

POLICY INFORMATION STATEMENT

Dear Policyowner

Thank you for purchasing this policy. This is a financial security product that has been customised according to your current requirements as stated on the reverse of this page.

You would find the following information helpful to you in future. This reflects, where applicable, the provisions of the Financial Services Act 2013. All statements and representations (if any) made by the Company in this Policy Information Statement are made in good faith based on the reasonable knowledge of the Company as at Policy Issue Date and the Company accepts and undertakes no liability whatsoever for the accuracy of the same and/or any and all subsequent changes or amendments to any law, regulation or practice relating to and affecting the validity or accuracy of the same. You should at all times seek independent advice from an advocate or solicitor and/or tax consultant in order to ascertain your rights and entitlements under or relating to this policy before making any decision. If there is any discrepancy between the English and Bahasa Malaysia versions of this Policy, the English version shall prevail.

PROOF OF AGE

Please remember that proof of age is needed before any benefit can be paid. Just produce one of the following original documents at any of our offices as listed in the Company's website.

- NRIC
- Birth Certificate
- International Passport
- Citizenship Certificate

NOMINATION

If you are 16 years and above, and you are the policyowner as well as the life assured, you may nominate an individual to receive the policy moneys upon your death. If you are a non-Muslim, your nomination will create a trust in favour of the nominee of the policy moneys payable upon your death, provided:

- (a) the nominee is your spouse or child; or
- (b) where there is no spouse or child living at the time of nomination, the nominee is your parent.

If you are a Muslim, the nominee will receive the policy moneys payable upon your death as an executor and not solely as a beneficiary and shall distribute the policy moneys in accordance with Islamic Law. The nomination form is available upon request from our Customer Service Department.

POLICY VALUES

Life assurance is financial security. Once you have it, please do not give it up! Any change of health or circumstance may mean one of two things to you or your family:

- You may not be able to buy life assurance protection
- or • You may have to pay substantially more for the same protection.

So, be regular and prompt with your premium payments. Your policy is an asset. If You stop paying premiums, this policy may continue to be in force for as long as there are sufficient Units in Your fund(s) to deduct the Insurance Charge and Policy Fee. This Policy will lapse or terminate if there are insufficient Units in Your fund(s) to deduct the Insurance Charge and Policy Fee. You may surrender this policy for its investment values any time so long Units are available in this policy. However, if you surrender this policy in the early years, you may get back less than the amount you paid in. You can, if necessary, receive part of the investment values by withdrawing some of the Units in this policy. Please consult your agent or call our Customer Service Department before making your decision.

CHANGE OF ADDRESS/ PHONE NUMBER

It is important that you inform us immediately in writing of any change in your mailing address, electronic mail (email) address (if applicable) and phone number to ensure that you receive letters or notices, etc. from us. Any change in your nominees' addresses should also be notified to the Company to facilitate payment of claim.

COMPLAINT HANDLING UNIT

You may refer your complaint pertaining to any insurance related matters to our Complaint Handling Unit for an amicable resolution before referring to the Ombudsman for Financial Services or BNMLINK / BNMTELELINK, Bank Negara Malaysia. The contact details of our Complaint Handling Unit: -

Complaint Handling Unit, Menara Great Eastern
303 Jalan Ampang, 50450 Kuala Lumpur.
Telephone No.: 03-4813-3738; Fax No.: 03-4259-8397
E-mail: Feedback@greatasteernlife.com

OMBUDSMAN FOR FINANCIAL SERVICES OR BANK NEGARA MALAYSIA

If you are not satisfied with the response or the decision of our Complaint Handling Unit, you may submit your complaint either to the Ombudsman for Financial Services (OFS) (664393P) (Formerly known as Financial Mediation Bureau) within 6 months from the date of our Complaint Handling Unit's final decision, or to BNMLINK/BNMTELELINK, Bank Negara Malaysia (BNM). Kindly check with our Complaint Handling Unit on the proper avenue for dealing with your complaint. The following are the contact details of OFS or BNM: -

OFS: Level 14, Main Block, Menara Takaful Malaysia, No. 4, Jalan Sultan Sulaiman, 50000 Kuala Lumpur.

Telephone No.: 03-2272-2811; Fax No.: 03-2272-1577.

Email: enquiry@ofs.org.my

Website: www.ofs.org.my

BNM: Laman Informasi Nasihat dan Khidmat (BNMLINK)

(Walk-in Customer Service Centre)

Ground Floor, D Block, Jalan Dato' Onn, 50480 Kuala Lumpur.

Contact Centre (BNMTELELINK)

Corporate Communication Department, Bank Negara Malaysia

P.O. Box 10922, 50929 Kuala Lumpur.

Telephone No.: 1-300-88-5465; (Overseas: 603-2174-1717); Fax No.: 03-2174-1515

Email: bnmtelelink@bnm.gov.my

FREE-LOOK PERIOD

Within 15 days after this policy has been received by you, you may return this policy to the Company. We shall then immediately refund the sum of

- any amount of premiums that have not been allocated to purchase Units; and
- Total Investment Value of this policy, if any; and
- total values of the Units deducted for Insurance Charges and Policy Fees based on the Net Asset Value on the Next Valuation Date

of your policy and cancel this policy subject only to the deduction of expenses incurred for the medical examination, if any, of the Life Assured.

Please note that for the purpose of determining the period of 15 days, this policy will be deemed to be returned to the Company on the date we have received it or the date that it has been posted to us by registered post.

ENQUIRIES ON YOUR POLICY

To ensure prompt reply, kindly contact any of our offices, as listed in the Company's website or our Customer Service Careline at 1300-1300 88. Please quote your policy number and our reference, if any.

Alternatively, you may register as an e-Connect user via our website at www.greasternlife.com to check your policy information from the convenience of your home or office. You may view, download and print your policy statements including annual statement (if applicable) and Life Insurance Premium Certificate from e-Connect.

HEAD OFFICE

Kuala Lumpur: Menara Great Eastern, 303, Jalan Ampang, 50450 Kuala Lumpur.

Tel: 603-4259 8888 Fax: 603-4259 8000 Email: wecare-my@greasternlife.com

Website: www.greasternlife.com

PAYMENT OF PREMIUMS

For the latest update on our premium payment channels, you may visit our corporate website at www.greasternlife.com/my.

PREMIUM PAYABLE

At your request, the premium payment for your policy and any attaching supplementary benefits will be on a YEARLY mode; for easy reference, the total instalment premium of RM 2,300.00, arrived at as below is payable YEARLY from the Date of Commencement and will be for the same terms and conditions as stated in Schedule A of this Policy. If you wish to change the mode of premium payment, you may notify the Company in writing prior to the premium due date and you will be advised accordingly.

<u>Type of Plan/Supplementary Benefits</u>	<u>Sum Assured</u> <u>RM</u>	<u>YEARLY</u> <u>Premium</u> <u>RM</u>
100 YEARS SMARTPROTECT JUNIOR	100,000	2,300.00
1 YEARS SMART BABY SHIELD (MOTHER)^	30,000	*
5 YEARS SMART BABY SHIELD (CHILD)	5,000	*
TOTAL AMOUNT		----- 2,300.00 -----

*SEE INSURANCE CHARGES

^ REFER TO EXPIRY DATE IN SCHEDULE A.

POLICY NO : 123456789-0

You, the policyowner named in Schedule A of this policy, have entered into this contract of insurance (“this Policy”) with Great Eastern Life Assurance (Malaysia) Berhad (“the Company”).

This Policy is made up of:

- 1. this Policy document;**
- 2. the proposal and/or application and statements made by You and the Life Assured;**
- 3. any endorsement made at the issue or subsequent to the issue of this Policy document; and**
- 4. any provision applicable to the additional benefits described in the Table of Supplementary Benefits of Schedule A of this Policy, made at the issue or subsequent to the issue of this Policy document, unless stated to be otherwise.**

The Company will, subject to the provisions and receipt of premium(s) under this Policy, pay the sum assured stated in Schedule A to You or entitled person(s) for claims payment if satisfactory proof of happening of the event and the title of the person(s) claiming payment has been received by the Company.

This Policy is signed on the date of issue.

Director

Director

SCHEDULE A

TYPE OF PLAN: NON-PARTICIPATING PLAN WITH IMMEDIATE SURRENDER VALUE WHICH DEPENDS ON THE MARKET VALUE OF THE UNDERLYING ASSETS OF THE UNIT FUNDS. THIS POLICY IS DEFINED AS TYPE B ILP.
100 YEARS SMARTPROTECT JUNIOR

BASIC SUM ASSURED RM 100,000	CURRENCY RINGGIT MALAYSIA	EXPECTED DUE DATE 01/12/2019	DATE OF COMMENCEMENT 22/07/2019
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BASIC INVESTMENT PREMIUM

REGULAR YEARLY INSURANCE PREMIUM OF RM2,300.00 PAYABLE FOR 100 YEARS.

DATE OF ISSUE OF POLICY 22/07/2019	RISK COMMENCEMENT DATE 22/12/2019
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OFFICE OF CO. FOR PAYMENT OF PREMIUMS AND BENEFITS
MALAYSIA

EVENT WHEN BASIC SUM ASSURED WILL BECOME PAYABLE

UPON THE DEATH OF THE LIFE ASSURED PRIOR TO THE MATURITY DATE OF 22/07/2119, SUBJECT TO THE TERMS AND CONDITIONS STATED IN THIS POLICY.

POLICY NO: 123456789-0

PROPOSAL NO: KUL/01000/02

POLICYOWNER:
MR GREAT EASTERN

890609-02-2151

LIFE ASSURED:
CHILD of MADAM GELM

940519-01-2450-01072019

MOTHE R OF LIFE ASSURED:
MADAM GELM

940519-01-2450

POLICYOWNER'S: 32 JALAN 2/1D
ADDRESS 52100 KUALA LUMPUR

TABLE OF SUPPLEMENTARY BENEFITS

SUPPLEMENTARY BENEFITS	LAST PREMIUM DUE DATE	EXPIRY DATE	AMOUNT OF BENEFITS	PREMIUM	ANNEXURE
SBS-M		01/01/2020	RM30,000.00(SEE ANNEXURE)	SEE INSURANCE CHARGES	U95
SMS-C		22/07/2024	RM5,000,00 (SEE ANNEXURE)	SEE INSURANCE CHARGES	U95

SPECIAL PROVISIONS / ENDORSEMENT

577 (PC-TPD) 578 (PC-CTPD) 579 (PC-ASA) 609 (VESTING)

INSURANCE CHARGES

INSURANCE CHARGES FOR BASIC BENEFIT AND INVESTMENT-LINKED OPTIONAL BENEFITS (AS DEFINED BELOW) SHALL BE DEDUCTED EACH MONTH FROM TOTAL INVESTMENT VALUE UNDER THIS POLICY AT STANDARD RATES WHICH ARE APPLICABLE TO THE LIFE ASSURED.

INVESTMENT - LINKED OPTIONAL BENEFITS SHALL MEAN ALL OF THE FOLLOWING:

- 1) SMART BABY SHIELD (MOTHER)
- 2) SMART BABY SHIELD (CHILD)

NOTE: SUBJECT TO YOUR NOTIFICATION OF THE DATE OF BIRTH AND GENDER OF THE LIFE ASSURED TO THE COMPANY, THE INSURANCE CHARGES FOR BASIC BENEFIT AND INVESTMENT-LINKED OPTIONAL BENEFITS SHOWN ABOVE (EXCLUDING SMART BABY SHIELD) ARE BASED ON THE GENDER OF THE LIFE ASSURED AS MALE. YOU NEED TO UPDATE THE COMPANY IF THERE IS ANY CHANGE IN GENDER AFTER THE LIFE ASSURED IS BORN.

SCHEDULE B

TYPE OF PLAN:

100 YEARS SMARTPROTECT JUNIOR

FUND TYPES AVAILABLE

FUND MANAGEMENT CHARGE

1.	LION BALANCED FUND	1.00%
2.	LION FIXED INCOME FUND	0.50%
3.	LION PROGRESSIVE FUND	1.35%
4.	DANA SEJATI	0.50%
5.	LION STRATEGIC FUND	1.25%
6.	LION ENHANCED EQUITY FUND	1.50%
7.	DANA GEMILANG	1.50%
8.	LION SMALL MID CAP FUND	1.40%

THE FUND MANAGEMENT CHARGE MAY BE VARIED BY THE COMPANY.

POLICY FEE

RM72 A YEAR (RM6 DEDUCTED EACH MONTH) OR AS REVISED BY THE COMPANY.

PARTIAL WITHDRAWAL CHARGE / SURRENDER CHARGE

<u>NUMBER OF MONTHS THAT PREMIUM IS PAID</u>	<u>% OF PARTIAL WITHDRAWAL AMOUNT OR SURRENDER AMOUNT</u>
1 to 12	0%
13 to 24	0%
25 and thereafter	0%

PREMIUMS ALLOCATED TO PURCHASE UNITS

INSURANCE PREMIUM

FIRST YEAR'S PREMIUM	: 60%
SECOND YEAR'S PREMIUM	: 60%
THIRD YEAR'S PREMIUM	: 60%
FOURTH YEAR'S PREMIUM	: 80%
FIFTH YEAR'S PREMIUM	: 80%
SIXTH YEAR'S PREMIUM	: 80%
SEVENTH YEAR'S PREMIUM	: 95%
EIGHTH YEAR'S PREMIUM	: 95%
NINTH AND FOLLOWING YEARS' PREMIUM	: 100%

BALANCER/GREAT SAVER RIDER (IF ANY)

95%

INVESTMENT TOP-UPS

95%

UNALLOCATED PREMIUMS

ANY AMOUNT OF PREMIUM THAT HAS NOT BEEN ALLOCATED TO PURCHASE UNITS IS USED TO MEET THE PAYMENTS OF COMMISSIONS TO INTERMEDIARIES AND GENERAL EXPENSES OF THE COMPANY.

