Correspondence Address : (If same as above, tick here)

Postal Code :

Telephone No :

Fax No :

Email :

Authorised Contact Person :

Nature of Business :

D. BANK ACCOUNT DETAILS

- The Bank Account Details of the Policy Owner are needed for the crediting of maturity proceeds.
- The onus is therefore on the Policy Owner to inform Archipelago Life Insurance Limited of any charges to the Bank Account details during the tenure of the Endowment. It must be forwarded in writing to Archipelago Life Insurance Limited, together with proof thereof.
- Payments will only be made to the bank account in the name of the Policy Owner only.
- No payments shall be made into third-party accounts, including credit cards and market-linked accounts.
- The Policy Owner represents and warrants that it is fully authorized and entitled to receive the maturity proceeds or any proceeds payment or claim payments in connection with the Policy and that in so doing it is not in violation of the terms or conditions of any contract or other agreement to which it may be a party.
- The Policy Owner shall bear all taxes payable by it in connection with the Policy, if any.
 - In the event the Policy Owner is required by law to make any additional deduction or withholding on maturity proceeds or any proceeds payments or claims payments from Archipelago Life Insurance Limited in respect of any Tax or otherwise, the sum payable by Archipelago Life Insurance Limited in respect of which the deduction or withholding is required shall be reduced so that the net maturity proceeds or any proceeds payments or claim payments by Archipelago Life Insurance Limited is equal to that which Archipelago Life Insurance Limited would otherwise have paid had no deduction or withholding been required or made.
 - In the event Archipelago Life Insurance Limited is required by law to calculate and collect from the Policy Owner any amount paid or payable under this Terms & Conditions on account of any Tax , such amount as calculated by Archipelago Life Insurance Limited, shall be paid by the Policy Owner as additional to and without any deduction or set-off from the fees/ charges payable under this Policy to Archipelago Life Insurance Limited.
 - For the purpose of the above clause, "Tax" is defined as any present or future, Malaysian or foreign tax, levy, impost, duty, charge, fee, deduction or withholding of any nature, and any interest or penalties in respect thereof.
- The Policy Owner will use commercially reasonable efforts to ensure that no funds used to pay the Policy/subscription under the Policy documents are derived from any unlawful activity with the result that the making of the Policy purchase/subscription would be in violation of laws.
- Notwithstanding anything contained herein, Archipelago Life Insurance Limited may in its absolute discretion without any prior notice (whether in writing or otherwise) amend or vary the Terms & Conditions at any time or from time to time and/or impose additional clauses which shall bind the Policy Owner as if the amendments and additional clauses have been originally set out in these Terms & Conditions.

Name of Account Holder :

Name of Bank :

Location of Branch :

Account No :

SWIFT / IBAN Code :

Currency of Bank Account :

I/ We understand that under the requirements of Anti-Money Laundering, Anti-Terrorism Financing and Proceeds of Unlawful Activities Act 2001 and FATF 40 Recommendations Guidelines, Archipelago Life Insurance Limited's policy requires it to be satisfied as to the source of funds before accepting the funds for purchasing of life insurance product(s).

Source of Funds (Compulsory) :

Full Name (Underline Surname)	Relationships to Life Assured	NRIC / Passport No.	Shares of benefits %
TOTAL			100%

- If there are additional beneficiaries, please attach the above information on a separate Beneficiary Nomination Form.
- Please ensure the total percentages nominated are equal to 100%.

Appointment of Trustee

- The policy owner may appoint an Individual or Corporate Trustee for the policy monies.
- Where no Trustee is appointed, the nominee who is competent to contract, or where the nominee is incompetent to contract, the parent of the incompetent nominee and where there is no surviving parent, the Public Trustee shall be the trustee of the policy monies.

Name of Trustee	Individual OR Corporate	NRIC / Passport No. / Company Registration No.

