

PART A: MEMBER INFORMATION

NAME																		
PPA ACCOUNT NO.	P	P	A															
MOBILE NO.				-														
EMAIL ADDRESS																		

<input type="checkbox"/>	Muslim	(Nominee will only act as an <u>administrator</u>)
<input type="checkbox"/>	Non-Muslim	(Nominee will be the Beneficiary)

PART B: INFORMATION OF NOMINATION

I, the above-named member with NRIC/ Passport number [- -] hereby nominate the following individual(s) listed below as my nominee(s).

No.	INFORMATION OF NOMINEE	CONTACT DETAILS	PERCENT (%)
1	Name : NRIC No :	Mobile : Email :	
2	Name : NRIC No :	Mobile : Email :	
3	Name : NRIC No :	Mobile : Email :	
4	Name : NRIC No :	Mobile : Email :	
5	Name : NRIC No :	Mobile : Email :	
6	Name : NRIC No :	Mobile : Email :	
TOTAL:			

Note: Please ensure that the name of nominee is as per the NRIC / Passport.

PART C: DECLARATION

- I hereby declare that this nomination is made freely by me and all information provided in this nomination form is correct and allocated in accordance to my request.
- I understand and agree that PPA shall update its records with my mobile number and email address given herewith.

NOMINATION FORM

3. I hereby attest that the details I have provided to the PRS Provider and registered in the PPA system is the latest, complete and correct.
4. I understand that I may exercise my right to conduct a re-nomination at any time and for any reason provided it is witnessed and signed in the presence of a witness.
5. I hereby understand that my nomination shall become effective only when a duly completed and witnessed nomination form has been received by PPA or PRS Provider whichever is earlier.
6. For Muslim members - I understand the nominee will act as an administrator with the responsibility to administer the accrued benefits as an administrator and distribute the accrued benefits in accordance with the Islamic Laws.
7. I have read and understand the content of the nomination form as well as its explanatory notes.

Signature of the PRS Member

Date

PART D: WITNESS ATTESTATION

I, the undersigned, hereby confirm that the statement made by the aforementioned member named in Part A of this Form is true and the same has been executed in my presence as witness. I also confirm that my personal details as provided below are true and correct. I declare that I am not a nominee, a PRS Consultant, an officer of PPA or a PRS Provider or a spouse of the nominee.

Signature : _____

Mobile No : _____

Full Name : _____

NRIC : _____

Date : _____

Full Address : _____

FOR PRS CONSULTANT USE:	FOR PRS PROVIDER USE ONLY:
<p>Submission by:</p> <p><input type="checkbox"/> PRS Consultant</p> <p>Consultant Code: _____</p> <p>Consultant Name: _____</p> <p>Consultant NRIC: _____</p> <p>Consultant H/P No.: _____</p> <p>Branch Name & Code: _____</p> <p>Consultant Signature: _____</p> <p>Date: _____</p>	<p>Received from:</p> <p><input type="checkbox"/> PRS Consultant <input type="checkbox"/> PRS Member</p> <p>Checked by:</p> <p>Staff Name: _____</p> <p>PRS Provider: _____</p> <p>Signature: _____</p> <p>Date: _____</p> <p>Branch Name: _____</p> <p>Checklist:</p> <p><input type="checkbox"/> Supporting documents</p> <p><input type="checkbox"/> Accuracy & completeness of form</p>
FOR PPA USE ONLY	
<p>Received from:</p> <p><input type="checkbox"/> PRS Provider</p> <p><input type="checkbox"/> Member</p>	<p>Status :</p> <p><input type="checkbox"/> Approved</p> <p><input type="checkbox"/> Rejected</p>
<p>Check & processed by :</p> <p>Staff Name : _____</p> <p>Signature : _____</p> <p>Date : _____</p> <p>Time : _____</p>	

EXPLANATORY NOTES ON THE NOMINATION FORM

1. This form is for a member to submit an application to nominate qualified individual(s) to be the nominee(s) for their accrued benefits in PRS
2. Please use **BLACK INK** pen and write clearly and legibly in **BLOCK LETTERS** to complete this form. Do not use liquid paper/ correction ink/ correction tape on the form and supporting documents
3. Please ensure all required supporting documents are submitted following the EXPLANATORY NOTES from page 3 onwards.
4. Members are advised to check their nomination status which can be done through PPA or the PRS Provider and update their nomination as and when required.
5. The mobile number and email address given herewith shall be updated in PPA's registry.
6. Nomination conditions are as follows:
 - Members must be a Malaysian or foreigner having permanent residence status in Malaysia. Members may nominate a minor as a nominee (Please note that for Muslim members, the nominee acts as an administrator and hence the minor will only be able to carry out his duties upon reaching 18 years old. If the member passes away before the minor turns 18 years old, the accrued benefits will be paid to the lawful executor or administrator of the member's estate).
 - Members are to ensure that the nomination form is signed in the presence of and by a witness. Witness criteria are as follows:
 - Malaysian
 - Above 18 years old
 - Of sound mind
 - Witness cannot be a nominee, a PRS consultant, an officer of PPA or a PRS Provider or a spouse of the nominee.
 - Members may only nominate individuals (people) as a nominee and **ARE NOT ALLOWED** to nominate charities, organizations or society.

Note: For Muslim members you may wish to consider nominating your next of kin (for example spouse, child, parents) to administer your accrued benefits.
7. Enforcement of Nomination is as follows: -

The nomination form shall become effective only when a duly completed and witnessed nomination form has been received by PPA or PRS Provider, whichever is earlier.
8. Revocation of Nomination

A nomination shall be revoked-

 - by the death of all nominees during the lifetime of the member;
 - by submitting a completed PPA revocation form;
 - by any subsequent nomination made in a new nomination form;
 - for Muslim members, where a nominee fails to submit the *Withdrawal Upon Death of Member Form* within 1 year from the death of a Muslim member;
 - for Muslim members, where nominee is legally incapable to act as an administrator (If revocation occurs, the accrued benefits shall be paid to the lawful executor or administrator of the member's estate. This will not affect the other nominees. Legally incapable nominee would include nominee(s) who is a minor (below 18 years old) or certified as having permanent total disablement or mental disability by medical practitioner registered under the Medical Act 1971 [Act 50]);
 - for Muslim members, where a nominee dies before the member (based on allocated percentage); or
 - for Muslim members, where a nominee dies after the member and the accrued benefits have not been withdrawn.
9. Documents required to make a nomination are as follows:
 - Completed *Nomination form*, and
 - A copy front and back of member's (MyKad/Police Identification Card / Military Identification Card / Permanent Resident Identification Card (MyPR)/passport. Original Identification Card is required for verification of identity.

10. In the event Nominee dies:

	MUSLIM	NON-MUSLIM
Before member	Allocated portion of accrued benefit will revert to member's estate	Allocated portion of accrued benefit will revert to member's estate
After member	Allocated portion of accrued benefit will revert to member's estate (in the event accrued benefits have not been paid)	Allocated portion of accrued benefit will form part of the deceased nominee's estate (in the event accrued benefits have not been paid)

11. All applications must be submitted to PPA or through a PRS Providers whom the member has a PRS account with. Please note that all applications received via e-mail will not be entertained.

12. In the event of leakage of information during the process, PPA shall not take any responsibility thereof.