SAMPLE

SCHEDULE 36

Standard Insurance Charge Rates Per Annum Male Smoker

Attained Age Next Birthday *	Insurance Charge Rate Per Annum Per RM1,000 Sum Assured	Attained Age Next Birthday *	Insurance Charge Rate Per Annum Per RM1,000 Sum Assured	Attained Age Next Birthday *	Insurance Charge Rate Per Annum Per RM1,000 Sum Assured
0-1	1.34	34	1.34	67	28.40
2	1.34	35	1.34	68	31.36
3	1.34	36	1.45	69	34.64
4	1.34	37	1.55	70	31.87
5	1.34	38	1.67	71	35.04
6	1.34	39	1.81	72	38.58
7	1.34	40	1.98	73	42.36
8	1.34	41	2.18	74	46.44
9	1.34	42	2.43	75	50.89
10	1.34	43	2.73	76	55.78
11	1.34	44	3.08	77	61.15
12	1.34	45	3.46	78	66.90
13	1.34	46	3.88	79	73.07
14	1.34	47	4.35	80	79.71
15	1.34	48	4.84	81	86.89
16	1.34	49	5.37	82	94.64
17	1.34	50	5.96	83	102.92
18	1.34	51	6.61	84	111.73
19	1.34	52	7.33	85	121.05
20	1.34	53	8.14	86	130.91
21	1.34	54	9.00	87	141.33
22	1.34	55	9.91	88	152.35
23	1.34	56	10.85	89	163.92
24	1.34	57	11.78	90	175.94
25	1.34	58	12.65	91	188.32
26	1.34	59	13.53	92	201.03
27	1.34	60	14.52	93	214.27
28	1.34	61	15.75	94	227.92
29	1.34	62	17.28	95	241.78
30	1.34	63	19.01	96	255.67
31	1.34	64	21.50	97	269.22
32	1.34	65	23.43	98	281.77
33	1.34	66	25.82	99	294.21

* On Date of Insurance Charge Deduction

Note:

Insurance Charge for Policy Month

= Insurance Charge Rate Per Annum x Sum Assured at start of Policy Month ÷ 12

SCHEDULE 36

Standard Insurance Charge Rates Per Annum Male Non-Smoker

Attained Age Next Birthday *	Insurance Charge Rate Per Annum Per RM1,000 Sum Assured	Attained Age Next Birthday *	Insurance Charge Rate Per Annum Per RM1,000 Sum Assured	Attained Age Next Birthday *	Insurance Charge Rate Per Annum Per RM1,000 Sum Assured
0-1	1.34	34	1.34	67	25.82
2	1.34	35	1.34	68	28.40
3	1.34	36	1.34	69	31.36
4	1.34	37	1.45	70	29.00
5	1.34	38	1.55	71	31.87
6	1.34	39	1.67	72	35.04
7	1.34	40	1.81	73	38.58
8	1.34	41	1.98	74	42.36
9	1.34	42	2.18	75	46.44
10	1.34	43	2.43	76	50.89
11	1.34	44	2.73	77	55.78
12	1.34	45	3.08	78	61.15
13	1.34	46	3.46	79	66.90
14	1.34	47	3.88	80	73.07
15	1.34	48	4.35	81	79.71
16	1.34	49	4.84	82	86.89
17	1.34	50	5.37	83	94.64
18	1.34	51	5.96	84	102.92
19	1.34	52	6.61	85	111.73
20	1.34	53	7.33	86	121.05
21	1.34	54	8.14	87	130.91
22	1.34	55	9.00	88	141.33
23	1.34	56	9.91	89	152.35
24	1.34	57	10.85	90	163.92
25	1.34	58	11.78	91	175.94
26	1.34	59	12.65	92	188.32
27	1.34	60	13.53	93	201.03
28	1.34	61	14.52	94	214.27
29	1.34	62	15.75	95	227.92
30	1.34	63	17.28	96	241.78
31	1.34	64	19.01	97	255.67
32	1.34	65	21.50	98	269.22
33	1.34	66	23.43	99	281.77

* On Date of Insurance Charge Deduction

Note:

Insurance Charge for Policy Month

= Insurance Charge Rate Per Annum x Sum Assured at start of Policy Month ÷ 12

SCHEDULE 36

Standard Insurance Charge Rates Per Annum Female Smoker

Attained Age Next Birthday *	Insurance Charge Rate Per Annum Per RM1,000 Sum Assured	Attained Age Next Birthday *	Insurance Charge Rate Per Annum Per RM1,000 Sum Assured	Attained Age Next Birthday *	Insurance Charge Rate Per Annum Per RM1,000 Sum Assured
0-1	1.34	34	1.34	67	21.50
2	1.34	35	1.34	68	23.43
3	1.34	36	1.34	69	25.82
4	1.34	37	1.34	70	23.87
5	1.34	38	1.34	71	26.38
6	1.34	39	1.45	72	29.00
7	1.34	40	1.55	73	31.87
8	1.34	41	1.67	74	35.04
9	1.34	42	1.81	75	38.58
10	1.34	43	1.98	76	42.36
11	1.34	44	2.18	77	46.44
12	1.34	45	2.43	78	50.89
13	1.34	46	2.73	79	55.78
14	1.34	47	3.08	80	61.15
15	1.34	48	3.46	81	66.90
16	1.34	49	3.88	82	73.07
17	1.34	50	4.35	83	79.71
18	1.34	51	4.84	84	86.89
19	1.34	52	5.37	85	94.64
20	1.34	53	5.96	86	102.92
21	1.34	54	6.61	87	111.73
22	1.34	55	7.33	88	121.05
23	1.34	56	8.14	89	130.91
24	1.34	57	9.00	90	141.33
25	1.34	58	9.91	91	152.35
26	1.34	59	10.85	92	163.92
27	1.34	60	11.78	93	175.94
28	1.34	61	12.65	94	188.32
29	1.34	62	13.53	95	201.03
30	1.34	63	14.52	96	214.27
31	1.34	64	15.75	97	227.92
32	1.34	65	17.28	98	241.78
33	1.34	66	19.01	99	255.67

* On Date of Insurance Charge Deduction

Note:

Insurance Charge for Policy Month

= Insurance Charge Rate Per Annum x Sum Assured at start of Policy Month ÷ 12

SCHEDULE 36

Standard Insurance Charge Rates Per Annum Female Non-Smoker

Attained Age Next Birthday *	Insurance Charge Rate Per Annum Per RM1,000 Sum Assured	Attained Age Next Birthday *	Insurance Charge Rate Per Annum Per RM1,000 Sum Assured	Attained Age Next Birthday *	Insurance Charge Rate Per Annum Per RM1,000 Sum Assured
0-1	1.34	34	1.34	67	19.01
2	1.34	35	1.34	68	21.50
3	1.34	36	1.34	69	23.43
4	1.34	37	1.34	70	21.66
5	1.34	38	1.34	71	23.87
6	1.34	39	1.34	72	26.38
7	1.34	40	1.45	73	29.00
8	1.34	41	1.55	74	31.87
9	1.34	42	1.67	75	35.04
10	1.34	43	1.81	76	38.58
11	1.34	44	1.98	77	42.36
12	1.34	45	2.18	78	46.44
13	1.34	46	2.43	79	50.89
14	1.34	47	2.73	80	55.78
15	1.34	48	3.08	81	61.15
16	1.34	49	3.46	82	66.90
17	1.34	50	3.88	83	73.07
18	1.34	51	4.35	84	79.71
19	1.34	52	4.84	85	86.89
20	1.34	53	5.37	86	94.64
21	1.34	54	5.96	87	102.92
22	1.34	55	6.61	88	111.73
23	1.34	56	7.33	89	121.05
24	1.34	57	8.14	90	130.91
25	1.34	58	9.00	91	141.33
26	1.34	59	9.91	92	152.35
27	1.34	60	10.85	93	163.92
28	1.34	61	11.78	94	175.94
29	1.34	62	12.65	95	188.32
30	1.34	63	13.53	96	201.03
31	1.34	64	14.52	97	214.27
32	1.34	65	15.75	98	227.92
33	1.34	66	17.28	99	241.78

* On Date of Insurance Charge Deduction

Note:

Insurance Charge for Policy Month

= Insurance Charge Rate Per Annum x Sum Assured at start of Policy Month ÷ 12

SCHEDULE 37

Standard Insurance Charge Rates Per Annum for Smart Baby Shield (SBS-M & SMS-C)

Insurance Charge will be deducted in 2 instalments, the first instalment on the Commencement Date and the second instalment on the Risk Commencement Date of this Policy.

Attained Age Next Birthday *	Insurance Charge (RM) deducted on the Commencement Date	Insurance Charge (RM) deducted on the Risk Commencement Date
19	540	540
20	541	541
21	541	541
22	541	541
23	541	541
24	541	541
25	542	542
26	542	542
27	542	542
28	542	542
29	542	542
30	543	543
31	544	544
32	545	545
33	545	545
34	546	546
35	547	547
36	548	548
37	549	549
38	550	550
39	551	551
40	553	553
41	553	553
42	554	554
43	555	555
44	555	555
45	555	555

* On Date of Insurance Charge Deduction

PRIVILEGES AND CONDITIONS

GLOSSARY (Clause 1)

1. DEFINITIONS AND INTERPRETATIONS

“Attained Age Next Birthday” means the age next birthday of the Life Assured on preceding (or coincident) Policy Anniversary.

“Balancer” refers to the amount of premium classified as Balancer, if any, in Schedule A of this Policy or in a subsequent endorsement issued by the Company, as the case may be. It is the amount of Basic Investment Premium exceeding the maximum amount of Insurance Premium allowed, if any, by regulatory requirement based on the chosen coverage.

“Basic Investment Premium” refers to the Basic Investment Premium shown in Schedule A of this Policy or in a subsequent endorsement issued by the Company, as the case may be. In all cases, the premium will be classified as Insurance Premium and Balancer, if any. However, both Insurance Premium and Balancer are dynamic depending on the policy options as exercised by You from time to time and subject to the terms and conditions that the Company may impose at its sole and absolute discretion as well as regulatory requirement.

“Commencement Date” refers to the Date of Commencement specified in Schedule A of this Policy.

“Education Fund Account” refers to the account established under this Policy for ILES Premium paid after applying the applicable allocation rate as specified in Schedule B of this Policy.

“Expected Due Date”, where applicable, refers to the Expected Due Date shown in Schedule A of this Policy.

“Great Saver Rider” is a regular investment top-up payable based on the Company's underwriting decision, in respect of which, if applicable to this Policy, an annexure will be issued by the Company.

“GSR Premium” refers to the premium payable for Great Saver Rider specified in the Table of Supplementary Benefits in Schedule A of this Policy, if applicable.

“ILES Premium” means the premium for IL EduSaver specified in the Table of Supplementary Benefits in Schedule A of this Policy. ILES Premium will be allocated in Education Fund Account.

“Immediate Family Member” means Your parents, spouse and children.

“Insurance Premium” refers to the amount of premium classified as Insurance Premium in Schedule A of this Policy or in a subsequent endorsement issued by the Company, as the case may be, as determined by regulatory requirement.

“Insurance Premium Account” refers to the account established under this Policy for Insurance Premium (if any) paid after applying the applicable allocation rate as specified in Schedule B of this Policy. Charges applicable such as Policy Fee and Insurance Charge will be deducted from this account.

“Life Assured” means the person whose life is covered under this Policy as named in Schedule A of this Policy.

“Maturity Date” refers to the Maturity Date specified in Schedule A of this Policy on which the coverage of the Life Assured under this Policy has ceased accordingly.

“Net Asset Value” refers to the value of a Unit of a Fund as determined by the Company on a business day.

“Net Sum Assured” refers to the Sum Assured as defined herein.

“Policy Anniversary” means the anniversary of the Commencement Date.

“Policy Year” refers to a period which starts on the Commencement Date or any Policy Anniversary and ends on the day before the following Policy Anniversary.

“Risk Commencement Date” refers to the Risk Commencement Date specified in Schedule A of this Policy or in a subsequent endorsement issued by the Company, as the case may be, on which the coverage of the Life Assured under this Policy has become effective.

“Sum Assured” refers to the Basic Sum Assured shown in Schedule A of this Policy or in a subsequent endorsement issued by the Company, as the case may be.

“Top-Up Premium Account” refers to the account established under this Policy for Investment Top-Ups, Balancer or Great Saver Rider (if any) paid after applying the applicable allocation rate as specified in Schedule B of this Policy. Charges applicable such as Policy Fee and Insurance Charge will be deducted from this account.

“Total Investment Value” refers to the total value of Insurance Premium Account, Top-Up Premium Account and Education Fund Account (if any) based on the Net Asset Value at the Next Valuation Date, of all the Units allocated to this Policy, aggregated over all the funds established by the Company.

“Valuation Date” refers to a date on which the Company carries out a valuation to determine the Net Asset Value of a Unit; and **“Next Valuation Date”**, in relation to a given transaction refers to the Valuation Date immediately following the date of transaction.

“You” or **“Your”** refers to the policyowner named in Schedule A of this Policy.

If not specifically provided, the following interpretations will apply to this Policy:

- 1.1 Any reference to a “business day” is to a day (not being a Saturday, Sunday or a Public Holiday in Kuala Lumpur, Malaysia) on which the Head Office of the Company is open for business in Malaysia and any reference to a “day”, “week”, “month” or “year” is to that day, week, month or year in accordance with the Gregorian calendar.
- 1.2 All schedules attached to this Policy form part of this Policy, but if there is any conflict or discrepancy between the schedules and any of the provisions of this Policy, the terms and conditions in Privileges and Conditions of this Policy will prevail.

BASIS OF CONTRACT (Clause 2)

2. CONTRACT OF INSURANCE

2.1 This Policy is issued in consideration of the payment of premiums as specified in Schedule A of this Policy and pursuant to:

- 2.1.1 The answers given by You and/or the Life Assured in Your application or proposal form or any subsequent questionnaires given by the Company on any matters relating to Your proposal and any disclosures made by You between the time of submission of Your application or proposal and the time this contract of insurance is entered into; and
- 2.1.2 Medical reports and any other reports and questionnaires;
(collectively referred to as “the Material Information”)

and such Material Information shall form part of this contract of insurance between the Company and You. However, in the event of any pre-contractual misrepresentation made in relation to such Material Information, the remedies in Schedule 9 of the Financial Services Act 2013 will apply.

If You are required by the Company, before this Policy is renewed or varied, to answer any questions or if You are required to confirm or amend any matter previously disclosed by You to the Company in relation to this Policy, it is Your duty to take reasonable care not to make a misrepresentation when answering the questions or confirming or amending any matter previously disclosed.

You must inform the Company of any change to the information given to the Company in Your answers or in respect of any matter previously disclosed to the Company in relation to this Policy if such changes had taken place after You have submitted the application for renewal or variation but before this Policy is renewed or varied.

2.2 This Policy may be varied with the consent in writing of the Chief Executive Officer of the Company or other person duly appointed for the purpose by the Company’s Board of Directors. The Company may determine the manner in which this Policy is varied by way of special provision/endorsement to this Policy. Any subsequent special provisions/endorsements made by the Company will take effect from the date of the special provisions/endorsements and be deemed part of this Policy.

FUND INFORMATION (Clauses 3-7)

3. TYPES OF FUNDS

- 3.1 In order to ascertain the benefits payable under this Policy and other similar policies, the Company has established the following Funds (“Fund” or “Funds”, as the case may be) together with their respective objectives:
- 3.1.1 **Lion Balanced Fund**
A fund which invests in a mixture of equities (ranging from 40% to 60%) and fixed income securities. This fund seeks to provide medium to long-term capital appreciation, with a moderate level of volatility.
- 3.1.2 **Lion Fixed Income Fund**
A fund which invests in fixed income securities, for example government and corporate bonds as well as cash and cash equivalents. This fund seeks to provide consistent return at low levels of volatility. Although the fund invests mainly in Malaysia (40% to 100%), it may also partially invest in foreign fixed income securities (up to 50%), to enhance the fund’s returns.
- 3.1.3 **Lion Progressive Fund**
A fund which invests in a mixture of equities (ranging from 50% to 90%) and fixed income securities. This fund seeks to provide medium to long-term capital appreciation, with a moderate-to-high level of volatility.
- 3.1.4 **Dana Sejati**
A fund which invests in Shariah approved fixed income securities, for example government and corporate sukuk as well as Islamic money market papers/deposits. This fund seeks to provide consistent return at low levels of volatility. Although the fund invests mainly in Malaysia (40% to 100%), it may also partially invest in foreign Shariah approved fixed income securities (up to 50%), to enhance the fund’s returns.
- 3.1.5 **Lion Strategic Fund**
A fund which invests in a mixture of equities, fixed income securities and money market instruments. There is flexibility in asset allocation as this fund may invest solely in fixed income securities or equities. This fund seeks to provide medium to long-term capital appreciation, with a moderate level of volatility.
- 3.1.6 **Lion Enhanced Equity Fund**
A fund where 80% to 100% of the investments are in equities, which may be volatile in the short term. This fund seeks to achieve medium to long-term capital appreciation. Although the fund invests mainly in Malaysia (50% to 100%), it may also partially invest in Singapore (up to 25%) and Hong Kong (up to 25%), if and when necessary, to enhance the fund’s returns.
- 3.1.7 **Dana Gemilang**
A fund where 80% to 100% of the investments are in equities, which may be volatile in the short term. This fund seeks to achieve medium to long-term capital appreciation. Although the fund invests mainly in Malaysia (50% to 100%), it may also partially invest in Singapore (up to 25%) and Hong Kong (up to 25%), if and when necessary, to enhance the fund’s returns. The fund only invests in Shariah-approved securities.
- 3.1.8 **Lion Small Mid Cap Fund**
A fund where 60% to 100% of investments are in equities with the balance in cash and/or cash equivalents, which may be volatile in the short term. This fund seeks to achieve medium to long-term capital appreciation, investing in Malaysian (50% to 100%) Small and Medium Market Capitalisation (“Small Mid Cap”) equities. It may partially invest in foreign Small Mid Cap equities (Asia Pacific excluding Japan region) if and when necessary, to enhance the fund’s returns.
- 3.2 Each Fund is denominated in Units (“Unit” or “Units”, as the case may be) of equal value. The value of each Unit will fluctuate from time to time.
- 3.3 The Company may establish additional Funds from time to time at its sole and absolute discretion. Under such circumstance, the provisions of this Policy shall apply (unless inappropriate) to the additional Funds.