H. PERSONAL DATA PROTECTION ACT 2010

1. Archipelago Life Insurance Limited ("Insurer") undertakes that all personal data acquired from the Insurer from the application date shall only be used strictly for the purposes of this Endowment Policy.
2. Any information and data provided by the policy owner to the Insurer and by the Insurer to the policy owner and used by the Insurer directly or indirectly in the context of this Insurance Policy shall be governed by the provisions in the Personal Data Protection Act 2010 (herein referred to as 'the Act').
3. The Insurer will use any personal data to process your claims, administer your plan, service our relationship with you, provide you with products and services and evaluate their effectiveness, provide you with better customer service and for statistical analysis.
4. The policy owner consents to the processing of the personal data provided to the Insurer and to the transfer of such personal data to other entities for the purposes of performance of the contract. Such personal data shall be governed by the personal data protection laws of that country.
5. The policy owner is responsible to ensure that all data provided to the Insurer are accurate at all times and is obliged to inform the Insurer of any changes. You may request for access to, correction, or deletion of your personal information or limit the processing thereof at any time hereafter.
6. Your information may also be used for fraud prevention and audit purposes. If you give us false or inaccurate information and we suspect fraud, we will record this. We may pass such information to the law enforcement or other legal agencies, government or judicial bodies, or to regulators.
7. We may, from time to time, provide you with marketing information about Archipelago Life Insurance Limited, our products and services and those associated companies which may be of interest to you. If you do not want us to use your details in this way, please Initial here:

I. DECLARATION AND AUTHORISATIONS

I / We understand and agree to be bound by the provisions of this application form :

1. I / We hereby propose to Archipelago Life Insurance Limited for the subscription to the Close-Ended, Single Premium, 24-month endowment, 5% fixed coupon plus minimum of 1% and maximum of 5% potential coupon enhancement at maturity.
2. I / We acknowledge and am / are aware that this is a non-deposit product.
3. I / We understand and agree that this proposal, together with the policy summary and terms and conditions that will be issued to me/ us once Archipelago Life Insurance Limited has accepted my/our proposal, and any other related documents provided by me/ us and accepted by Archipelago Life Insurance Limited will govern the legal relationship between Archipelago Life Insurance Limited and me / us.

4. I / We confirm that all information provided in this proposal form and all other documents signed by me / us in connection with this proposal, whether in handwriting or not, is true and correct.
5. I / We are responsible for the accuracy and completeness of all answers or other information provided by me/ us.
6. I / We are acting for my/ our own account. I / We have considered the suitability of this product and made my/ our own independent decision to enter into this endowment plan. I / We understand that information, opinions and any communication from Archipelago Life Insurance Limited, whether written, oral or implied, are expressed in good faith and not intended as advice or recommendation to enter into this product.
7. I / We should seek independent legal and/ or financial advice regarding this Endowment Plan if I/ we deem it necessary.
8. I / We understand that Archipelago Life Insurance Limited will accept instructions by facsimile, e-mail or other electronic means from my/ our Financial Advisor/Insurance Broker only if duly appointed and authorised in writing by me. Archipelago Life Insurance Limited will not be held liable for any losses that may result from unauthorised instructions given by my/our Financial Advisor/ Insurance Broker.
9. I / We acknowledge that I am / We are aware that the Endowment Plan is subjected to a 15-day cooling off period, starting from the date of receipt of policy.
10. I / We agree that Archipelago Life Insurance Limited shall pay to my/our beneficiary(s) upon my death in accordance with my beneficiary nominations in this application form, and I / We authorise Archipelago Life Insurance Limited to do so.
11. I / We consent Archipelago Life Insurance Limited to make enquiries of whatsoever nature for the purpose of verifying the information disclosed in this application and obtaining any other information concerning me/us from any source whatsoever to enable Archipelago Life Insurance Limited to process this application.
12. I / We hereby confirm that I/We have read, understood and agreed to the terms & conditions as stipulated in the Endowment Plan policy contract.

