

# NOMINATION DETAILS ENQUIRY FORM

- This form is for the deceased member’s next of kin or executor via probate to enquire details / status of nomination made by the deceased member.
- **For members**, nomination status and details can be checked via PPA Online Account or call the Private Pension Administrator Malaysia’s (PPA) Call Centre at 1-300-131-772 or contact their respective PRS Providers.
- Enquirers are required to complete the Nomination Details Enquiry Form using **BLOCK LETTERS** with a **BLACK INK** pen **ONLY**.

## PART A: MEMBER INFORMATION

NAME																					
PPA ACCOUNT NO.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">P</td> <td style="width: 20px; text-align: center;">P</td> <td style="width: 20px; text-align: center;">A</td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table>	P	P	A																	
P	P	A																			

## PART B: ENQUIRY BY NEXT OF KIN / EXECUTOR

Name of Enquirer	Relationship to Member	NRIC/ Passport Number	Mobile No.	Email Address

Death Certificate Number of member: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

<b>EXPLANATORY NOTES ON THE NOMINATION DETAILS ENQUIRY FORM</b>
<p>1. Details on nomination shall be revealed to enquirers upon receipt of completed nomination details enquiry form and supporting documents.</p> <p>2. Member’s next of kin / executor may submit the Nomination Details Enquiry Form to a PRS Provider the deceased member has an account with / PPA together with the required documents as per below:</p> <ul style="list-style-type: none"> <li>Completed Nomination Details Enquiry Form;</li> <li>A certified true copy of member’s death certificate;</li> <li>A copy front and back of enquirer’s Identification Card (MyKad/Police Identification Card/Military Identification Card)/ Permanent Resident Identification card (MyPR)/ Passport; and</li> <li>A copy of relevant document to prove identity of the next of kin (marriage certificate/birth certificate) OR a copy of document as proof he/she is the executor.</li> </ul> <p><i>Please ensure all supporting documents submitted are certified true copies and verified by a Commissioner of Oaths, complete with the name, address and official stamp of the Commissioner of Oaths.</i></p> <ul style="list-style-type: none"> <li>During the submission the PRS consultant/PRS Provider will verify the identity of the enquirer by checking the original Identification Card (MyKad/Police Identification Card/Military Identification Card)/ Permanent Resident Identification card (MyPR)/ Passport.</li> </ul> <p>3. PPA shall provide nomination status to member’s next of kin / executor upon receiving the complete form with the relevant supporting documents.</p> <p>4. If enquirer is the next of kin, PPA shall only reveal the nomination details if the next of kin is ONE of the nominees named in the nomination form.</p> <p>5. In the event of leakage of information during the process, PPA shall not take any responsibility thereof.</p>

# NOMINATION DETAILS ENQUIRY FORM

FOR PRS CONSULTANT/ BRANCH OFFICER USE ONLY:	PRS PROVIDER USE ONLY:		
<p>Consultant Code: _____</p> <p>Officer/ Consultant Name: _____</p> <p>Officer/ Consultant NRIC: _____</p> <p>Officer/ Consultant H/P No.: _____</p> <p>Branch Name &amp; Code: _____</p> <p>Officer/ Consultant Signature: _____</p> <p>Date: _____</p>	<p><b>Received from:</b></p> <p><input type="checkbox"/> PRS Consultant <input type="checkbox"/> Branch officer</p> <p><b>Checked by:</b></p> <p>Name: _____</p> <p>PRS Provider: _____</p> <p>Signature: _____</p> <p>Date: _____</p> <p><b>Checklist:</b></p> <p><input type="checkbox"/> Supporting documents</p> <p><input type="checkbox"/> Accuracy &amp; completeness of form</p>		
FOR PPA USE ONLY			
<p><b>Received from:</b></p> <p><input type="checkbox"/> PRS Provider</p> <p style="text-align: right;">Date: _____</p> <p style="text-align: right;">Time: _____</p> <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p><b>Processed by:</b></p> <p>Staff Name: _____</p> <p>Signature: _____</p> <p>Date: _____</p> <p>Time: _____</p> </td> <td style="width: 50%; vertical-align: top;"> <p><b>Checked by:</b></p> <p>Staff Name: _____</p> <p>Signature: _____</p> <p>Date: _____</p> <p>Time: _____</p> </td> </tr> </table>		<p><b>Processed by:</b></p> <p>Staff Name: _____</p> <p>Signature: _____</p> <p>Date: _____</p> <p>Time: _____</p>	<p><b>Checked by:</b></p> <p>Staff Name: _____</p> <p>Signature: _____</p> <p>Date: _____</p> <p>Time: _____</p>
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