4. MANAGEMENT OF THE FUNDS

- 4.1 The Company may invest the assets of the Funds at its sole and absolute discretion.
- 4.2 Income from the assets of the Funds will be credited to the respective Funds.
- 4.3 The Company may at any time and from time to time issue new Units or cancel Units in any or all of the Funds.
- 4.4 The Company reserves the right to withdraw or close any of the Funds as listed in the sub-clause 3.1 above (subject to the approval of the relevant authorities, if applicable). Under such circumstance, You may choose either to redeem those Units or to direct the Company to switch those Units to Units of any other Funds offered by the Company at that time.
If the Company does not receive any instruction in writing from You within the time period stipulated by the Company prior to the withdrawal or closure of the Fund, the Company reserves the right to switch the remaining Units in that particular Fund of this Policy to any other Funds offered by the Company at that time.
- 4.5 The Company reserves the right to rename any of the Funds if it deems necessary and appropriate.
- 4.6 The Company may undertake an exercise to consolidate and/or to split the Units of any one or more of the Funds to bring about an increase (in the case of an exercise to consolidate the said Units) or a reduction (in the case of an exercise to split the said Units) in the prices of each of the affected Funds if it deems necessary and appropriate. The exercise shall be carried out in the manners and conditions as determined by the Company, at its absolute discretion provided that the monetary value of the investment under this Policy will not be affected in any manner as a result of such exercise.
- 4.7 The Company may delegate the management of the Funds to any person or fund management organization on such terms as the Company may determine.
- 4.8 Any change made to the management of Funds such as but not limited to the Fund's objectives, strategies, asset allocation and risk management strategy will be notified to You by giving at least three (3) months advance written notice in accordance with 'Notices and Correspondence' clause of this Privileges and Conditions.

5. UNIT PRICE

- 5.1 Each Unit of a Fund will have a Net Asset Value as determined by the Company that shall be final and conclusive and be binding on You.
- 5.2 The Company will value each Unit of a Fund daily, which is also a business day, to determine the Net Asset Value.
- 5.3 The Company will determine the Net Asset Value which shall not be lower than the value of the given Fund (as described under Clause 6 below), divided by the number of Units of the given Fund in issue on the business day before the Valuation Date. The result will be rounded down to the nearest tenth of a sen.
- 5.4 The Company will publish the latest available Net Asset Value daily in any newspaper circulating in Malaysia in such format and with such details and information as it will decide.

6. VALUATION OF FUNDS

- 6.1 The values of each Fund will be calculated as being the sum of:
 - 6.1.1 the values of the assets (as described in sub-clause 6.2 below) making up the Fund;
 - 6.1.2 cash held uninvested in the Fund on the business day before the Valuation Date;
 - 6.1.3 income accrued or attributable to the Fund on the business day before the Valuation Date;and less deductions as provided for in sub-clause 7.1 below, on the business day before the Valuation Date.
- 6.2 The values of the assets must not be less than the market price for which the asset may be sold on the business day before the Valuation Date, less any charge, tax, duties and other expenses which would be incurred in its disposal.

7. FUND DEDUCTIONS

- 7.1 The Company will deduct a sum from each Fund to pay for:
- 7.1.1 the Fund Management Charge; and
 - 7.1.2 all expenses, taxes, duties and other charges incurred in the purchase, sale, valuation and maintenance of the investments of the Fund; and
 - 7.1.3 any tax on the income of the Fund or any capital gain on the assets of the Fund or provisions for such tax due but not yet paid, including provisions for tax on unrealised capital gains where such a tax would be payable if the gains had been realised on the date the asset was valued.
- 7.2 The amount of the Fund Management Charge to be deducted from each Fund at each Valuation Date will be
- $$\frac{\text{number of days}}{250} \times (\text{k}\% \times \text{Value of Fund})$$
- where:
- “number of days” refers to the number of business days after the preceding Valuation Date up to and inclusive of the current Valuation Date;
 - “k%” refers to the percentage charge for the appropriate Fund as specified in Schedule B of this Policy; and
 - “Value of Fund” refers to the value determined by the Company (as determined under Clause 6 above) of the appropriate Fund before the deduction of the Fund Management Charge.
- 7.3 The Fund Management Charge for each Fund is specified in Schedule B of this Policy. The Company may vary the Fund Management Charge (subject to the prior approval of the relevant authorities, if applicable) by giving at least three (3) months advance written notice to You in accordance with ‘Notices and Correspondence’ clause of this Privileges and Conditions.

PREMIUM AND CHARGES (Clauses 8-14)

8. BASIC INVESTMENT PREMIUM

- 8.1 The Basic Investment Premium will be apportioned to the Funds as specified by You in the proposal for assurance or any other document prescribed and accepted by the Company for premium apportionment or alteration of premium apportionment. The apportioned Basic Investment Premium will be used to purchase Units of the Funds by referring to the appropriate premium allocation rate as specified in Schedule B of this Policy. The year in Schedule B is the year that the premium is due and payable in relation to the Commencement Date.
- 8.2 The number of Units to be allocated to this Policy for the first Basic Investment Premium will be determined by reference to their respective Net Asset Value on the Next Valuation Date after the later of:
- 8.2.1 the date on which the premium is received by the Company and an official receipt issued for the payment; and
 - 8.2.2 the date on which the proposal is accepted by the Company. For the purpose of this sub-clause, this date refers to the date of the Letter of Conditions of Acceptance (“LCA”) if issued without any condition stated in the LCA or if the LCA is issued with conditions, it will be the date that all the conditions are fulfilled.
- 8.3 The number of Units to be allocated to this Policy for the second and subsequent Basic Investment Premium will be determined by reference to their respective Net Asset Value on the Next Valuation Date on which the Basic Investment Premium is received and such payment record has been updated by the Company.
- 8.4 The number of Units of each Fund allocated to this Policy will be rounded off to the nearest two (2) decimal places.
- 8.5 In the event of non-payment of Basic Investment Premium while this Policy is in force, the Company will still deduct the Policy Fee and Insurance Charge from the Insurance Premium Account and Top-Up Premium Account.

9. POLICY FEE

- 9.1 The Company will deduct a monthly Policy Fee beginning from the Commencement Date, from the Insurance Premium Account and Top-Up Premium Account by cancelling Units valued at their respective Net Asset Value on the Next Valuation Date following each due date of the Policy Fee. If the value of the Units in the Insurance Premium Account and Top-Up Premium Account are insufficient, the monthly Policy Fee will be deducted from the Education Fund Account in the same manner.
- 9.2 If the Life Assured is an unborn child at the Commencement Date, policy fee for the prenatal period will be deducted upfront on the same date.
- 9.3 The Policy Fee is specified in Schedule B of this Policy.

10. INSURANCE CHARGE

- 10.1 The Company will deduct a monthly Insurance Charge beginning from the Commencement Date, from the Insurance Premium Account and Top-Up Premium Account by cancelling Units valued at their respective Net Asset Value on the Next Valuation Date following each due date of the Insurance Charge. If the value of the Units in the Insurance Premium Account and Top-Up Premium Account are insufficient, the monthly Insurance Charge will be deducted from the Education Fund Account in the same manner.
- 10.2 If the Life Assured is an unborn child at the Commencement Date, the deduction of Insurance Charge as set out in Clause 10.1 will begin on the Risk Commencement Date, and thereafter will be made on the corresponding date for each subsequent month. Regardless of any subsequent endorsement issued by the Company, the due date of the Insurance Charge shall be based on the original Risk Commencement Date.
- 10.3 The Insurance Charge in respect of the Sum Assured will be calculated at the Company's rates based on the Attained Age Next Birthday on each due date of Insurance Charge.
- 10.4 The standard Insurance Charge rates per annum vary by gender and smoker status of the Life Assured and these rates are given in Schedule 36 of this Policy.
- 10.5 Depending on the Net Sum Assured, the standard Insurance Charge rates per annum as set out in Schedule 36 of this Policy shall be discounted in accordance with Table 1 below:

Table 1

Net Sum Assured (RM)	Discount on the Standard Insurance Charge Rate Per Annum (%)
100,000 to 249,999	10%
250,000 to 499,999	15%
500,000 and above	20%

For the avoidance of doubt, the Discount on the Standard Insurance Charge Rate Per Annum as set out above, shall not apply to any extra Insurance Charge imposed due to risks arising from occupation, avocation, health or any other circumstances.

11. PARTIAL WITHDRAWAL CHARGE

- 11.1 The Company will deduct a Partial Withdrawal Charge from the value of Insurance Premium Account when you make a partial withdrawal in accordance with Clause 21.
- 11.2 The rate of Partial Withdrawal Charge will be determined based on the number of months that premium is paid in which the partial withdrawal is made as specified in Schedule B of this Policy.
- 11.3 Partial Withdrawal Charge shall be waived upon death of Your Immediate Family Member subject to the following conditions:

- 11.3.1 Your written application to the Company, death certification and proof of relationship of deceased are received by the Company; and
- 11.3.2 The withdrawal(s) is performed within six (6) months from the date of death of Your Immediate Family Member.

12. SURRENDER CHARGE

- 12.1 The Company will deduct a Surrender Charge from the total value of Insurance Premium Account when you surrender your Policy in accordance with Clause 22.
- 12.2 The rate of Surrender Charge will be determined based on the number of months that premium is paid in which the surrender is made as specified in Schedule B of this Policy.
- 12.3 Surrender Charge shall be waived upon death of Your Immediate Family Member subject to the following conditions:
 - 12.3.1 Your written application to the Company, death certification and proof of relationship of deceased are received by the Company; and
 - 12.3.2 The surrender is performed within six (6) months from the date of death of Your Immediate Family Member.

13. ALLOWANCES TO VARY THE CHARGES

- 13.1 The Policy Fee, Insurance Charge, Partial Withdrawal Charge and Surrender Charge are not guaranteed.
- 13.2 The Company may vary these charges by giving at least three (3) months advance written notice to You in accordance with 'Notices and Correspondence' clause of this Privileges and Conditions. Any upward revision of the charges shall take effect on the Policy Anniversary immediately following the expiry of the three (3) months advance written notice. However, for any downward revision of the charges, the Company reserves the right to implement it immediately without giving any notice to You.

14. ALLOWANCES TO VARY THE PREMIUM

- 14.1 The Basic Investment Premium is not guaranteed. In the event the actual sustainability of this Policy is reduced due to revision of the Insurance Charge, the Company may vary the Basic Investment Premium and any regular investment top-ups.
- 14.2 The Company may vary these premiums by giving at least three (3) months advance written notice to You in accordance with 'Notices and Correspondence' clause of this Privileges and Conditions. Any upward revision of the premiums shall take effect on the Policy Anniversary immediately following the expiry of the three (3) months advance written notice. However, for any downward revision of the premiums, the Company reserves the right to implement it immediately without giving any notice to You.
- 14.3 The revised Basic Investment Premium and any regular investment top-ups will follow the allocation rate as specified in Schedule B of this Policy according to the Policy Year.

LAPSE AND REINSTATEMENT (Clauses 15-16)

15. GRACE PERIOD AND TERMINATION

- 15.1 You are allowed up to thirty (30) days ("the Grace Period") from each of the premium due dates to pay Your subsequent Basic Investment Premium and GSR Premium (if any) under this Policy.
- 15.2 If any claim occurs during the Grace Period while this Policy is in force before the Basic Investment Premium and GSR Premium (if any) are paid, this Policy will be as valid and effective as though the Basic Investment Premium and GSR Premium (if any) had been paid. However, any amount of indebtedness under this Policy will be deducted from the claim proceeds payable.

- 15.3 Subject to Clause 17 below, after the expiry of the Grace Period, this Policy will lapse and has no further value if the Total Investment Value is less than or equal to zero.

16. REINSTATEMENT

- 16.1 If this Policy is terminated as a result of the Total Investment Value is less than or equal to zero, You may reinstate it within three (3) years from the date of termination subject to the following conditions:
- 16.1.1 Your written application for reinstatement is received by the Company; and
 - 16.1.2 The Life Assured is within the allowable age limit as determined by the Company at the time of reinstatement; and
 - 16.1.3 Evidence of assurability satisfactory to the Company is received by the Company and if any medical report and/or test is required by the Company, all costs in relation to these medical reports and/or tests are to be borne by You; and
 - 16.1.4 You must inform the Company of any change in the health of the Life Assured or any circumstances that may affect the health of the Life Assured up to the date of reinstatement; and
 - 16.1.5 You must pay all unpaid premiums which has accumulated up to the date of reinstatement; and
 - 16.1.6 You have to make full repayment of any outstanding loans with the Company; and
 - 16.1.7 Any other conditions that the Company may impose at the material time.

The Company will either approve, reject or impose additional conditions in writing that it deems fit on Your application for the reinstatement at its sole and absolute discretion.

- 16.2 In the event of any misrepresentation made in relation to Your application for reinstatement or You fail to inform the Company of any change in accordance with Clause 16.1.4 above, and this Policy has been in effect for one (1) year or less from the Risk Commencement Date of this Policy,
- (i) The Company may, at its sole and absolute discretion, avoid the Policy in the event of any misrepresentation made by You in relation to Your application for reinstatement:
 - (a) is a deliberate or reckless misrepresentation; or
 - (b) is a careless or innocent misrepresentation, and but for the misrepresentation, the Company would not have reinstated this Policy.
 - (ii) In the event that this Policy is invalidated or is avoided pursuant to Clause 16.2 (i) above, the Company's liability shall be limited to the refund of the following:
 - (a) any amount of premiums that have not been allocated to purchase Units; and
 - (b) Total Investment Value of this Policy, if any; and
 - (c) total values of the Units deducted for Insurance Charges and Policy Fees based on the Net Asset Value on the Next Valuation Date;subject to the deduction of expenses which may have been incurred for the medical examination of the Life Assured, any indebtedness to the Company under this Policy and any applicable charges or fees as determined by the Company.
 - (iii) In the event of any misrepresentation made by You in relation to Your application of reinstatement is a careless or innocent misrepresentation, and but for the misrepresentation, the Company would have reinstated this Policy but on different terms and conditions, the Company may, at its sole and absolute discretion:
 - (a) vary any of the terms and conditions of this Policy and treat this Policy as if it had been reinstated on the varied terms and conditions; and
 - (b) in addition to Clause 16.2 (iii) (a), reduce proportionately the amount to be paid on a claim in accordance with the Company's relevant policy at the material time.
- 16.3 In the event of any misrepresentation made in relation to Your application for reinstatement or You fail to inform the Company of any change in accordance with Clause 16.1.4 above, and this Policy has been in effect for more than one (1) year from the Risk Commencement Date, the Company may, at its sole and absolute discretion, avoid the Policy in the event of any misrepresentation made by You in relation to Your application for reinstatement is a deliberate misrepresentation and but for the misrepresentation, the Company would not have reinstated this Policy.

