

REVOCATION OF NOMINATION FORM

- This is an application to revoke the nomination previously made by a member.
- 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.
- Members are advised to read and understand the EXPLANATORY NOTES (from page 2 onwards) prior to filling up the form.

PART A: MEMBER INFORMATION																				
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NAME																				+
NRIC No.																				
PPA ACCOUNT NO.	Р	P	Α																	
MOBILE NO.				-																
Email Address																				
PART C: PRS MEMBER DECLARATION																				
 I understand my previous nomination will be revoked entirely by completing and submitting this Revocation of Nomination Form. I understand that the revocation of my nomination shall become effective only when a duly completed and witnessed form has been received by PPA or PRS Provider whichever is earlier. I hereby declare that this revocation request is made freely by me and I fully understand the impediment of such request. I understand that upon the revocation of nomination, withdrawal will be based on the standard process of preretirement withdrawal upon death as stipulated on PPA's website. I understand that I may exercise my right to conduct a re-nomination at any time and for any reason in accordance to the PRS Guidelines. I have read and understand the content of the Revocation of Nomination Form as well as its explanatory notes. 																				
[Signature of the member]									Date											
PART D: WITNESS ATTESTATION																				
I, the undersigned, hereby A of this Form is true and details as provided below PPA or a PRS Provider or a Signature: Full Name: Date: NRIC:	the sam are true	ne ha e and	s bee	en ex rect.	ecut I de	ed in	my ¡ that	rese I am	nce a not a	is wit a non	ness	. I als	о со	nfirn	n tha	at m	у ре	ersor	nal	



REVOCATION OF NOMINATION FORM

FOR PRS CONSULTANT/ BRANCH OFFICER USE ONLY:	FOR PRS PROVIDER USE ONLY:
Consultant Code: Officer/ Consultant Name: Officer/Consultant NRIC: Officer/Consultant H/P No.: Branch Name & Code: Officer/ Consultant Signature: Date:	Received from: PRS Consultant Branch officer Checked by: Name: PRS Provider: Signature: Date:
	Checklist: Supporting documents Accuracy & completeness of form
FOR PPA USE ONLY	
	ime:
Staff Name: Signature: Signature: Date: D	hecked by: taff Name: ignature: ate: ime:
Status: Approved Rejected	

EXPLANATORY NOTES ON THE REVOCATION OF EXISTING NOMINEE(S) FORM

- 1. Condition for revocation of nomination are as follows:
 - The revocation of existing nominee(s) form must be signed in the presence of and by a witness. Witness criteria are as follows:
 - o 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.
 - Witness need not be present in person with the member when submitting the form.
- 2. Enforcement of Revocation of Nomination is as follows: -

The revocation of existing nominee(s) form shall become effective only when a duly completed and witnessed form has been received by PPA or PRS Provider, whichever is earlier.



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- 3. Documents needed for revocation of nomination are as follows:
 - Completed Revocation of 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.
- 4. The revocation of existing nominee(s) form must be submitted via the PRS Providers where the member has a PRS account with.
- 5. Please note that all applications received via e-mail will not be entertained.
- 6. In the event of leakage of information during the process, PPA shall not take any responsibility thereof.