

APPLICANT'S INFORMATION (to be completed in block letters)

I hereby apply for the PASavers Plan. I understand the benefits and agree to observe the terms and conditions of the Program.

NAME OF APPLICANT (AS IN NRIC / PASSPORT) _____

NRIC / PASSPORT NO. _____

APPOINTMENT OF MXM INTERNATIONAL SDN BHD AS PROGRAM MANAGER

Subject to the acceptance of my application, I appoint MXM International Sdn Bhd as my Program Manager and this appointment will remain in effect so long as I am a Member of the Program.

CONSENT TO RELEASE CONFIDENTIAL INFORMATION

I hereby authorize MXM International Sdn Bhd ("MXM") and if required MediSavers Management Sdn Bhd ("MSM") to have access to my medical records, laboratory test results and any other medical information (collectively "the Information"). I understand MXM and MSM will treat the Information as confidential and will not disclose it to any third party except (i) to medical personnel for the purpose of medical treatment where I am unable to make disclosure promptly; and (ii) to any insurance company (a) if required by the terms of any policy effected under the Program, or (b) in connection to any claim pursuant to such policy, but only if, in the sole and absolute discretion of MXM, such disclosure is warranted.

TERMS & CONDITIONS : PASavers MEMBERSHIP PROGRAM

I hereby apply for the PASavers Membership Program ("the Program") and agree, acknowledge and declare as follows:-

- I declare that I have attained eighteen (18) years of age and I understand that the Program is automatically renewable on the anniversary of each Membership period till reaching the age band of 101 years at my next birthday.
- I agree to be bound by the terms and conditions of the Program more particularly stipulated in the Program leaflet and the Program Welcome Pack. Where applicable, I agree to be bound by the terms and conditions of the participating partners of the Program as stipulated in the respective vouchers and/or Membership Guide in the Program.
- Payment for the Membership Fee of the Program shall be as per the accompanying payment option form and I agree to be bound by the terms thereof.
- In the event of a third party's credit card(s) being used for purpose of payment for the Membership Fee, I shall obtain authorization condoning such usage by causing the third party credit card authorization section in the application form to be duly signed by the credit card(s) holder, together with all relevant legal documents in support of such usage and I shall be fully responsible for any claims arising in whatsoever form.
- I acknowledge that this application is subject to a cooling off period of ten (10) working days from the date of receipt by MXM of this application ("the Cooling Off Period"). I acknowledge that I shall be entitled to a refund of the Membership Fee provided I return the Program Welcome Pack to MXM and that I have not utilized any of the benefits of the Program.
- In the event that I have utilized any part of the Program and/or the Program Welcome Pack is incomplete or is not in a reusable condition, MXM shall be entitled to deduct there from a sum equivalent to the cost of usage of such part of the Program and/or the cost of the Program Welcome Pack, as the case may be.
- I acknowledge that cancellation of my membership in the Program is strictly not allowed after the Cooling Off Period and that MXM shall not be liable to refund to me any portion of the Membership Fee.
- I acknowledge that once my Membership application has been approved, I cannot change my Introducer unless my Membership has expired under the prevailing Membership period and a period of six (6) months has lapsed.
- I acknowledge that the terms and conditions herein, the Program leaflet, the Membership Guide and the Program Welcome Pack shall constitute the entire understanding of the parties.
- In the event that any cheque or credit card(s) toward payment of the Membership Fee is declined for whatsoever reasons, the Program benefits and insurance policy will automatically be cancelled. The insurer and MSM shall not be liable for any claims incurred thereafter. MXM has the right to terminate the Membership with immediate effect. Any cost incurred will automatically be charged to the applicant's assigned credit card as indicated in the payment instruction form.
- I acknowledge that the terms and conditions herein shall be governed by the laws of Malaysia.
- MXM reserves the right at its own discretion to vary, delete or add to any of these terms and conditions and/or terms and conditions of the Program from time to time.
- Any information that has been declared on any of the forms is to my best knowledge. I have fully disclosed and did not withhold any material information that is relevant to the application. In the event if there's any information that has been acquired or missed out, it is my duty to inform MXM or the respective Advisor on such information. Such omission will be borne by me".
- MXM reserves the right at its own discretion to vary, delete or add to any of these terms and conditions and/or terms and conditions of the Program from time to time. Please refer to our website at www.mxm.com.my for any latest updates on ANY amendments
- Upon my submission of this application to MXM, I hereby agree to be bound by the terms stipulated above.

Please sign to indicate that you have read and understood and agreed to be bound by the terms and conditions listed herein. Please obtain an official receipt as evidence of payment of the Membership Fee.

The Program Welcome Pack will be sent to you within 30 days from the date of this application subject to clearance of Membership Fee and approval of underwriting decision. Please call us at 03-7721 2888 in the event you do not receive the Program Welcome Pack within the said 30 days.