- (i) In the event that this Policy is invalidated or is avoided pursuant to this Clause 16.3, the Company's liability shall be limited to the refund of the following:
 - (a) any amount of premiums that have not been allocated to purchase Units; and
 - (b) Total Investment Value of this Policy, if any; and
 - (c) total values of the Units deducted for Insurance Charges and Policy Fees based on the Net Asset Value on the Next Valuation Date;subject to the deduction of expenses which may have been incurred for the medical examination of the Life Assured, any indebtedness to the Company under this Policy and any applicable charges or fees as determined by the Company.

NO-LAPSE GUARANTEE (Clause 17)

17. NO-LAPSE GUARANTEE

- 17.1 This Policy and its attaching supplementary benefits (if any) will not lapse within the first three (3) Policy Years from the Commencement Date if the Total Investment Value is less than or equal to zero on the due date of the monthly Policy Fee and Insurance Charge ("Monthly Deduction Date"), provided that:
 - 17.1.1 all the Basic Investment Premium and GSR premium (if any) of this Policy due prior to such Monthly Deduction Date have been paid on each premium due date or during the Grace Period; and
 - 17.1.2 there has not been any withdrawal of any Units prior to such Monthly Deduction Date.
- 17.2 Pursuant to Clause 17.1 above, any unpaid Policy Fee and Insurance Charge will be deducted when
 - 17.2.1 the Basic Investment Premium and GSR premium (if any) of this Policy are paid; or
 - 17.2.2 the Investment Top-up(s) is paid,until the unpaid Policy Fee and Insurance Charge are fully repaid.
- 17.3 If any claim occurs when this Policy continues to be in force pursuant to Clause 17.1 above, any unpaid Policy Fee and Insurance Charge will be deducted from the claim proceeds payable under this Policy.

POLICY OPTIONS (Clauses 18-23)

18. PREMIUM INCREASE/REDUCTION

You may increase or reduce the Basic Investment Premium subject to the following conditions and other conditions that the Company may impose, if any:

- 18.1 Any increase or reduction to the Basic Investment Premium will take effect from the next premium due date;
- 18.2 Any increased or reduced Basic Investment Premium will be payable for the remaining premium payment term;
- 18.3 The Company will treat any increase in the Basic Investment Premium as a new premium for the purpose of applying the appropriate premium allocation rate as specified in Schedule B of this Policy. For the purpose of this clause, the year in Schedule B is the year that the premium is due and payable in relation to the date of premium increase.

19. SUM ASSURED INCREASE/REDUCTION

You may increase or reduce the Sum Assured subject to the following conditions and other conditions that the Company may impose, if any:

- 19.1 Any request for change in Sum Assured will take effect from next Insurance Charge due date; and
- 19.2 the Sum Assured must be within the Sum Assured limits as determined by the Company.

20. INVESTMENT TOP-UPS

You may apply to the Company to pay Single Premium (“Investment Top-ups”) under this Policy at any time, subject to the same being accepted by the Company and the following conditions and other conditions that the Company may impose, if any:

- 20.1 You must first pay in full the Basic Investment Premium and any GSR Premium due from the Commencement Date until and including the Policy Year in which the Investment Top-ups is sought to be made;
- 20.2 the Investment Top-ups must be within the Investment Top-ups limits as determined by the Company; and
- 20.3 the number of Units for the Investment Top-ups to be allocated to this Policy will be determined by reference to their respective Net Asset Value on the Next Valuation Date after the date on which the Investment Top-ups is received by the Company and as evidenced by an official receipt issued for the payment.

21. WITHDRAWAL

You may request the Company to cancel some of the Units allocated to this Policy subject to the following conditions and other conditions that the Company may impose, if any:

- 21.1 the Company may decide not to cancel Units if:
 - 21.1.1 the value of the Units being cancelled; or
 - 21.1.2 the value of the remaining Units allocated to any Fund under this Policy, is less than the minimum allowed by the Company at that time; and
- 21.2 the amount payable upon cancellation of the Units will be equal to the value of the cancelled Units at their respective Net Asset Value on the Next Valuation Date after the Company has received Your request on the Company’s prescribed form on a business day.
- 21.3 the amount payable will be subject to Partial Withdrawal Charge as specified in Schedule B of this Policy.

22. SURRENDER

You may request the Company to cancel all Units allocated to this Policy subject to the following conditions and other conditions that the Company may impose, if any:

- 22.1 the amount payable upon cancellation of the Units will be equal to the value of the cancelled Units at their respective Net Asset Value on the Next Valuation Date, if any, after the Company has received Your request on the Company’s prescribed form on a business day, subject to the deduction of any indebtedness to the Company under this Policy; and
- 22.2 upon payment of the amount payable under sub-clause 22.1, this Policy will be terminated and all benefits and rights under it shall cease.
- 22.3 the amount payable will be subject to Surrender Charge as specified in Schedule B of this Policy.

23. SWITCHING

You may request the Company to cancel some Units of any Fund and with the value of Units being cancelled to purchase Units of any other Fund(s) which will be allocated to this Policy, subject to the following conditions and other conditions that the Company may impose, if any:

- 23.1 Units will be cancelled and purchased at their respective Net Asset Value on the Next Valuation Date after either the date of receipt of Your request on the Company’s prescribed form on a business day or any other date specified by You which is a business day, whichever is the later; and
- 23.2 The Company may decide not to cancel or purchase Units if:
 - 23.2.1 the value of the Units to be cancelled or purchased; or
 - 23.2.2 the value of the remaining Units allocated to any Fund under this Policy, is less than any minimum allowed by the Company at that time.

BENEFITS (Clause 24-25)

24. DEATH BENEFIT

24.1 While this Policy is in force and subject to its terms and conditions, if death of the Life Assured occurs on or after the Policy Anniversary on which the Life Assured attains the age of five (5) years next birthday, the Company will pay the Total Investment Value as at the Next Valuation Date immediately following the notification of death, if any, and the Sum Assured as at the date of death. However, if death of the Life Assured occurs before the Policy Anniversary on which the Life Assured attains the age of five (5) years next birthday, the Company will pay:

24.1.1 the Total Investment Value as at the Next Valuation Date immediately following the notification of death, if any; and

24.1.2 the Revised Amount of Sum Assured in accordance with the table below:

<u>Age Next Birthday of the Life Assured on Policy Anniversary preceding Death</u>	<u>Revised Amount of Sum Assured</u>
0-1	20% of the Sum Assured
2	40% of the Sum Assured
3	60% of the Sum Assured
4	80% of the Sum Assured

In addition, if death occurs prior to the first Policy Anniversary, the age next birthday of the Life Assured on the Commencement Date shall be used to determine the Revised Amount of Sum Assured payable by the Company.

24.2 If the Life Assured is an unborn child as at the Commencement Date, the Company will only pay the benefit in Clause 24.1 above if death of the Life Assured occurs on or after the Risk Commencement Date.

24.3 Notification of death must be accompanied by satisfactory documentary evidence of death.

24.4 The amount of any indebtedness under this Policy as well as any withdrawal made between the date of death and date of notification of death will be deducted from the claim proceeds payable.

24.5 The number of Units cancelled to pay for Insurance Charges and Policy Fees due after the date of death will be reinstated and the Total Investment Value will include the value of these Units.

24.6 This Policy will terminate upon death of the Life Assured and all benefits and rights (except the amount payable under sub-clause 24.1 above and under other provisions for payment of benefits, if any, under this Policy) under it shall cease.

25. MATURITY BENEFIT

While this Policy is in force and subject to its terms and conditions, upon survival of the Life Assured to the Maturity Date of this Policy, the Company will pay the Total Investment Value, if any, as at the Next Valuation Date immediately following the Maturity Date, after deducting the amount of any indebtedness under this Policy. This Policy will then be terminated.

OTHER PROVISIONS (Clauses 26-37)

26. CONFIRMATION OF AGE

26.1 You must prove the date of birth of the Life Assured to the Company before the Company is required to pay any benefit under this Policy unless this information has been previously verified and confirmed by the Company to be correct.

26.2 The Company will adjust the benefits under this Policy according to the true date of birth of the Life Assured if it was incorrectly stated in the proposal for assurance.

27. SUICIDE

If the Life Assured, whether sane or insane, commits suicide within one (1) year from the Risk Commencement Date or date of any reinstatement of this Policy, whichever is later, the Company's liability shall be limited to the refund of the following:

27.1 any amount of premiums that have not been allocated to purchase Units; and

27.2 Total Investment Value of this Policy, if any; and

27.3 total values of the Units deducted for Insurance Charges and Policy Fees from the Risk Commencement Date or date of any reinstatement of this Policy, whichever is later. The total values of the units will be based on the Net Asset Value on the Next Valuation Date.

This Policy shall then terminate.

28. INDISPUTABILITY

28.1 The Company will not dispute the validity of this Policy during the lifetime of the Life Assured after one (1) year from the Risk Commencement Date of this Policy, unless there is fraud.

28.2 In the event that this Policy is invalidated or becomes void pursuant to Clause 28.1, the Company's liability shall be limited to the refund of the following:

28.2.1 any amount of premiums that have not been allocated to purchase Units; and

28.2.2 Total Investment Value of this Policy, if any; and

28.2.3 total values of the Units deducted for Insurance Charges and Policy Fees based on the Net Asset Value on the Next Valuation Date;

subject to the deduction of expenses which may have been incurred for the medical examination of the Life Assured, any indebtedness to the Company under this Policy and any applicable charges or fees as determined by the Company.

29. REMEDIES FOR MISREPRESENTATION

29.1 This Clause shall only apply if the duration of this Policy is one (1) year or less from the Risk Commencement Date.

29.2 (i) The Company may, at its sole and absolute discretion, avoid the Policy in the event of any pre-contractual misrepresentation made by You in relation to the Material Information:-

(a) is a deliberate or reckless misrepresentation; or

(b) is a careless or innocent misrepresentation, and but for the misrepresentation, the Company would not have issued or renewed this Policy.

(ii) In the event that this Policy is invalidated or is avoided pursuant to Clause 29.2(i), the Company's liability shall be limited to the refund of the following:

(a) any amount of premiums that have not been allocated to purchase Units; and

(b) Total Investment Value of this Policy, if any; and

(c) total values of the Units deducted for Insurance Charges and Policy Fees based on the Net Asset Value on the Next Valuation Date;

subject to the deduction of expenses which may have been incurred for the medical examination of the Life Assured, any indebtedness to the Company under this Policy and any applicable charges or fees as determined by the Company.

29.3 In the event of any pre-contractual misrepresentation made by You in relation to the Material Information is a careless or innocent misrepresentation, and but for the misrepresentation, the Company would have issued or renewed this Policy but on different terms and conditions, the Company may, at its sole and absolute discretion:-

(i) vary any of the terms and conditions of this Policy and treat this Policy as if it had been issued or renewed on the varied terms and conditions; and

(ii) in addition to Clause 29.3(i), reduce proportionately the amount to be paid on a claim in accordance with the Company's relevant policy at the material time.

30. NOTICE OF ASSIGNMENTS

A written notice of assignment or charge on this Policy is deemed notified to the Company, if it is delivered to the Company at the Company's offices and acknowledged by the Company in writing. However, the Company shall not be responsible for or deemed to be admitting the validity of any assignment or charge by just acknowledging the notice.

31. CHANGE OF NOMINEES

You may substitute new nominee(s) in place of the nominee(s) named ("Named Nominee") in this Policy by informing the Company in writing. However, if You are the Life Assured, not a Muslim and the Named Nominee is either:

31.1 Your spouse or Your child; or

31.2 any one of Your parents where at the time of nomination, You do not have living spouse or child, the trustee of this Policy who has legal capacity must consent before You can substitute the new nominee(s) in place of the Named Nominee. The substitution will take effect from the date the Company received the notice in writing from You.

32. ACCEPTANCE OF INSTRUCTIONS

The Company will only accept instructions, requests or notices when such forms, documents, information and consents as required by the Company, are received.

33. SUSPENSION OF TRADING

With the exception of payment for the death benefit, if any, the Company reserves the right to defer cancellation or purchase of Units in the Funds for a period not exceeding six (6) months if it is necessary for any purpose, under circumstance it considers exceptional, which shall include but not limited to all of the following circumstances:

33.1 any period on which any asset forming part of the Fund for the time being is listed or dealt in is closed (other than for ordinary holidays) or during which trading is restricted or suspended; or

33.2 the existence of any state of affairs which, in the opinion of the Company might seriously prejudice Your interests in the investment of the similar Fund; or

33.3 any breakdown in the means of communication normally employed in determining the price of a Unit of the Fund or when for any reason the prices of any of such Units in the Fund cannot be promptly and accurately ascertained; or

33.4 any period when trading of Units in the Funds is suspended subject to any order or direction of the relevant authorities; or

33.5 any period when the business operations of the Company in relation to the operation of the Fund are substantially interrupted or closed as a result of or arising from pestilence, acts of war, terrorism, insurrection, revolution, civil unrest, riots, strikes or acts of God.

34. RESIDENCE, OCCUPATION AND TRAVEL

This Policy is free from restrictions as regards to residence, occupation and travel.

35. NOTICES AND CORRESPONDENCE

35.1 Any notice, request, instruction or correspondence required or permitted to be given under this Policy whether to the Company or to You shall be in writing. Your mailing address, electronic mail (email) address (if any) and handphone number (if any) are that stated in the proposal for assurance and if there is any change, they will be the last mailing address or electronic mail (email) address or handphone number that You have notified the Company.

- 35.2 Any notice, request, instruction or correspondence given by the Company may be sent by ordinary post or pre-paid registered post or email or short message service (SMS) or delivered personally to You or may be posted electronically on the Company's official website or other website disclosed to You or may be published in a local daily newspaper and shall be conclusively deemed to have been received:
- 35.2.1 in the case of personal delivery, on the day of delivery; or
 - 35.2.2 in the case of ordinary post, or in the case of pre-paid registered post, seven (7) days after the date of posting, if posted to an address in Malaysia, and fourteen (14) days, if posted to an address outside Malaysia; or
 - 35.2.3 in the case of delivery via email or SMS, on the day of delivery; or
 - 35.2.4 in the case of publishing in a local daily newspaper, on the day of publishing; or
 - 35.2.5 in the case of electronic posting on the Company's official website or other website, the later of the day of electronic posting or the day of delivery of a separate notification to You of such electronic posting via any effective means provided under the above clauses 35.2.1, 35.2.2, 35.2.3 or 35.2.4 respectively, as determined by the Company from time to time.
- 35.3 With the conditions as stated in clauses 35.2.1, 35.2.2, 35.2.3 and 35.2.5 above, in the case that any notice, request, instruction or correspondence is returned to the Company undelivered to You after the Company has made at least three consecutive attempts at delivery, the Company may, at its sole and absolute discretion, at Your own risk, withhold all subsequent notice, request, instruction or correspondence until the Company has been notified by You of Your new mailing address or email address or handphone number.

