

LETTER OF INSTRUCTION AND INDEMNITY

NAME OF RECEIVER/REQUESTER
ADDRESS

Date: DD/MM/YYYY

To:

Prudential Assurance Malaysia Berhad
Menara Prudential, Persiaran TRX Barat
55188 Tun Razak Exchange
Kuala Lumpur, Malaysia

Dear Sirs,

Policy No:
Life Assured:
Assured:

Re: Application to Continue Annexure for <PRUPayor/ PRUPayor Basic/ PRUPayor PSA Benefit>
Upon Admission of Claims under < PRUParent Payor/ PRUParent Payor Basic/ PRUParent
Payor PSA Benefit> for Policy No. < >

I, < FULL NAME > (NRIC No.: < >) of < >
< FULL ADDRESS > > do hereby declare that I am the < >
< RELATIONSHIP > of the assured, < ASSURED'S NAME >,
(NRIC No.: < >) ("Assured") who was/is the owner of Policy No: < >
("Policy") with Prudential Assurance Malaysia Berhad. I also hereby declare that I am the Life Assured
under the Policy.

2. The Assured passed away on < date of death >. This Policy has no Contingent Assured nor this Policy has been assigned to an Assignee. As at the date of this letter, a lawful executor or administrator has yet to be appointed to administer the Assured's estate.
3. Pursuant to the terms and conditions of the Policy, the ownership of the said Policy will be transferred to me upon me attaining the age of 25 years old.
4. I am aware that:
 - (a) Pursuant to the Annexure for <PRUPayor/ PRUPayor Basic/ PRUPayor PSA> under the Policy ("Annexure"), the Annexure will terminate automatically upon a claim being admitted under < PRUParent Payor/ PRUParent Payor Basic/ PRUParent Payor PSA Benefit> .
 - (b) If the Annexure is terminated and upon attaining the age of 25:
 - (i) I will be required to perform an endorsement to the Policy and undergo necessary underwriting requirements to add the <PRUPayor/ PRUPayor Basic/ PRUPayor PSA benefit> into my Policy if I wish to do so; or
 - (ii) If I suffered any critical illness or total and permanent disability before I attain the age of 25 years old, I would have to continue paying premium for the Policy after termination of the <PRUParent Payor/ PRUParent Payor Basic/ PRUParent Payor PSA benefit> to prevent lapsation or termination of the Policy.

(iii) The issuance of the Grant of Probate / Letter of Administration by the Malaysian High Court may take up to 6 months or more. Hence it is important that the Payor Instruction be given effect to in order to ensure that the <PRUPayor/ PRUPayor Basic/ PRUPayor PSA Benefit> continues.

5. In view of the above, I hereby request and appeal to Prudential Assurance Malaysia Berhad to accept the Payor Instruction attached to this letter whereby a request/application to waive the sub-clause under the termination clause for Annexure for PRUPayor/ PRUPayor Basic/ PRUPayor PSA which states that the Annexure for PRUPayor/ PRUPayor Basic/ PRUPayor PSA will be terminated automatically once there is a claim admitted under the <PRUParent Payor/ PRUParent Payor Basic/ PRUParent Payor PSA benefit> is made by me as the Life Assured of the Policy.

5. In consideration of Prudential Assurance Malaysia Berhad accepting the Payor Instruction in the aforesaid manner, I hereby irrevocably undertake, promise and covenant with Prudential Assurance Malaysia Berhad that I shall at all times henceforth keep Prudential Assurance Malaysia Berhad, its directors, officers, servants and agents harmless and fully indemnified against all actions, claims, proceedings, costs and damages and all legal costs or other expenses arising out of any claim (including any damages or compensation paid by Prudential Assurance Malaysia Berhad on the advice of its legal advisers to compromise or settle any such claim) that may be brought by any persons whomsoever in respect of Prudential Assurance Malaysia Berhad having accepted the Payor Instruction.

6. I further confirm that this indemnity shall be binding upon my respective successors-in-title, executors, administrators, personal representatives and/or heirs.

Yours faithfully,

.....
Name :
NRIC :
Address :

.....
Signature of Witness
Name :
NRIC :
Address :