



WITHDRAWAL UPON DEATH OF A MEMBER FORM

(To be completed by Nominee)

- This form is to allow a member’s nominee to withdraw the accrued benefits in PRS in the event of the member’s death.
- 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.
- Please note that each nominee is required to complete only one form. If there is more than one nominee, the nominees are **NOT** required to submit the form collectively.
- Please ensure all required supporting documents are submitted as per **EXPLANATORY NOTES ON THIS FORM** (from page 3 onwards).
- For Muslim member, this Withdrawal Form must be submitted within 1 year of member’s death to be effective.

PART A – DETAILS OF MEMBER (DECEASED)

PPA Account Number	P	P	A																	
Date of Death																				
Name of Member																				

PART B – DETAILS OF NOMINEE

Name of Nominee																				
Identification number / Passport Number																				
Telephone Number																				
Email Address																				
Relationship to the Deceased member																				
Address																				

PART C – PAYMENT DETAILS

Please tick preferred mode of payment:

- Direct credit into the Nominee’s bank account
 Bank Account Number: _____
 Bank Name: _____
- Cheque (Please ensure your full name as provided in Part B above is as per your identification card or passport and your address is complete.)



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PART D – DECLARATION

1. I declare that the information provided in this form and its attachments is authentic and correct. I understand if I provide any incorrect statement or false document, PPA shall reserve the right to reject the application.
2. I declare and understand that as a Nominee, I will receive the amount or percentage of the accrued benefits allocated to me by the deceased member as per the nomination records maintained at PPA.
3. I understand that as a Muslim, I will receive the accrued benefits as an administrator and will administer the accrued benefits in accordance to the Islamic laws.
4. I understand that the information provided in this form can be used by the PPA in activities relating to the processing of the application and shall be disclosed to relevant PRS Providers for such purposes.
5. I have read and understand the content of this Withdrawal Form as well as its explanatory notes.

UNDERTAKING

- I am the parent/guardian appointed by court for the nominee who is a minor and understand that the amount paid to will be applied solely for the maintenance and benefit of the nominee.
- I am the person appointed through power of attorney by nominee who is certified as having Permanent Total Disablement (PTD) or Mental Disability (MD) by medical practitioner registered under the Medical Act 1971 [Act 50], and understand that the amount paid will be applied solely for the maintenance and benefit of the nominee.
- I am the person appointed by the court to manage the affairs of the nominee who is certified as having Permanent Total Disablement (PTD) or Mental Disability (MD) by medical practitioner registered under the Medical Act 1971 [Act 50], and understand that the amount paid will be applied solely for the maintenance and benefit of the nominee.

Signature of the Nominee/Applicant*

Date of application

*Applicant may be:

- i) parent/guardian for minors ; OR
- ii) persons appointed by the court to act on behalf of a nominee who is diagnosed as having PTD or MD as defined under the PRS Guidelines; OR
- iii) persons appointed through power of attorney by a nominee who is diagnosed as having PTD or MD as defined under the PRS Guidelines

For Thumbprint Verification

(Please refer to List of Required Documents section in the explanatory notes below)

Signature of the Attending Doctor

Name of the Attending Doctor:

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EXPLANATORY NOTES ON THE WITHDRAWAL FORM FOR PRS FUNDS UPON DEATH

TERMS OF WITHDRAWAL

1. Nominee can apply to withdraw the deceased member's accrued benefits provided the nominee has reached the age of 18.

- (i) **For non-Muslims:** The nominee shall receive the accrued benefits according to the directions of the nomination as a beneficiary.

If the nominee is a minor (below the age of 18), he/she will not be eligible to apply for the withdrawal until he/she has turned to 18 years old. Where PPA deems appropriate, either the parent or legal guardian of the nominee may apply for the withdrawal by attaching the birth certificate as proof he/she is the parent or a court order indicating he/she is the legal guardian of the minor, subject to an undertaking by such person that the amount paid will be applied solely for the maintenance and benefit of the nominee.