36. GOVERNING LAW

- 36.1 This Policy shall be governed by the Laws of Malaysia and the Courts of Malaysia shall have exclusive jurisdiction for any dispute arising out of or in relation to this Policy.
- 36.2 The Company shall have the right at any time, by giving advance written notice to You in accordance with the 'Notices and Correspondence' clause of this Privileges and Conditions, to amend the terms and conditions of this Policy in compliance with any legislative changes, statutory modifications or amendments which may be enacted from time to time.

37. SANCTION LIMITATION AND EXCLUSION

At the sole discretion of the Company, the Company shall not be deemed to provide cover and shall not receive any payment(s) under this Policy; or be liable to pay any sums (including but not limited to payment of claims, refund of premiums, surrender or cancellation payments); or provide any benefit under this Policy; to the extent that the provision of such cover, payment of such sum or provision of such benefit would expose the Company to any sanction, prohibition or restriction under any laws and/or regulations, administered by any governmental, regulatory or competent authority, or any law enforcement in any country.

****END OF PAGE****

Great Eastern

SMART BABY SHIELD (SBS)

ANNEXURE U95

This Smart Baby Shield Rider (“this Annexure”) does not give any right to share in the surplus of the Company’s life insurance fund and does not have any surrender value.

1. DEFINITIONS

For the purpose of this Annexure, the following words or expressions, wherever mentioned in this Annexure, shall have the following meanings unless otherwise stated. Any word or expression not specifically defined in this Annexure shall have the same meaning as ascribed to it in this Policy:-

“**Accident**” means an incident which results in injury to the Mother of Life Assured caused solely and directly by accidental, violent, external and visible means and independently of all other causes of which (except in the cases of drowning or of internal injury revealed by an autopsy) there is as evidence a visible contusion or wound on the exterior of the body.

“**Amount of Benefits**” means the amount of benefits for this Annexure specified in the Table of Supplementary Benefits in Schedule A of this Policy or in a subsequent endorsement issued by the Company, as the case may be.

“**Attained Age Next Birthday**” means the age next birthday of the Life Assured on preceding (or coincident) Policy Anniversary.

“**Cancer – of specified severity and does not cover very early cancers**” means any malignant tumour positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells and invasion of tissue. The term malignant tumour includes leukemia, lymphoma and sarcoma.

For the above definition, the following are not covered:

- (a) All cancers which are histologically classified as any of the following:
- pre-malignant;
 - non-invasive;
 - carcinoma in situ;
 - having borderline malignancy;
 - having malignant potential.
- (b) All tumours of the thyroid histologically classified as T1N0M0 (TNM classification)
- (c) All tumours of the urinary bladder histologically classified as T1N0M0 (TNM classification)
- (d) Chronic Lymphocytic Leukemia less than RAI Stage 3
- (e) All cancers in the presence of HIV
- (f) Any skin cancer other than malignant melanoma.

“**Date of Commencement**” refers to the Date of Commencement shown in Schedule A.

“**Death of Foetus**” means death of foetus prior to the complete delivery or expulsion or extraction from Mother of Life Assured of a product of conception which has been conceived for at least eight (8) weeks. The death is indicated by the fact that after such delivery/expulsion/extraction, such product does not breathe or show any other evidence of life, such as beating of the heart, pulsation of the umbilical cord or definite movement of voluntary muscles; The death must be due to the legal premature termination or ending of a pregnancy, and must be the result of a sudden unforeseen and fortuitous event, and must not be due to a voluntary and malicious act by the Mother of Life Assured, as certified by a Doctor.

“**Diagnosis**” or “**Diagnosed**” means the definitive diagnosis made by a Medical Practitioner based upon such specific evidence, referred to in the definition of the particular Cover concerned.

Such Diagnosis must be supported by the Company’s appointed Medical Practitioner who may base his / her opinion on the medical evidence submitted by the claimant and / or any additional evidence he / she may require.

“**Company**” means Great Eastern Life Assurance (Malaysia) Berhad.

“Congenital Conditions” means any medical or physical abnormalities existed at the time of birth, or neonatal physical abnormalities developing within six (6) months from the time of birth. This will include all types of hernias and epilepsy except when caused by trauma

“Doctor” or **“Physician”** or **“Surgeon”** means a registered medical practitioner qualified and licensed to practice western medicine and who, in rendering his service, is practicing within the scope of his licensing and training in the geographical area of practice, but excluding a doctor, physician or surgeon who is the Life Assured himself.

“Expiry Date for SBS-M” means the expiry date of Cover for the Mother of Life Assured for this Annexure specified in the Table of Supplementary Benefits in Schedule A of this Policy or in a subsequent endorsement issued by the Company, as the case may be, on which the coverage of the Mother of Life Assured under this Annexure has ceased accordingly.

“Expiry Date for SMS-C” means the expiry date of Cover for the Life Assured for this Annexure specified in the Table of Supplementary Benefits in Schedule A of this Policy or in a subsequent endorsement issued by the Company, as the case may be, on which the coverage of the Life Assured under this Annexure has ceased accordingly.

“Hospital” means an establishment duly constituted and registered as a hospital for the care and treatment of sick and injured persons as paying bed-patients, and which:-

- (a) has facilities for diagnosis and major surgery,
- (b) provides twenty-four (24) hour a day nursing services by registered and graduate nurses,
- (c) is under the supervision of a Physician, and
- (d) is not primarily a Clinic; a place for alcoholics or drug addicts; a nursing, rest or convalescent home or a home for the aged or similar establishment.

“Hospitalisation” means admission to a Hospital as a registered Inpatient for a continuous period of at least eight (8) consecutive hours on Medically Necessary treatments for a covered Disability upon recommendation of a Physician. A patient shall not be considered as an Inpatient if the patient does not physically stay in the hospital for the whole period of confinement.

“Incubation of Newborn” means the medically necessary incubation of the newborn child following birth, using an infant incubator. The benefit is only payable for births in Hospitals.

“Incubator” means an apparatus in which a newborn is placed where the environment conditions, including but not limited to, temperature, humidity and oxygen’s concentration, can be controlled.

“Injury” means bodily injury caused solely by Accident.

“Life Assured” means the person whose life is covered under this Policy as named in Schedule A of this Policy.

“Medically Necessary” means a medical service which is:-

- (a) consistent with the diagnosis and customary medical treatment for a covered Disability, and
- (b) in accordance with standards of good medical practice, consistent with current standard of professional medical care, and of proven medical benefits, and
- (c) not for the convenience of the Life Assured or the Physician, and unable to be reasonably rendered out of hospital (if admitted as an Inpatient), and
- (d) not of an experimental, investigational or research nature, preventive or screening nature, and
- (e) for which the charges are fair, reasonable and customary for the Disability

“Medical Practitioner” means a surgeon or physician qualified by degree in western medicine, who is legally licensed and duly qualified to practice medicine and surgery authorised in the geographical area of his practice, and who also possesses a current Annual Practicing Certificate issued by the Malaysian Medical Council.

“MMA Guidelines” means the latest available schedule of fees or charges for various descriptions of medical services and/or treatment which is provided by the Malaysian Medical Association (MMA) for the guidance of the medical profession in Malaysia.

“Mother of Life Assured” means the mother for the person whose life is covered under this Policy as named in Schedule A of this Policy.

“Neonatal Intensive Care Unit” or **“Intensive Care Unit”** or **“High Dependency Unit”** means a section within a Hospital which is designated as an Intensive Care Unit by the Hospital, and which is maintained on a twenty-four (24) hour basis solely for treatment of patients in critical condition and is equipped to provide special nursing and medical services not available elsewhere in the Hospital.

“Policy” means the basic policy to which this Annexure is attached.

“Policy Anniversary” means the anniversary of the Risk Commencement Date.

“Public Conveyance” means a commercially licensed airline operating on a regular scheduled route or a commercially licensed public transportation (limited to vehicles and trains that are operating on the road and railway only) over an established route with regular schedule such as bus, train or monorail. Cable car, taxi, hired car or any form of transport chartered for private travel, are excluded.

“Reasonable and Customary Charges” means Medically Necessary charges for medical care which is considered reasonable and usual to the extent that it does not exceed the general level of charges being made by others of similar standing in the locality where the charge is incurred, when furnishing like or comparable treatment, services or supplies to individual of the same sex and of comparable age for a similar Illness, Sickness, Disease or Injury and in accordance with accepted medical standards and practice which could not have been omitted without adversely affecting the Life Assured’s medical condition.

“Risk Effective Date” refers to the Date of Commencement or date of inclusion of this Annexure if it has been subsequently included to this Policy or date of any reinstatement, whichever is the later, on which the coverage of the Life Assured under this Annexure has become effective.

“Specialist” means a registered medical or dental practitioner qualified and licensed in the geographical area of his practice where treatment takes place and who is classified by the appropriate health authorities as a person with superior and special expertise in specified fields of medicine or dentistry, but excluding a physician, dentist or surgeon who is the Life Assured himself.

“Waiting Period” means the first thirty (30) days from the Risk Effective Date.

2. INSURANCE CHARGE

- 2.1 The Company will deduct the Insurance Charge from the Total Investment Value in respect of the Amount of Benefits, by cancelling Units valued at their respective Net Asset Value, in two (2) instalments, whereby the first instalment will be deducted on the Risk Effective Date and the second instalment will be deducted on the Risk Commencement Date of this Policy. .
- 2.2 The Insurance Charge will be calculated at the Company’s rates based on the Attained Age Next Birthday of the Mother of Life Assured on each due date of Insurance Charge.
- 2.3 The standard Insurance Charge rates per annum for the Life Assured are given in Schedule 37 of this Annexure, which follow the Attained Age Next Birthday of the Mother of Life Assured.
- 2.4 The Insurance Charges are not guaranteed. The Company may vary these charges by giving at least thirty (30) days advance written notice to You in accordance with ‘Notices and Correspondence’ clause of the Privileges and Conditions. Any upward revision of the charges shall take effect on the Policy Anniversary immediately following the expiry of the thirty (30) days advance written notice. However, for any downward revision of the charges, the Company reserves the right to implement it immediately without giving any notice to You.

3. AMOUNT OF BENEFITS

- 3.1 While this Annexure is in force and subject to its terms and conditions, in the event of death of the Mother of Life Assured due to childbirth or Pregnancy Complications;
 - 3.1.1 prior to the delivery of the Life Assured; or
 - 3.1.2 up to one (1) month after delivery of the Life Assured,the Company shall pay the Amount of Benefits shown in the Table of Supplementary Benefits in Schedule A of this Policy.
- 3.2 While this Annexure is in force and subject to its terms and conditions, in the event of death of the Life Assured
 - 3.2.1 during gestation “Death of Foetus”); or
 - 3.2.2 during labour or birth; or
 - 3.2.3 within the first thirty (30) days from the date of birth of the Life Assured,the Company shall pay the Amount of Benefits shown in the Table of Supplementary Benefits in Schedule A of this Policy and Total Investment value, if any.

4. BENEFITS

While this Annexure is in force and subject to its terms and conditions, upon receipt and approval of due proof such as original bills, receipts and/or other evidence satisfactory to the Company that any of the listed Cover for the Mother of Life Assured or Cover for the Life Assured occurs, the Company will pay a benefit or benefits in accordance with the Table of Benefits below:

Table of Benefits

Section	Cover for the Mother of Life Assured (U95A)	Benefit Amount
1.	<p>Upon first ever Diagnosis of any of the following Pregnancy Complications:</p> <p>(a) Abruption Placentae (b) Amniotic Fluid Embolism (c) Eclampsia (d) Placenta Increta / Percreta (e) Postpartum Haemorrhage Requiring Hysterectomy (f) Acute Fatty Liver Of Pregnancy (g) Disseminated Intravascular Coagulation (D.I.C.)</p> <p>For pregnancy complications listed above accompanied by Gestational Diabetes Mellitus (“GDM”), an additional twenty percent (20%) of the benefits above shall be payable.</p>	<p>RM5,000 + additional RM1,000 if accompanied by GDM</p>
2.	<p>Hospitalisation benefit (due to childbirth or Pregnancy Complications) upon admission into Intensive Care Unit (ICU) / High Dependency Unit (HDU) (up to one (1) month after delivery.)</p>	<p>RM500 per day</p>
3.	<p>Maternity Cancer benefit</p>	<p>RM5,000</p>
4.	<p>Infectious disease benefit Upon occurrence of any one (1) of the following Infectious Diseases.</p> <p><u>Upon Diagnosis:</u></p> <p>(a) Severe Measles (b) Severe Hand Foot Mouth Disease (c) Chikungunya Fever (d) Typhoid Fever (e) Rabies</p> <p><u>Upon Hospitalisation:</u></p> <p>(a) Zika Virus (b) MERS-CoV (c) Ebola (d) SARS (e) Influenza A - Avian influenza A (H7N9) & A(H5N1) (f) Nipah Virus Encephalitis (g) Japanese Encephalitis (h) Creutzfeldt-Jakob disease (i) Malaria (j) Dengue Hemorrhagic Fever</p>	<p>RM1,000</p>
5.	<p>Accidental Death Benefit</p>	<p>RM30,000</p>
6.	<p>Accidental Death due to Public Conveyance</p>	<p>RM60,000</p>
Section	Cover for the Life Assured (U95B)	Benefit Amount
7.	<p>Hospitalisation benefit</p>	<p>RM500 per day</p>
8.	<p>Incubation of Newborn</p>	<p>RM200 per day</p>
9.	<p>Phototherapy Treatment for Neonatal Jaundice of specified severity</p>	<p>RM1,000</p>

10.	Reimbursement for Hospitalisation due to Congenital Conditions: (a) Anal Atresia (b) Atrial Septal Defect (c) Congenital Cataract (d) Congenital Deafness (e) Congenital Diaphragmatic Hernia (f) Infantile Hydrocephalus (g) Tetralogy of Fallot (h) Transposition of Great Vessel (i) Truncus Arteriosus (j) Ventricular Septal Defect (k) Coarctation of the aorta (l) Cerebral Palsy (m) Spina Bifida (n) Oesophageal Atresia (o) Trachea-oesophageal fistula (p) Cleft Lip and/or Cleft Palate (q) Down's Syndrome (r) Retinopathy of Prematurity (s) Absence of Two Limbs	Up to RM30,000 per year
11.	Infectious disease benefit Upon occurrence of any one (1) of the following Infectious Diseases. <u>Upon Diagnosis – of the listed Infectious Disease up to the Policy Anniversary prior to age of five (5) years next birthday of the Life Assured:</u> (a) Severe Measles (b) Severe Hand Foot Mouth Disease (c) Chikungunya Fever (d) Typhoid Fever (e) Rabies <u>Upon Hospitalisation – due to the listed Infectious Disease below up to Policy Anniversary prior to age of five (5) years next birthday of the Life Assured:</u> (a) Zika Virus (b) MERS-CoV (c) Ebola (d) SARS (e) Influenza A - Avian influenza A (H7N9) & A(H5N1) (f) Nipah Virus Encephalitis (g) Japanese Encephalitis (h) Creutzfeldt-Jakob disease (i) Malaria (j) Dengue Hemorrhagic Fever	RM1,000

4.1 Conditions of Payment of Benefits

Section 1:

- 4.1.1 If the Mother of Life Assured suffers from any one (1) of the listed Pregnancy Complications as Diagnosed and certified by a Doctor or Specialist during her pregnancy, the Company shall pay the Benefit Amount as shown in Section 1 of the Table of Benefits.
- 4.1.2 If any of the Pregnancy Complications is accompanied by Gestational Diabetes Mellitus (“GDM”), the Company shall pay an additional amount of benefit shown in the above Table of Benefits, together with the amount of benefit payable for the Pregnancy Complication. The Company shall not pay for GDM if there is no Benefit Amount payable for Pregnancy Complications.

