

**INVESTMENT TOP-UP / MULTIPLE FUNDS ALLOCATION
(POLICYOWNER REQUEST FORM)**

Date: _____ / _____ / 20_____

The Manager
Life Policy Administration
MCIS Insurance Bhd
Wisma MCIS, Jalan Barat
46200 Petaling Jaya

RE: POLICY NO. _____

Please arrange to place my Investment Linked premium for the above-mentioned policy in the following funds as per the percentages (%) stated below: -

I-LINK FUND	√	(%)	I-LINK FUND	√	(%)
Equity Fund			Jati Fund		
Balanced Fund			Dividend Fund		
Income Fund			AsiaPac Fund		
Global Yakin Fund					

Please change the fund allocation based on the following option selected below for the abovementioned policy.

- Option 1 Allocate the premium as requested above for **only this transaction**
- Option 2 Change the fund allocation for **current and all future transaction** until further notice

I will notify the Company in writing if I wish to change the I-Linked fund(s) selection and/ or allocation percentages for my abovementioned policy.

Signature of Policyowner: _____
Name of Policyowner: _____
NRIC No.: _____
Telephone No.: _____
E-mail Address: _____

***NOTE: Minimum allocation to any one fund is 10% subject to 100% in total. This form needs to be submitted for all Investment Top-up transaction (during receipting) and whenever new funds are added/ deleted from a Regular Premium policy.**