If the nominee is certified as having PTD or MD by medical practitioner registered under the Medical Act 1971 [Act 50], where PPA deems appropriate, payment to such nominee may be made to a person who can satisfy PPA that he is responsible in managing the affairs of the nominee and that the amount paid will be applied solely for the maintenance and benefit of the nominee.

- (ii) **For Muslims:** The nominee only acts as an administrator to the accrued benefits and the nominee(s) are advised to administer and distribute the accrued benefits according to the Islamic Law.

If the nominee is a minor or certified as having PTD or MD by medical practitioner registered under the Medical Act 1971 [Act 50], he/she will not be eligible to apply for the death withdrawal. This is because the nominee is legally incapable to act as an administrator and distribute the accrued benefits in accordance with Islamic Laws. As such the accrued benefits shall be paid to the lawful executor or administrator of the member's estate.

Nominee can only apply for withdrawal upon death of a Muslim member within one (1) year from the member's date of death. This is to ensure the nominee(s) take(s) action as soon as possible to expedite the distribution of the PRS balance.

WITHDRAWAL AMOUNT ELIGIBILITY

The rightful nominee can withdraw the deceased member's accrued benefits which had been apportioned to him as per the nomination records maintained at PPA.

LIST OF REQUIRED DOCUMENTS

The withdrawal application shall be submitted together with the supporting documents as follows:

- Withdrawal Upon Death of a Member Form;
- A certified true copy of the Death certificate of deceased member; and
A copy front and back of nominee(s) Identification Card (MyKad/Police Identification Card/Military Identification Card)/ Permanent Resident Identification card (MyPR)/ Passport.

In the event the Nominee is unable to sign the Withdrawal Form due to having PTD as defined under the PRS Guidelines, thumbprint may be accepted, whereby the treating doctor is to verify and endorse on Nominee's inability to sign and willingness to place thumbprint on the Withdrawal Form. Treating doctor must also complete PPA's Medical Report on a Patient Withdrawing from PRS for PTD.

Additional supporting documents for non-Muslims only (where applicable):

- In the event the application is made by a person appointed by a court in Malaysia to act on behalf of nominees who is certified as having PTD or MD by medical practitioner registered under the Medical Act

WITHDRAWAL UPON DEATH OF A MEMBER FORM (To be completed by Nominee)

1971 [Act 50], such person may complete and execute this Form on behalf of nominee. Additionally, such persons are required to submit a completed PPA's Medical Report on a Patient Withdrawing from PRS for PTD/MD.

- In the event the application is made by a person(s) appointed through power of attorney by a nominee who is certified as having PTD or MD by medical practitioner registered under the Medical Act 1971 [Act 50], such a person may complete and execute this Form on behalf of nominee. Additionally, such persons are required to submit a completed PPA's Medical Report on a Patient Withdrawing from PRS for PTD/MD.
- Parent or Guardian may complete and execute this Form on behalf of a minor nominee. Additionally, such persons are required to submit a copy of a Birth Certificate (to proof parentage) or a Court order (as proof of legal guardianship) where applicable.

NOTE: PPA reserves the right to request for any additional documents if required and reject incomplete applications that do not comply to the terms and conditions.

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.

- 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.

PAYMENT

General rule: PRS Providers shall make payment to the respective nominee and the accrued benefits shall be credited directly into the nominee's bank account under the nominee's name **ONLY** or via cheque in the name of the nominee.

NOTE: For direct credit, it must be into an active bank account of the nominee

For third party application:

- 1) Where the applicant is the parent/guardian, payment is to be made to minor nominee's bank account only.
- 2) Where the applicant is a person duly appointed by the court, payment is generally to be made to bank account under the nominee's name unless the applicant can provide proof that the court order grants such persons the power to manage the financial affairs of the nominee including receiving payment on behalf of the nominee.
- 3) Where the applicant is a person duly appointed through power of attorney, payment is generally to be made to bank account under the nominee's name unless the applicant can provide proof that his or her appointment extends to receiving payment on behalf of the nominee.

SUBMISSION

All applications must be submitted via the PRS Providers where the member has a PRS account. Please note that all applications received via e-mail will not be entertained.

NOTE: Nominees may check with PPA for further details.