- 4.1.3 This benefit is payable only once. The Company shall not pay any further amount of benefit for Pregnancy Complications whether the Mother of Life Assured suffers from the same or different Pregnancy Complications after a claim under this Clause 4.1.1 of this Annexure has been approved and paid.

Section 2:

- 4.1.4 Upon admission of the Mother of Life Assured into Intensive Care Unit (“ICU”)/High Dependency Unit (“HDU”) due to childbirth or Pregnancy Complications, as deemed Medically Necessary by a Doctor or Specialist, the Company shall pay the Benefit Amount as shown in Table of Benefits above for each day in the ICU/HDU, up to one (1) month after delivery.

Section 3:

- 4.1.5 In the event that the Mother of Life Assured is Diagnosed with Cancer, which must be confirmed by a Specialist on the basis of histopathological Diagnosis, during the pregnancy period, the Company shall pay a lump sum benefit as per Benefit Amount as shown in Table of Benefits above. This benefit is payable once only.
- 4.1.6 The Company will not pay any benefit stated above for any condition which existed or was Diagnosed:
- 4.1.6.1 during the Waiting Period; or
 - 4.1.6.2 after the expiry of the Waiting Period but which is related to a condition which existed or was Diagnosed during the Waiting Period; or
 - 4.1.6.3 signs and symptoms existed before or during the Waiting Period which would prompt a reasonable person to seek medical care or attention, though the resulting Diagnosis may occur before or after the expiry of the Waiting Period.

Section 4:

- 4.1.7 In the event that Mother of Life Assured is Diagnosed by a Doctor or Specialist and/or hospitalised due to any one (1) of the listed Infectious Diseases while the Mother of Life Assured is still alive, the Company shall pay the Benefit Amount as shown in the Table of Benefits. This benefit is only payable once.

Section 5:

- 4.1.8 Upon death of the Mother of Life Assured resulting from an Accident (other than death resulting from an Accident as described under Section 6 below), the Company will pay a lump sum equal to the Benefit Amount (“Accidental Death Benefit”) as shown in the Table of Benefits.

Section 6:

- 4.1.9 Upon death of the Mother of Life Assured resulting from an Accident which occurs:
- 4.1.9.1 while traveling in a Public Conveyance; or
 - 4.1.9.2 while riding as a passenger in an elevator or electric lift; or
 - 4.1.9.3 in consequence of the burning of any theatre, or cinema, hotel or other public building in which the Life Assured was present at the time of commencement of the fire;
- The Company will pay a lump sum equal to the Benefit Amount (“Accidental Death due to Public Conveyance”) as shown in the Table of Benefits.

The payment of benefit under **Section 5** and **Section 6** above is further subject to the following conditions:

- (a) there shall be receipt of due proof that the death of the Mother of Life Assured due to an Accident occurs prior to delivery and up to one (1) month after delivery; and
- (b) there shall be receipt of due proof that the death is due to an Accident; and
- (c) there shall be receipt of due proof that the death of the Mother of Life Assured occurs within ninety (90) days from the date of the Accident.

Section 7:

- 4.1.10 If the Life Assured is admitted to a Neonatal Intensive Care Unit (“NICU”) or Intensive Care Unit (“ICU”) or High Dependency Unit (“HDU”) of the Hospital at any time within the first year from the date of birth of the Life Assured, up to a maximum of sixty (60) days, as deemed Medically Necessary by a Doctor or Specialist, the Company shall pay the Benefit Amount for each day for such admission, up to a maximum of sixty (60) days.

- 4.1.11 For clarity, the maximum amount of benefit payable for admission into Neonatal Intensive Care Unit or Intensive Care Unit or High Dependency Unit under this Annexure shall not exceed sixty (60) days. This benefit will expire upon sixty (60) days daily benefit being paid up.

Section 8:

- 4.1.12 In the event that Life Assured is placed in an Incubator at any time during the first sixty (60) days from the date of birth,, as deemed Medically Necessary by a Doctor or Specialist, the Company shall pay the Benefit Amount as shown in the Table of Benefits for each day the Life Assured is placed in an Incubator;
- 4.1.13 This benefit will expire upon sixty (60) days from the birth of the Life Assured.
- 4.1.14 The Company will only pay the higher of either Section 7 as stated above (Hospitalisation benefit) or Section 8 (Incubation of Newborn) if associated with the same event.

Section 9:

- 4.1.15 If the Life Assured is Diagnosed by a Doctor or Specialist, with Neonatal Jaundice requiring Phototherapy Treatment within first sixty (60) days after birth and the presence of neonatal jaundice must be confirmed and supported with relevant blood tests results including but not limited to total serum bilirubin levels of > 250 μ mol/L (micromol/litre). The treating Doctor or Specialist must confirm the requirement of phototherapy as Medically Necessary. The Company shall pay the Benefit Amount for Neonatal Jaundice requiring Phototherapy Treatment as shown in the Table of Benefits. This benefit is only payable once.

Section 10:

- 4.1.16 Upon receipt and approval of due proof such as original bills, receipts, full Doctor's report stipulating the Diagnosis of the condition treated and/or other evidence satisfactory to the Company that the Life Assured is Diagnosed by a Doctor or Specialist with any one (1) of the listed Congenital Conditions and is deemed Medically Necessary by the Specialist to be admitted to a Hospital, the Company will reimburse the Reasonable and Customary Charges incurred due to the Hospitalisation.
- 4.1.17 Failure to furnish such notice within the time allowed shall not invalid any claim if it is shown not to have been reasonably possible to furnish such notice and that such notice was furnished as soon as was reasonably possible.
- 4.1.18 The aggregate total amount of benefits payable under this Section shall not exceed the limit stated in the Benefit Amount.
- 4.1.19 The charges of the Hospitalisation due to Congenital Conditions are also consistent with and at the same level as those recommended in the MMA Guidelines.
- 4.1.20 No benefit whatsoever shall be payable for any medical treatment received by the Life Assured outside Malaysia, if the Life Assured resides or travels outside Malaysia for more than ninety (90) consecutive days.
- 4.1.21 All claims must be submitted to the Company within thirty (30) days of completion of the events for which the claim is being made. Claims are not deemed complete and this benefit is not payable unless all bills for such claims have been submitted and agreed upon by the Company. Only actual costs incurred shall be considered for reimbursement. Any variation or waiver of the foregoing shall be at the Company's sole discretion.

Section 11:

- 4.1.22 In the event that Life Assured is confirmed by medical evidence and Diagnosed by a Doctor or Specialist with Infectious Disease while the Life Assured is still alive, the Company shall pay the Benefit Amount of Infectious Disease Benefit shown in the Table of Benefits. This benefit is only payable once.

7. DEFINITIONS

Pregnancy Complications:

1	Abruptio Placentae of specified severity	Abruptio Placentae means premature separation of the placenta from the uterine wall that has caused foetal death or has required emergency caesarean section.
2	Amniotic Fluid Embolism of specified severity	Amniotic Fluid Embolism means entering of amniotic fluid into the maternal circulation that has caused life threatening pulmonary edema or cardiac arrest in the Life Assured or foetal death.
3	Eclampsia	Eclampsia is a condition in pregnancy whereby the following must all be present: (a) Hypertension; (b) Convulsions/seizures; (c) Proteinuria; and (d) Oedema The diagnosis of Eclampsia must be confirmed by a specialist.
4	Placenta Increta / Percreta of specified severity	The abnormal adherent of the placenta to the myometrium resulting in severe haemorrhage requiring surgical removal of the placenta. The Diagnosis must be made by an appropriate medical Specialist and confirmed by histological evidence.
5	Postpartum Haemorrhage Requiring Hysterectomy	The ongoing bleeding secondary to an unresponsive and atonic uterus, a ruptured uterus, or a large cervical laceration extending into the uterus requiring hysterectomy. The Diagnosis must be made by an appropriate medical Specialist and proof of actual undergoing of hysterectomy is required.
6	Acute Fatty Liver in Pregnancy of specified severity	It must be a pathologic entity unique to pregnancy and characterized by micro fascicular fatty infiltration of the liver leading to fulminant hepatic failure, defined as the acute onset of encephalopathy, within eight weeks of Diagnosis of liver disease in a patient with no prior history of liver dysfunction.
7	Disseminated Intravascular Coagulation (D.I.C.) due to pregnancy	Over activation of the coagulation and fibrinolytic system resulting in microvascular thrombosis, consumption of platelets and coagulation factors and major haemorrhage requiring treatment with frozen plasma and platelets concentrates. The Diagnosis must be confirmed by an appropriate medical Specialist. Only disseminated intravascular coagulation due to complications of pregnancy is covered. Any disseminated intravascular coagulation arising during the first seven months of pregnancy is excluded.
8	Pregnancy complications (the above) if accompanied by Gestational Diabetes Mellitus	Gestational Diabetes (GDM) is the Diagnosis of abnormal glucose tolerance during pregnancy. The Diagnosis must be confirmed by a Specialist obstetrician and documented with oral glucose tolerance test where the venous plasma glucose two hours after 75 gram oral glucose intake is higher than 7.8 mmol/L. Treatment with medication for GDM must be instituted by the Specialist doctor in order for the benefit to be paid.

Congenital Conditions:

1	Anal Atresia Specified Severity requiring surgery	Anal Atresia means the absence of a normal anal opening. Claims shall only be admitted for cases with high imperforated anus needing colostomy.
2	Atrial Septal Defect requiring surgery	Atrial Septal Defect means a hole in the partition (septum) between the left and right atrium (upper chambers) of the heart permitting abnormal circulation from the left side of the heart to the right side. Claims shall only be admitted if the condition warrants surgical closure for the reversal of haemodynamic abnormalities and the prevention of heart failure, paradoxical embolisation or irreversible pulmonary vascular disease, as recommended by a Paediatric Cardiologist.
3	Congenital Cataract with surgery	Congenital Cataract means clouding of the lens of both eyes that is present at birth. Benefits shall only be payable where Hospitalisation is required directly for cataract removal surgery.
4	Congenital Deafness requiring treatment	Congenital Deafness means loss of hearing of both ears present at birth. Benefit shall only be payable where Hospitalisation is required directly for the treatment of the congenital deafness.
5	Congenital Diaphragmatic Hernia	Congenital Diaphragmatic Hernia means presence of abdominal organs in the chest cavity at birth that is associated with pulmonary hypoplasia or an underdeveloped heart.
6	Infantile Hydrocephalus	Infantile Hydrocephalus means the enlargement of the cerebrospinal fluid (CSF) spaces resulting from obstruction of flow pathway between the secretion sites in the ventricles and absorption sites in the subarachnoid space. Claims shall only be admitted if the condition is serious enough to warrant the placement of a temporary or permanent shunt.
7	Tetralogy of Fallot	Tetralogy of fallot means an anatomic abnormality with a combination of all of the following: (a) severe or total right ventricular outflow tract obstruction; (b) a ventricular septal defect; (c) dextroposition of the aorta with septal override; and (d) right ventricular hypertrophy as confirmed by an echocardiogram.
8	Transposition of Great Vessel	Transposition of Great Vessels means complete transposition of the aorta and pulmonary artery such that the right ventricle of the heart pumps blood from the systemic veins into the aorta and the left ventricle pumps blood from the pulmonary veins into the pulmonary artery. The Diagnosis must be confirmed by an echocardiogram.
9	Truncus Arteriosus with surgery	A congenital disorder characterised by a single great vessel (truncus) which arises over a ventricular septal defect. The Diagnosis must be confirmed by an appropriate medical Specialist and supported by an echocardiogram. Invasive surgery must be performed to correct the condition.
10	Ventricular Septal Defect requiring surgery	Ventricular Septal Defect means a hole in the partition (septum) between the left and right ventricle (lower chambers) of the heart permitting the abnormal circulation from the left side of the heart to the right side. Claims shall only be admitted if the condition warrants surgical closure for the reversal of haemodynamic abnormalities and the prevention of heart failure, paradoxical embolisation or irreversible pulmonary vascular disease, as recommended by a Paediatric Cardiologist.

11	Coarctation of the aorta with invasive surgery	Coarctation of the aorta is a congenital heart defect involving a narrowing of the aorta. The Diagnosis must be confirmed by a cardiologist supported by an echocardiogram and invasive surgery must be performed to correct the condition.
12	Cerebral Palsy	A persisting, non-progressive disorder of movement resulting from damage to the brain before, during or immediately after birth. The Diagnosis of cerebral palsy must be confirmed by a medical Specialist.
13	Spina Bifida with neurological deficit	Defective closure of the spinal column due to a neural tube defect with a resultant meningocele or meningocele and associated neurological deficit.
14	Congenital Oesophageal Atresia with invasive surgery	Congenital oesophageal atresia represents a failure of the oesophagus to develop as a continuous passage. The Diagnosis Congenital oesophageal atresia must be confirmed by a medical Specialist and invasive surgery must be performed to correct the abnormality.
15	Trachea-oesophageal fistula with invasive surgery	An abnormal connection between the oesophagus and trachea. The Diagnosis of Trachea-oesophageal fistula must be confirmed by a medical Specialist and invasive surgery must be performed to correct the abnormality.
16	Cleft Lip and/or Cleft Palate with surgery	The Diagnosis of Cleft Palate and/or Cleft Lip by a medical Specialist. Surgery must be performed to correct the abnormality.
17	Down's Syndrome	Refers to a specific chromosomal abnormality, consisting of a variable constellation of abnormalities caused by triplication or translocation of chromosome 21. Diagnosis must be supported by chromosome analysis with the presence of retardation of physical and mental development.
18	Retinopathy of Prematurity with surgical procedure	Refers to retinopathy resulting from premature birth requiring laser treatment, cryotherapy or other forms of surgical treatment. Confirmation of treatment by ophthalmologist and proof of actual undergoing of the laser, cryotherapy or surgical procedure is required
19	Congenital Absence of Two Limbs	Congenital absence of two limbs (absence of both arms at or above the wrist or both legs at or above the ankle joints or absence of one arm at or above the wrist and one leg at or above the ankle joint) which is confirmed by an appropriate medical Specialist after birth.

Infectious diseases:

	Upon Diagnosis:	
1	Severe Measles with complication	A multi-systemic viral infection caused by Measles virus belonging to Paramyxovirus. For the purpose of this Policy the measles infection must be confirmed by a treating Physician and the condition must have resulted in one of the following complications – pneumonia, encephalitis, convulsions or hepatitis.
2	Severe Hand Foot Mouth Disease with complication resulting in neurological deficit	A viral syndrome associated with exanthemenanthem caused by Coxsackie A17 and Entenovirus 71. For the purpose of this Policy, only severe hand, foot and mouth disease associated with either encephalitis and/ or myocarditis will be covered. Positive isolation of the causative virus to support the Diagnosis has to be provided together with documented evidence of the presence of encephalitis and/or myocarditis. A claim for this benefit will only be made with evidence of neurological deficit at least 30 days after the event for encephalitis.