Signature of Proposer/Authorised Signatory(ies) (Compulsory) :	Signature of Life Assured (Compulsory) :
Full Name :	Full Name :
Date :	Date :
Signature of Witness :	Official Stamp :
Full name :	

J. DELIVERY OF POLICY PACK

- Policy Owner's Correspondence Address
 Intermediary's HQ Address
 Intermediary's Branch Address

K. INTERMEDIARY DETAILS AND DECLARATION

Intermediary Name :			
Intermediary Company Name :			
Email :			
Office No. :		Mobile No. :	
I / We declare that: <ul style="list-style-type: none"> • I / We are Licensed Financial Advisor / Broker under Financial Services Act 2013 or Licensed Insurance Broker under Labuan Finance Services & Securities Act 2010 or any licensed intermediary under any applicable laws in foreign jurisdictions to render services in respect of this product. • I / We have fully explained and disclosed the product details including features, benefits, risks relevant, terms and conditions to my/ our Client. • I / We have established and verified (Customer Due Diligence) the identity of my/ our client(s) in accordance with the Anti-Money Laundering, Anti-Terrorism Financing and Proceeds of Unlawful Activities Act 2001 			
Signature of Authorised Intermediary :			

L. CONTACT INFORMATION

Archipelago Life Insurance Limited

Co. No. LL09829 | Licence No. IS2013141

Registered Office Address:

Brumby Centre, Lot 42, Jalan Muhibbah, 87000 Labuan Federal Territories, Malaysia.

Co-located Office:

B-08-07, Gateway Corporate Suites, Gateway Kiaramas, No.1 Jalan Desa Kiara, Mont Kiara, 50480 Kuala Lumpur, Malaysia.

Telephone : +6 (03) 6201 0899

Fax : +6 (03) 6201 0481

Email : customerservice@archipelagoltd.com

URL : www.archipelagogrp.com

M. FOR OFFICE USE ONLY

Date Received :	DD / MM / YYYY
Complete Documentation :	
AML Check :	DD / MM / YYYY
Accepting Officer :	
System Input :	<input type="checkbox"/> Yes <input type="checkbox"/> No DD / MM / YYYY
Input Staff Name :	
Policy Number :	
Date of Issue :	DD / MM / YYYY
Date Dispatched / Couriered :	DD / MM / YYYY

ENDOWMENT SERIES KNOW YOUR CLIENT (KYC) & COMPLIANCE INFORMATION FORM

Archipelago Life Insurance Limited (A Life Insurer Licensed by Labuan FSA)
Co. No. LL09829 | Licence No. IS2013141



IMPORTANT NOTES

1. This form is meant to enable a Client of Archipelago Endowment Series to comply with the client identification programmed laid down by the **Anti-Money Laundering, Anti-Terrorism Financing and Proceeds of Unlawful Activities Act 2001**, herein referred to as Know Your Client (KYC) requirements.
2. This form is only meant for providing information and documents required for KYC compliance.

PART 1 – INFORMATION ABOUT POLICYHOLDER, BENEFICIAL OWNER(S) AND POLITICALLY EXPOSED PERSON(S)

Section A – Information of Policyholder

FOR INDIVIDUAL POLICYHOLDER

Full Name (including any alias)		
Gender (please tick ✓)	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Identification (NRIC/ Passport) No.		

If the information are same to the completed Endowment Proposal Form, please tick (✓) the box on the right.

Residential Address		
Date of Birth		
Nationality		
Occupation		
Name of Employer		
Contact No. (include country/ area codes)		
Email Address		

FOR COMPANY POLICYHOLDER

Company's Name		
Registration No.		

If the information is same to the completed Endowment Proposal Form, please tick (✓) the box on the right.

Registered Office Address		
Address of Place of Business (if different)		
Place of Registration/ Incorporation/ Origin		
Date of Registration/ Incorporation		
Nature of Business		
Contact No. (include country/ area codes)		
Email Address		

FOR COMPANY – Information of other Person(s) with Executive Authority i.e. CEO/ COO/ CFO, excluding Director(s) registered with relevant authority i.e. listed in Form 49. If not applicable, please tick (✓) the box here.

