



Wholly-owned subsidiary of PACIFICMAS BERHAD

THE PACIFIC INSURANCE BERHAD

Level 5, Menara Prudential, No. 10 Jalan Sultan Ismail, P.O. Box 12490, 50780 Kuala Lumpur

**SUPPLEMENTARY CONFIRMATION
For Child / Children Whose
Age(s) Exceed(s) 18 years old**

This form must be completed and submitted to PIB for new proposal or each renewal of policy.

I confirm that the Child / Children mentioned below is / are still in full-time tertiary studies and I understand that the Child's / Children's coverage shall cease on the 24th birthday, or the Child / Children is / are no longer in full-time studies, whichever event occurs earlier.

Child 1 _____ **Date of Birth** _____
Name of School _____ **Period** _____ **To** _____
Child 2 _____ **Date of Birth** _____
Name of School _____ **Period** _____ **To** _____
Child 3 _____ **Date of Birth** _____
Name of School _____ **Period** _____ **To** _____
Child 4 _____ **Date of Birth** _____
Name of School _____ **Period** _____ **To** _____
Child 5 _____ **Date of Birth** _____
Name of School _____ **Period** _____ **To** _____

Signature of Proposer / Policyholder : _____

Name of Proposer / Policyholder : _____

Proposal No / Policy No : _____

Date : _____