3	Chikungunya Fever with complication	The definite Diagnosis of Chikungunya fever must be confirmed with the positive isolation of Chikungunya Virus and associated with any one of the following severe complications confirmed by the treating Specialist: (a) myocarditis; (b) ocular disease (uveitis, retinitis); (c) hepatitis; (d) severe bullous lesions; or (e) neurologic disease, such as meningoencephalitis, Guillian-Barré syndrome, myelitis or cranial nerve palsies.
4	Typhoid Fever with complication	The definite Diagnosis of Typhoid Fever must be confirmed with positive culture of Salmonella typhi from blood (by the Widal test (titer $\geq 1/320$) and/or the Tubex test (+4)) or stool sample and associated with any one of the following complications confirmed by the treating Specialist: (a) internal bleeding; (b) intestinal perforation; or (c) severe neuropsychiatric symptoms namely delirium or psychosis.
5	Rabies	An infection by Rabies virus associated with all of these following signs and symptoms of Rabies namely muscle fasciculations, delirium, psychosis, seizures and aphasia. We will not pay for this Infectious Disease Benefit if the Life Assured undergoes only the prophylactic post exposure vaccination, without having developed the aforementioned symptoms.
Upon Hospitalisation:		
1	Zika Virus Infection with hospitalisation	The clinical Diagnosis of Zika Virus Infection must be established and confirmed with the positive isolation of Zika virus and certified by an Infectious Disease Specialist and requiring Hospitalisation for at least twenty four (24) hours.
2	Middle East respiratory syndrome coronavirus (MERS-CoV) with hospitalisation	In the presence of active respiratory symptoms and definitive Diagnosis of MERS-CoV as confirmed by the following validated test in a reference laboratory and certified by an Infectious Disease Specialist and requiring Hospitalisation for at least twenty four (24) hours. A positive detection of MERS CoV RNA via reverse-transcription polymerase chain reaction (RT-PCR) assay, with confirmation in a reference laboratory, from: (a) At least two specific genomic targets, or (b) A single positive target with sequencing of a second target.
3	Ebola Virus Infection with hospitalisation	The clinical Diagnosis of Ebola Virus Infection must be established and confirmed with the positive isolation of Ebola virus and certified by an Infectious Disease Specialist and requiring Hospitalisation for at least twenty four (24) hours.
4	SARS with hospitalisation	In the presence of active respiratory symptoms and definitive Diagnosis of SARS-CoV as confirmed by any one of the following validated test in a reference laboratory and certified by an Infectious Disease Specialist and requiring Hospitalisation for at least twenty four (24) hours. Isolation in cell culture of SARS-CoV from a clinical specimen, with a positive detection of SARS-CoV RNA via reverse transcriptase polymerase chain reaction (RT-PCR) assay validated by the CDC, with confirmation in a reference laboratory, from: (a) At least two clinical specimens from different sources; or (b) At least two clinical specimens collected from the same source on two (2) different days.
5	Influenza A - Avian influenza A (H7N9) & A(H5N1) with hospitalisation	The definite Diagnosis of Avian Influenza must be confirmed with the positive isolation of A(H7N9) or A(H5N1) virus using the appropriate diagnostic test and certified by an Infectious Disease Specialist and requiring Hospitalisation for at least twenty four (24) hours.

6	Nipah Virus Encephalitis with hospitalisation	Severe inflammation of brain substance (cerebral hemisphere, brainstem or cerebellum) caused by Nipah virus infection requiring Hospitalisation for at least seventy two (72) hours. The Diagnosis must be confirmed by a positive isolation of the virus via reverse transcriptase polymerase chain reaction (RT-PCR) and certified by a consultant neurologist or Infectious Disease Specialist. Encephalitis in the presence of HIV infection is specifically excluded.
7	Japanese Encephalitis with hospitalisation	The definite Diagnosis of Japanese Encephalitis must be confirmed with positive culture of Japanese Encephalitis Virus (JEV) from cerebrospinal fluid and certified by a consultant neurologist or Infectious Disease Specialist and requiring Hospitalisation for at least twenty four (24) hours.
8	Creutzfeldt-Jakob disease with hospitalisation	A neurological disease, fatal spongiform encephalopathy accompanied by signs and symptoms of: (a) uncontrolled muscular spasm or tremor; (b) severe progressive dementia; (c) cerebellar dysfunction; and (d) athetosis. The Diagnosis must be made by a consultant neurologist and must be based on conclusive Electroencephalography (EEG) and Cerebrospinal Fluid (CSF) findings as well as Computed Tomography (CT) scan and Magnetic Resonance Imaging (MRI) and requiring Hospitalisation for at least twenty four (24) hours.
9	Malaria with hospitalisation	The definite Diagnosis of Malaria must be confirmed with light microscopy with a parasitaemia of $\geq 100,000$ parasites/mL of blood and certified by the Specialist in the relevant field and requiring Hospitalisation for at least twenty four (24) hours.
10	Dengue Hemorrhagic Fever	It covers Dengue Haemorrhagic Fever, with unequivocal evidence of the Dengue Shock Syndrome and confirmation of dengue infection, with confirmatory serological testing of dengue; and as may be exemplified by the following findings: (a) history of continuous high fever (for two (2) or more days), (b) minor or major haemorrhagic manifestations, (c) thrombocytopenia (less than or equal to 100000 per mm ³), (d) haemoconcentration (haematocrit increased by 20% or more), (e) evidence of plasma leakage (i.e. pleural effusion, ascites or hypoproteinaemia, etc.), and (f) evidence of the Dengue Shock Syndrome (DSS), confirmed by a consultant physician, with the following criteria being met: (g) hypotension (less than 80 mm Hg) or narrow pulse pressure (20 mm Hg or less), and (h) evidence of tissue hypoperfusion such as cold, clammy skin, oliguria, or a metabolic acidosis.

6. CONDITIONS

This Annexure is valid only if this Policy is valid, and this Annexure is subject to the terms and conditions of the Policy unless stated otherwise in this Annexure.

- 6.1 The due observance and fulfilment of the terms and conditions of this Annexure by the Life Assured or Mother of Life Assured and in so far as they relate to anything to be done or complied with by the Life Assured or Mother of Life Assured shall be conditions precedent to any liability of the Company.
- 6.2 Notification of death must be accompanied by satisfactory documentary evidence of death as required by the Company.
- 6.3 Prior to payment of any benefit payable under this Annexure, the amount of any indebtedness on this Policy shall first be deducted from the benefits payable.

- 6.4 Written notice of Accident with full particulars must be provided to the Company immediately upon death.
- 6.5 You must notify the Company in writing of any occurrence of the benefit as stated in the Table of Benefits to the Life Assured or Mother of Life Assured as soon as it is practicable; otherwise, the Company will not be liable for the payment of such benefits.
- 6.6 If the benefits as per the Table of Benefits occurred to the Life Assured or Mother of Life Assured for which the claim is made must be Diagnosed by a registered Medical Practitioner and must be supported by clinical, radiological, histological and laboratory evidence acceptable to the Company; all such medical evidence must be furnished by You or the claimant at own expense, and in such form that the Company may require.
- 6.7 If required by the Company, the Life Assured or Mother of Life Assured must undergo medical examination(s) by a Medical Practitioner appointed by the Company in connection with the benefit in Clause 4 above that occurred to the Life Assured or Mother of Life Assured for which a claim is made.
- 6.8 All certificates, information and evidence required by the Company will be furnished by You or Your personal representative(s) and will be in such form as the Company may require.
- 6.9 Unless prohibited by law, the Company may examine the body and conduct an autopsy before any payment is made under this Annexure.

7. EXCLUSIONS

The Company will not pay any Cover for the Mother of Life Assured (U95A) benefit under this Annexure for death or illnesses or conditions that:

- 7.1 existed prior to or on the Risk Effective Date; or
- 7.2 is caused directly or indirectly by self-inflicted injuries, while sane or insane; or
- 7.3 is resulted from the Mother of Life Assured committing, attempting or provoking an assault or a felony or from any violation of law by Mother of Life Assured; or
- 7.4 is caused while under the influence of alcohol or drugs unless taken as prescribed by a Doctor. For the avoidance of doubt, a person is considered as under the influence of alcohol if the breath, blood or urine test result is over the following limit:
 - 7.4.1 35 mcg of alcohol per 100ml of breath
 - 7.4.2 80mg of alcohol per 100ml of blood
 - 7.4.3 107 mg alcohol per 100ml of urine; or
- 7.5 is caused directly or indirectly by the existence of Acquired Immune Deficiency Syndrome (AIDS) or by the presence of any Human Immuno-deficiency Virus (HIV) infection. The Company reserve the right to require the Mother of Life Assured to undergo a blood test for HIV as a condition precedent to acceptance of any claim; or
- 7.6 is resulted from Mother of Life Assured choosing to have a termination of pregnancy other than for medical reasons; or
- 7.7 is caused by any complications resulting from fertility treatment including in-vitro fertilisations; or
- 7.8 is caused by any unlawful, criminal or deliberate act or failure to act; or
- 7.9 is resulted from war, whether declared or undeclared.

The Company will not pay any Cover for the Life Assured (U95B) benefit under this Annexure for death or illnesses or conditions that:

- 7.10 is caused by usage of drugs unless taken as prescribed by a Doctor.
- 7.11 is caused directly or indirectly by the existence of Acquired Immune Deficiency Syndrome (AIDS) or by the presence of any Human Immuno-deficiency Virus (HIV) infection. The Company reserves the right to require the Life Assured to undergo a blood test for HIV as a condition precedent to acceptance of any claim; or
- 7.12 is caused by any complications resulting from fertility treatment including in-vitro fertilisations; or
- 7.13 is caused by any unlawful, criminal or deliberate act or failure to act; or
- 7.14 is resulted from war, whether declared or undeclared.

The Company will not pay any benefit under Section 5 and Section 6 for Death of the Mother of Life Assured, as a result of, including any of the following whether directly or indirectly:

- 7.15 suicide, attempted suicide or self-inflicted injuries, while sane or insane;
- 7.16 bodily infirmity, or mental or functional disorder, or illness or disease of any kind, or any infections, other than infections occurring simultaneously with and in consequence of an accidental cut or wound;

- 7.17 war or any act of war, declared or undeclared, criminal activities, active duty in any armed forces, direct participation in strike, riots and civil commotion or insurrection;
- 7.18 from the action of any armed forces, or from Accident or violence arising by reason of the existence of a state of armed conflict;
- 7.19 engaging in aerial flights other than as a crew member or as a fare-paying passenger of a licensed commercial airline operating on a regular scheduled route;
- 7.20 as a result of the Mother of Life Assured committing, attempting or provoking an assault or a felony, or from any violation or attempted violation of law by the Mother of Life Assured or resistance to arrest;
- 7.21 while under the influence of alcohol or drugs unless taken as prescribed by a Doctor. For the avoidance of doubt, a person is considered as under the influence of alcohol if the breath, blood or urine test result is over the following limit:
 - 7.16.1 35 mcg of alcohol per 100ml of breath
 - 7.16.2 80mg of alcohol per 100ml of blood
 - 7.16.3 107 mg alcohol per 100ml of urine;
- 7.22 injury arising from racing of any kind (except for foot racing), hazardous sports or activities that involve speed, height, high level of physical exertion, highly specialized gear or spectacular stunts such as but not limited to bungee jumping, parachuting, scuba diving, sky-diving, water skiing, underwater activities requiring breathing apparatus, winter sports, Professional Sports and illegal activities. For the avoidance of doubt, "Professional Sports" means engaging in any physical activity in a professional capacity or where the Life Assured would or could earn income or remuneration from engaging in such activity;
- 7.23 from childbirth, pregnancy and/or any complications thereof;
- 7.24 ionising radiation or contamination by radioactivity from any nuclear fuel or nuclear waste from process of nuclear fission or from any nuclear weapons material; or
- 7.25 from the Mother of Life Assured engaging in commando or bomb disposal duties/training.

8. TERMINATION

- 8.1 The Cover for Mother of the Life Assured (U95A) benefit under this Annexure shall automatically be terminated on the earliest of the following dates:
 - 8.1.1 upon death of Mother of Life Assured; or
 - 8.1.2 the Expiry Date for SBS-M; or
 - 8.1.3 once a claim under Section 5 above is admitted; or
 - 8.1.4 once a claim under Section 6 above is admitted.
- 8.2 The Cover for Life Assured (U95B) benefit under this Annexure shall automatically be terminated on the earliest of the following dates:
 - 8.2.1 upon death of the Life Assured; or
 - 8.2.2 the Expiry Date for SMS-C.
- 8.3 This Annexure shall automatically be terminated:
 - 8.3.1 when the Company receives Your request for termination in writing; or
 - 8.3.2 when this Policy is surrendered; or
 - 8.3.3 when this Policy lapses, becomes void or is terminated in any other manner.

****END OF PAGE****

Great Eastern

ENDORSEMENT

ENDORSEMENT NO. 577 (PC-TPD)

1. DEFINITIONS

For the purpose of this Endorsement, the following words or expressions, wherever mentioned in this Endorsement, shall have the following meanings unless otherwise stated. Any word or expression not specifically defined in this Endorsement shall have the same meaning as ascribed to it in this Policy:-

“Activities of Daily Living” means all of the following:

- (a) Transfer
Getting in and out of a chair without requiring physical assistance.
- (b) Mobility
The ability to move from room to room without requiring any physical assistance.
- (c) Continence
The ability to voluntarily control bowel and bladder functions such as to maintain personal hygiene.
- (d) Dressing
Putting on and taking off all necessary items of clothing without requiring assistance of another person.
- (e) Bathing/Washing
The ability to wash in the bath or shower (including getting in or out of the bath or shower) or wash by any other means.
- (f) Eating
All tasks of getting food into the body once it has been prepared.

“Claim Event Date” refers to the date of the occurrence Total and Permanent Disability (TPD).

“Disability Net Sum Assured”:-

- (a) on any of the Type A ILP means the amount (if any) by which, the Sum Assured calculated on the basis that the Life Assured had died on the day he suffers Total and Permanent Disability, exceeds the Total Investment Value as at the date of notification of the disability; or
- (b) on any of the Type B ILP means the Sum Assured calculated on the basis that the Life Assured had died on the day he suffers Total and Permanent Disability.

“Maturity Date” means the maturity date of this Policy as specified in Schedule A of this Policy, on which the coverage of the Life Assured under this Policy has ceased accordingly.

“Medical Practitioner” means a surgeon or physician qualified by degree in western medicine, who is legally licensed and duly qualified to practise medicine and surgery authorised in the geographical area of his practice, and who also possesses a current Annual Practising Certificate issued by the Malaysian Medical Council, but excluding a surgeon or physician who is the Life Assured himself.

“Policy” means the basic policy to which this Endorsement is attached.

“Total and Permanent Disability” or **“TPD”** is defined as a state of incapacity which:

- (a) becomes total and permanent where at all times on or after occurrence of such condition, there is not any work, occupation or profession that the Life Assured can ever sufficiently do or follow to earn or obtain any wages, compensation or profit; or
- (b) is caused by any of the following:
 - (1) total and irrecoverable loss of sight of both eyes; or
 - (2) total and irrecoverable loss of use of two limbs at or above the wrist or ankle; or
 - (3) total and irrecoverable loss of sight of one eye and loss of use of one limb at or above the wrist or ankle; or
- (c) renders the Life Assured disabled to such an extent as to be totally and permanently unable to perform at least three (3) of the listed Activities of Daily Living even with the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons.

For the purpose of this benefit, the word “permanent” shall mean beyond the hope of recovery with the medical knowledge and technology at the time of the admission of claim. The resultant permanent functional impairment is to be verified by a Medical Practitioner and duly concurred by the Company’s medical officer. For the Life Assured who attains the age of sixty-five (65) years next birthday and above, the condition (a) under the above definition of “Total and Permanent Disability” shall not apply.