(To provide annex if the space is insufficient)

	(1)	(2)
Full Name (as per official document)		
Identification (NRIC/Passport) No.		
Place and Date of Issue		
Place of Birth		
Residential Address		
Current Nationality		
Occupation		
Contact No. (include country/area codes)		

Section B – Information of Client's Beneficial Owner(s)

The purpose of obtaining beneficial owner's information is to:

- (a) Identify the **natural persons** (whether acting alone or together) who ultimately own all the assets or undertakings of the Client;
- (b) If there is doubt as to whether the natural persons who ultimately own all the assets and undertakings of the Client are the beneficial owners or where no natural persons ultimately own all the assets or undertakings of the Client, to then identify the **natural persons** (if any) who ultimately control the business entity or have ultimate effective control over the Client; and
- (c) Where no natural persons are identified above, to **identify the natural persons** having executive authority in the Client, or in equivalent or similar positions.

FOR COMPANY – If the Director(s) registered with relevant authority i.e. listed in Form 49 are the same Beneficial Owner(s), please tick (✓) the box here. Please note that a Director may not necessary the Beneficial Owner of the company:

(To provide annex if the space is insufficient)

	(1)	(2)
Full Name of Beneficial Owner (a natural person(s))		
Identification (NRIC/Passport) No.		
Residential Address		
Date of Birth		
Nationality		
Contact No. (include country/area codes)		
Email Address		
Provide information of nature of Beneficial Ownership (e.g. more than 25% of ownership of the Client) and ownership and control structure of the Client		

Section C – Information of Politically Exposed Persons, their Immediate Family Members and Close Associates

Are any of the persons in this Endowment application inclusive of Policyholder, Life Assured, Beneficiary(ies), Contingent Owner, all the Company Directors, all the Company Shareholders and Person(s) with Executive Authority: -

YES NO

1.	a political exposed person (“PEP”), that is, a person who is or has been entrusted with any prominent public function in Malaysia, a country or territory outside Malaysia, or by an international organisation at present?		
2.	a PEP, that is, a person who is or has been entrusted with any prominent public function in Malaysia, a country or territory outside Malaysia, or by an international organisation who has stepped down from his prominent public function?		
3.	an immediate family member or a close associate of a PEP or a PEP who has stepped down?		

Note: If any of the Section C above is “Yes”, please proceed to fill in the PEP form (Part 2 below) for each politically exposed person, immediate family member or close associate identified.

PART 2 – FORM FOR POLITICALLY EXPOSED PERSONS (“PEP”) Information about PEP, their immediate Family Members and Close Associates.

(To provide annex if the space is insufficient)

Name of PEP	
Described nature of prominent public function that the person is or has been entrusted with (for example, as a domestic PEP, a foreign PEP, or a PEP of an international organization)	
Period of time in which the person is/was a PEP	
Provide information on the person's source of wealth	
Provide information on the person's source of funds in the proposed business relationship	
Name of person who is an immediate family member of a PEP	
Described nature of the person's relationship with the PEP	
Provide information on the person's source of wealth	
Provide information on the person's source of funds in the proposed business relationship	
Name of person who is a close associate of a PEP	
Described nature of the persons relationship with the PEP	
Provide information on the person's source of wealth	
Provide information on the person's source of funds in the proposed business relationship	

Please attach all relevant supporting documents on screening and searches performed for PEP, their immediate family members and close associates:

- Google and/or Word-Check searches
- Compliance database search results

CLIENT'S DECLARATION

I / We declare that the information provided in this form is true and correct. I am / We are aware that I / we may be subject to prosecution and criminal sanctions under written law if I am / we are found to have made any false statement which I / we know to be false or which I / we do not believe to be true, or if I / we have intentionally suppressed any material fact. All information given here is correct and complete, and I / we authorise The Archipelago Group to verify the same and obtain information from any financial institution, the Director General of Inland Revenue, credit information or credit references providers and any other sources.

Name of Proposer/ Policyholder/ Company Name		
Designation (if applicable)		
Identification (NRIC/ Passport) / Company Registration No.		
Date		
Signature / Authorised Signatory(ies)	Company stamp (if applicable)	

TO BE COMPLETED BY LICENSED FINANCIAL ADVISOR / BROKER

RISK ASSESSMENT OF CLIENT

Note: The following are examples of factors that to be considered when performing risk assessment.