“Type A ILP” or “Type B ILP” refers to the identification made to this Policy as specified and shown under the Type of Plan in Schedule A of this Policy.

2. TOTAL AND PERMANENT DISABILITY BENEFIT

While this Policy is in force and subject to its terms and conditions, if the Life Assured suffers Total and Permanent Disability prior to the Policy Anniversary on which the Life Assured attains the age of seventy (70) years next birthday, the Company will calculate the Disability Net Sum Assured upon notification of the disability; and will pay the Disability Net Sum Assured in accordance with the terms and conditions of Clause 2 below upon admission of the claim.

Provided that:

- 2.1 If the Life Assured is an unborn child as at the Commencement Date, the Company will only pay the benefit in this Clause 2 if the Total and Permanent Disability of the Life Assured occurs on or after the Risk Commencement Date.
 - 2.2 Total and Permanent Disability of the Life Assured must be certified by a Medical Practitioner appointed by the Company, to have continued for at least six (6) consecutive months from the date of disability. Satisfactory documentary proof must also be provided to the Company evidencing such continuing disability for at least six (6) consecutive months at the time of the first lump sum payment and on each subsequent annual payment.
 - 2.3 If the Life Assured ceases to be Total and Permanent Disability, the Company shall discontinue payments as stated in sub-clause 2.4 below and this Policy shall continue under such terms and conditions as the Company may decide at its sole and absolute discretion.
 - 2.4 The payment of the Disability Net Sum Assured shall be made in the following manner:
 - 2.4.1 one lump sum payment not exceeding RM2,000,000 under this Policy and all policies (including endorsement, annexures and supplementary contracts, if any but excluding group policies) issued by the Company by any name or description which provide for Total and Permanent Disability benefit on the same Life Assured; and
 - 2.4.2 the balance of any Disability Net Sum Assured exceeding RM2,000,000 but not exceeding RM10,000,000 under this Policy and all policies (including endorsement, annexures and supplementary contracts, if any but excluding group policies) issued by the Company by any name or description which provide for Total and Permanent Disability benefit on the same Life Assured, will be made in two equal annual payments, the first of which will be made one year after the date of the lump sum payment stated in sub-clause 2.4.1 above.
- In addition, the aggregate amount of Disability Net Sum Assured and other sums payable by the Company for Total and Permanent Disability benefit on any one life shall not exceed RM10,000,000 under this Policy and all policies (including endorsements, annexures and supplementary contracts; if any but excluding group policies) by any name or description which provide for Total and Permanent Disability benefit issued by the Company on the same Life Assured.
- For avoidance of doubt, the above limits shall not include an amount payable under accident coverage issued by the Company which provide for Total and Permanent Disability benefit on the same Life Assured.
- 2.5 Upon payment of the Disability Net Sum Assured, the Sum Assured will be reduced accordingly.
 - 2.6 If death of the Life Assured occurs after the Total and Permanent Disability claim has been admitted but before any of the payments as provided under sub-clause 2.4 above has been fully made, the Company will pay the balance of the payments (if any) still remaining unpaid in one lump sum and all payments made under this Clause 2 shall be deducted from any benefits payable upon death.
 - 2.7 Prior to payment of benefit payable under this Clause 2, the amount of any indebtedness on this Policy as well as any withdrawal made from the date of disability shall first be deducted from the benefits payable.

- 2.8 Any Insurance Charge and Policy Fee that have been deducted after the Claim Event Date will be apportioned to the Funds as specified by You in the proposal for assurance or any other document prescribed and accepted by the Company for premium apportionment or alteration of premium apportionment. The number of Units to be allocated for the Insurance Charge will be determined by reference to their respective Net Asset Value on the Next Valuation Date immediately following the date of admission of the claim and in accordance with the premium allocation rate for Investment Top-ups as set out in Schedule B of this Policy.

3. EXCLUSIONS

The Company will not be liable to pay any benefit under this Policy if TPD of the Life Assured:

- 3.1 has existed prior to or on the Risk Commencement Date or on the date of any reinstatement, whichever is the later; or
- 3.2 is caused directly or indirectly by self-inflicted injuries, while sane or insane; or
- 3.3 is caused by bodily injury sustained as a result of parachuting or skydiving, or engaging in aerial flights other than as a crew member or as a fare-paying passenger of a licensed commercial operating on a regular scheduled route; or
- 3.4 is resulted from the Life Assured committing, attempting or provoking an assault or a felony or from any violation of law by Life Assured; or
- 3.5 is resulted from war, whether declared or undeclared.

4. CONDITIONS

In addition to the terms and conditions of this Policy, the Company will pay Total and Permanent Disability benefit as provided in Clause 2 above only if all of the following conditions are met:

- 4.1 The due observance and fulfilment of the terms and conditions of this Policy by the Life Assured and You, and in so far as they relate to anything to be done or complied with by the Life Assured and You shall be conditions precedent to any liability of the Company.
- 4.2 You must notify the Company in writing of any claim as soon as it is practicable. In any case, You must produce satisfactory proof of TPD of the Life Assured on forms furnished by the Company within one-hundred eighty (180) days from the date of commencement of TPD.
- 4.3 The TPD for which the claim is made must be diagnosed by a Medical Practitioner and must be supported by clinical, radiological, histological and laboratory evidence acceptable to the Company; all such medical evidence must be furnished by the claimant at own expense before each annual payment, and in such form that the Company may require.
- 4.4 If required by the Company, the Life Assured must undergo medical examination(s) by a Medical Practitioner appointed by the Company in connection with the TPD for which the claim is made.
- 4.5 At the time of each annual payment, You must submit this Policy to the Company to have the payment endorsed.
- 4.6 No court action or other proceedings shall be brought by You or on Your behalf within twelve (12) months from the date of commencement of the TPD.

5. DISCONTINUANCE

This Endorsement shall automatically be cancelled on the earliest of the following dates:

- 5.1 on the Claim Event Date on which a claim under Clause 2 above is admitted; or
- 5.2 on the Policy Anniversary on which the Life Assured attains the age of seventy (70) years next birthday; or
- 5.3 upon death of the Life Assured; or
- 5.4 on the Maturity Date of this Policy; or
- 5.5 when this Policy is surrendered; or
- 5.6 when this Policy lapses, becomes void or is terminated in any other manner.

****END OF PAGE****

Great Eastern

ENDORSEMENT

ENDORSEMENT NO. 578 (PC-CTPD)

1. DEFINITION

For the purpose of this Endorsement, the following words or expressions, whenever mentioned in this Endorsement, shall have the following meanings unless otherwise stated. Any word or expression not specifically defined in this Endorsement shall have the same meaning as ascribed to it in this Policy:-

“**Policy**” means the basic policy to which this Endorsement is attached.

“**TPD Endorsements**” refers to a category of endorsements which pays benefits upon Total and Permanent Disability, which are determined by the Company at its sole and absolute discretion.

2. DEFINITION OF TOTAL AND PERMANENT DISABILITY FOR LIFE ASSURED BELOW THE AGE OF EIGHTEEN (18) YEARS NEXT BIRTHDAY

For Life Assured below the age of eighteen (18) years next birthday, the following definition of Total and Permanent Disability shall apply:-

“Total and Permanent Disability is defined as a state of incapacity which:

- (a) is total and permanent and which will require the Life Assured, for the remainder of his natural life, to be subject to constant medical care and attention and to be confined to a home, to a hospital or to a similar institution; or
- (b) is deemed to be caused by any of the following:
 - (1) total and irrecoverable loss of sight of both eyes; or
 - (2) total and irrecoverable loss of use of two limbs at or above the wrist or ankle; or
 - (3) total and irrecoverable loss of sight of one eye and loss of use of one limb at or above the wrist or ankle; or
- (c) renders the Life Assured disabled to such an extent as to be totally and permanently unable to perform at least three (3) of the listed Activities of Daily Living even with the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons.

For the purpose of this benefit, the word “permanent” shall mean beyond the hope of recovery with the medical knowledge and technology at the time of the admission of claim. The resultant permanent functional impairment is to be verified by a Medical Practitioner and duly concurred by the Company’s medical officer.”

The above definition of Total and Permanent Disability shall not apply to Life Assured who has attained the age of eighteen (18) years next birthday. For Life Assured who has attained the age of eighteen (18) years next birthday, the definition of Total and Permanent Disability as specified in Clause 1 of the relevant TPD Endorsements shall apply.

3. REVISION OF THE TOTAL AND PERMANENT DISABILITY BENEFIT BELOW AGE FIVE (5) YEARS NEXT BIRTHDAY

In the event the Life Assured suffers Total and Permanent Disability before the Policy Anniversary on which the Life Assured attains the age of five (5) years next birthday, the amount of the Disability Net Sum Assured will be revised based on the table below:

Age Next Birthday of the Life Assured on
Policy Anniversary preceding Occurrence
of Total and Permanent Disability

0-1
2
3
4

Revised Amount of the
Disability Net Sum Assured

20% of the Disability Net Sum Assured
40% of the Disability Net Sum Assured
60% of the Disability Net Sum Assured
80% of the Disability Net Sum Assured

Provided that the aggregate amount of the Disability Net Sum Assured and other sums payable by the Company for Total and Permanent Disability benefit on any one life must not exceed RM10,000,000 under the TPD Endorsements attached to this Policy and all other policies by any name or description which provide for Total and Permanent Disability benefit issued by the Company on the same Life Assured.

In addition, if Total and Permanent Disability of the Life Assured occurs prior to the first (1st) Policy Anniversary, the age next birthday of the Life Assured on the Commencement Date shall be used to determine the Revised Amount of the Disability Net Sum Assured payable by the Company.

4. DISCONTINUANCE

This Endorsement shall automatically be cancelled on the earliest of the following dates:

- 4.1 upon the eighteenth (18th) birthday of the Life Assured; or
- 4.2 on the Claim Event Date on which a claim under TPD Endorsements attached to this Policy is admitted; or
- 4.3 upon death of the Life Assured; or
- 4.4 when this Policy is surrendered; or
- 4.5 when this Policy lapses, becomes void, or is terminated in any other manner.

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Great Eastern

ENDORSEMENT

ENDORSEMENT NO. 579 (PC-ASA)

1. DEFINITIONS

For the purpose of this Endorsement, the following words or expressions, whenever mentioned in this Endorsement, shall have the following meanings unless otherwise stated. Any word or expression not specifically defined in this Endorsement shall have the same meaning as ascribed to it in this Policy:-

“Computation Sum Assured” means the lowest of the following:

- (a) Sum Assured on the Commencement Date; or
- (b) Sum Assured upon death or Total and Permanent Disability of the Life Assured

“Policy” means the basic policy to which this Endorsement is attached.

“Supplementary Sum Assured” refers to the benefits payable under this Endorsement to be calculated in accordance with the formula specified under Clause 2.5 of this Endorsement.

“TPD Endorsements” refers to a category of endorsements which pays benefits upon Total and Permanent Disability, which are determined by the Company at its sole and absolute discretion.

2. BENEFITS

2.1 While this Policy is in force and subject to its terms and conditions, the Company will pay a Supplementary Sum Assured upon:

- 2.1.1 death of the Life Assured; or
- 2.1.2 Total and Permanent Disability of the Life Assured.

2.2 Upon admission of a death claim of the Life Assured, the Supplementary Sum Assured will be payable in one lump sum.

2.3 Subject to the terms and conditions of the TPD Endorsements, upon admission of a Total and Permanent Disability claim of the Life Assured and as long as the Life Assured is totally and permanently disabled, the payments of the Supplementary Sum Assured will be made in the same manner, duration and interval as the Disability Net Sum Assured as described in the TPD Endorsements attached to this Policy. However, if death of the Life Assured occurs before the payments of Supplementary Sum Assured are fully made, the Company will pay the balance of the Supplementary Sum Assured (if any) still remaining unpaid in one lump sum.

The payments of the Supplementary Sum Assured to be made under this Clause 2.3 will also be subject to the TPD limits as described in the TPD Endorsements attached to this Policy on the same Life Assured.

2.4 In the event of death or Total and Permanent Disability of the Life Assured occurring before the Policy Anniversary on which the Life Assured attains the age of five (5) years next birthday, the amount of the Supplementary Sum Assured will be revised based on the table below:

<u>Age Next Birthday of Life Assured on Policy Anniversary preceding occurrence of death or Total and Permanent Disability</u>	<u>Revised Amount of the Supplementary Sum Assured</u>
0-1	20% of the Supplementary Sum Assured
2	40% of the Supplementary Sum Assured
3	60% of the Supplementary Sum Assured
4	80% of the Supplementary Sum Assured

However,, if death or Total and Permanent Disability occurs prior to the first Policy Anniversary, the age next birthday of the Life Assured on the Commencement Date shall be used to determine the Revised Amount of the Supplementary Sum Assured payable by the Company. In addition, the amount of the Supplementary Sum Assured payable under this Clause 2.4 upon Total and Permanent Disability of the Life Assured which occurs before the Policy Anniversary on which the Life Assured attains the age of five (5) years next birthday are subject to the TPD limits as described in the TPD Endorsements attached to this Policy on the same Life Assured.

2.5 The Supplementary Sum Assured is calculated as follows:-

Supplementary Sum Assured = $C \times \text{Computation Sum Assured} \div 100$

where

“C” means the number of completed policy years as at the last anniversary of the Commencement Date prior to the date of occurrence of death or Total and Permanent Disability and is capped at 30 policy years.

For the avoidance of doubt, the first policy year shall start from the Commencement Date until the day before the first anniversary of the Commencement Date. Similarly, every subsequent policy year shall start from the anniversary of the Commencement Date until the day before the following anniversary of the Commencement Date.

3. EXCEPTIONS

The Supplementary Sum Assured does not give any right to share in the surplus of the Company's life insurance fund and does not have any surrender value.

4. DISCONTINUANCE

This Endorsement shall automatically be cancelled on the earliest of the following dates:

- 4.1 admitted on the Claim Event Date on which a claim under Clause 2 above is admitted; or
- 4.2 on the Maturity Date; or
- 4.3 if this Policy is surrendered; or
- 4.4 if this Policy lapses, becomes void, or is terminated in any other manner.

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Great Eastern
ENDORSEMENT

ENDORSEMENT NO.609 (VESTING)

1. DEFINITIONS

For the purpose of this Endorsement, the following words or expressions, wherever mentioned in this Endorsement, shall have the following meanings unless otherwise stated. Any word or expression not specifically defined in this Endorsement shall have the same meaning as ascribed to it in this Policy:

“Payer Benefit Annexure” refers to a category of annexures and any future annexures by any number or description issued and assigned under this category by the Company which provides payer benefit to You.

2. CONDITIONS

When the Life Assured attains the age of twenty six (26) years next birthday, all Your rights, interests, powers and obligations under this Policy shall cease and the Life Assured will become the new policyowner. As the new policyowner, the Life Assured will continue to pay premiums and be entitled to deal with this Policy, subject to all assignments affecting it, including any assignment or charge by way of mortgage or security. However, payment of benefits that are non-assignable as provided in this Policy will be made to the Life Assured regardless of any assignment made. All references to “You” or “Your” wherever they appear in this Policy (except where they appear in this Endorsement and any Payer Benefit Annexure that is attached to this Policy) shall mean “the Life Assured” or “Life Assured’s” on that date when the Life Assured attains the age of twenty six (26) years next birthday.

All other terms and conditions of this Policy shall remain unchanged.

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