YES NO

1. Is the Client physically present for the identification purposes when establishing the business relationship? Please answer question 6 (example of documents: Valid passport, NRIC)		
2. Is the Client engaging the registered/ licensed Intermediary/ FA to perform complex or unusually large transactions, or unusual patterns of transaction that have no apparent of visible economic or lawful purpose?		
3. Are any of the persons listed a politically exposed person (at present or has stepped down) or immediate family member or a close associate of a politically exposed person (at present or has stepped down)?		
4. Are any of the persons identified from countries or jurisdiction which the Financial Action Task Force (a global standard setting body for anti-money laundering and combating the financing of terrorism) has called for countermeasures including the application of enhanced customer due diligence measures?		
5. Do any of the persons identified fall into any other categories of customers which the licensed/ registered Intermediary/ FA considers may present a high risk of money laundering or the financing of terrorism, or which licensed/ registered Intermediary/ FA suspects is committing or facilitating money laundering or the financing of terrorism?		
6. If the answer is "Yes", please provide supporting document(s) :		
If the answer is "No", please elaborate how do you do the identification process and please provide supporting document(s) :		
I / We declare that		
1. I / We are licensed Financial Advisor / Broker under Financial Services Act 2013 or licensed Insurance Broker under Labuan Finance Services & Securities Act 2010 or any licensed intermediary under any applicable laws in foreign jurisdictions to render services in respect of this product.		
2. I / We have fully explained and disclosed the product details including features, benefits, risks relevant and terms and conditions to my / our client (s).		
3. I / We have established and verified (Customer Due Diligence) the identity of my / our Client (s) in accordance with the Anti-Money Laundering, Anti-Terrorism Financing and Proceeds of Unlawful Activities Act 2001.		
Name :	Signature :	
Date :		

FOR ARCHIPELAGO'S OFFICE USE ONLY

RISK ASSESSMENT RESULT

Client Risk Rating	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High
Recommendation for Acceptance of Client	<input type="checkbox"/> Recommended	<input type="checkbox"/> Not Recommended	
Name of Recommending Officer			
Date			
Signature			

COMPLIANCE APPROVAL

Approval for Accepting of Client	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved
Name of Approving Officer		
Date		
Signature		

SPECIAL DECLARATION FORM

(To be filled by the Proposer)

I, _____ (Identity Card No. or Passport No. _____) hereby declare that the following information provided below are true and correct to the best of my knowledge:

(a) Source of Wealth (describe & identify with details e.g. corporate registration number) :

(b) Source of Fund (describe & identify with details e.g. dividend declaration memo etc.) :

Name (as per Identity Card or Passport) :	Signature :
Contact No. _____ Date :	

For Office Use Only

Received by :	Date :
Reviewed by :	Date :
Approved by :	Date :
Remarks :	

**Please submit this together
with your TT application
form to the bank**

Instructions to Bank :
1. Bank Charges : OUR
2. Do not convert to MYR
3. Beneficiary to receive
full amount

Date : _____
Bank Name : _____
Address : _____

Branch : _____

Dear Sir / Madam,

RE : Bank Charges Instruction : OUR – Endowment-Insurance Premium Subscription

I, _____ NRIC / Passport No. _____
wish to do a telegraphic-transfer (TT) of amount _____
to Archipelago Life Insurance Limited. The recipient account details are as follows:

Bank Details for Archipelago Life Insurance Limited – USD Account	
Beneficiary	Archipelago Life Insurance Limited – (Non-Resident Account)
Beneficiary Address	B-08-07, Gateway Corporate Suites, Gateway Kiaramas, No. 1 Jalan Desa Kiara, Mont Kiara, 50480 Kuala Lumpur.
USD Account Number	1419 4101 0002 204
Banker	Alliance Bank Malaysia Berhad
Bank Address	Unit A-OG-02, Block A, Plaza Mont' Kiara, 2 Jalan Kiara, Mont' Kiara, 50480 Kuala Lumpur
Swift Code	MFBBMYKLXXX

I will bear ALL of the **related telegraphic-transfer charges for this transaction inclusive of correspondent agent's bank charges.**

Archipelago Life Insurance Limited will receive the net amount of _____

Thank you.

Yours sincerely,

Name : _____

NRIC / Passport : _____