**KONTRAK INI ADALAH TERTAKLUK
KEPADA TEMPOH BERTENANG SELAMA
SEPULUH HARI KERJA.
*THIS CONTRACT IS SUBJECT TO A
COOLING-OFF PERIOD OF
TEN WORKING DAYS.***

Personal Data Protection Act 2010 - Consent for the Personal Data processing

I hereby give my consent to MXM International Sdn Bhd (MXM), its affiliate company and/or other third parties including MXM agents to collect and process my personal data in compliance with Personal Data Protection Act 2010. I understand that I am entitled to revoke my consent at any time by sending a written notice to MXM.

Dept In-charge:

Database Dept, Tel : 03-7721 2888 / Fax : 03-7721 2889 / Email : enquiries@mxm.com.my

For more information on MXM's privacy practices, you may refer to our Personal Data Protection Policy at www.mxm.com.my

X

Applicant's Signature

* For Junior Application, Parent / Guardian to sign

Applicant's Name

Date : _____

Introducer's Signature

Name : _____

NRIC No. : _____

Agent Code : _____

Date : _____

EASY PAYMENT PLAN (EPP) / FULL PAYMENT FORM

In consideration of MXM International Sdn. Bhd. agreeing to accept my application for Membership under the PASavers Membership Program.

I, _____ NRIC No. (New) _____
hereby authorize MediSavers Management Sdn Bhd (collection agent for MXM International Sdn Bhd) to charge the Membership Fee payable in accordance with my preferred payment plan as indicated below.

Please tick (v) where boxes are made available :



Step 1 :

PASavers Plus		PASavers		
<input type="checkbox"/> Plan A	<input type="checkbox"/> Plan B	<input type="checkbox"/> Plan 1	<input type="checkbox"/> Plan 2	<input type="checkbox"/> Plan 2A

Step 2 :

	Age Of Next Birthday	PASavers Plus	PASavers	Total
EASY PAYMENT PLAN (EPP)		12 x RM _____	Not Applicable	RM _____
FULL PAYMENT		RM _____	RM _____	RM _____

Step 3 :

VIA CREDIT CARD	
Card Holder's Name _____	NRIC No. (New) _____
Tel (H/P) _____ (O) _____	(Hse) _____
Credit Card No. _____	Card Expiry Date _____
CVV / CID Number (Last 3 digit on the signature panel) _____	(for EPP Payment only) <input type="checkbox"/>  <input type="checkbox"/> 
Issuing Bank _____	
Cardholder's Signature _____	Date _____

THIRD PARTY CREDIT CARD AUTHORIZATION

I, _____ NRIC No. (New) _____
hereby authorize the usage of my credit card for purpose of application for membership under the MXM PASavers Membership Program.

Cardholder's Signature _____ Relationship _____
Date _____ Contact No. _____

IMPORTANT : Please ensure you have sufficient credit limit in your credit card for processing. Credit Card holders are required to provide photocopy of Credit Card (Front & Back), NRIC (Front & Back) for verification purposes.

VIA CHEQUE (FULL PAYMENT ONLY)

Cheque No. _____ Issuing Bank _____
Cheque should be made payable to MediSavers Management Sdn Bhd (Co. No. 1248537-X).

Step 4 :

Please tick (v) if you select Auto Renewal

STANDING INSTRUCTIONS TO CHARGE ANNUAL MEMBERSHIP FEE VIA CREDIT CARD (APPLICABLE FOR FULL PAYMENT ONLY)

☐ I hereby authorize MXM INTERNATIONAL SDN BHD or MEDISAVERS MANAGEMENT SDN BHD (collection agent for MXM International Sdn Bhd) to auto charge my Membership Renewal Fee at the expiry of each anniversary of my prevailing Membership by charging the Credit Card indicated above. I understand that the Membership Fee during renewal may vary due to change of age band / or revision to the Membership Fee and / or revision to the Insurance Premium imposed by the Insurance Underwriter(s). This authorization shall remain valid and in effect until cancelled by myself in writing to MXM INTERNATIONAL SDN BHD at least Sixty (60) Days prior to the expiry of my prevailing Membership. Notwithstanding the above instructions, I agree that my Membership may be terminated if the Membership Fee is not paid when due. I agree to inform MXM in writing of any changes pertaining to lost /stolen/ termination / cancellation or change of credit card at least 14 days before the renewal expiry date.

Signature of Applicant / Parent for Junior Application

Date

TERMS AND CONDITIONS :

- I hereby authorize MXM International Sdn Bhd (MXM) or its authorized collection agent MediSavers Management Sdn Bhd (MSM) to charge to my above-indicated credit card(s) the applicable Membership Fees payable for MXM PASavers Membership Program and the renewals thereof.
- I acknowledge that upon payment approval by the credit card company, the Membership Fee payable will be earmarked at the prior of approval as a used portion of the credit limit granted to me and under a Yearly Easy Payment installment plan. This amount will thereafter be released gradually in accordance with the monthly installment amount which will then be debited to the credit card account.
- I hereby instruct MXM or MSM to charge the monthly installment including the use of my payment security code to facilitate the Easy Payment Plans (EPP). I understand and agree that this consent is given voluntarily and I shall not hold MXM or MSM for any claim or claims arising thereof including but not limited to tampering, misuse and / or unauthorized mean other than specified therein.
- In the event of changes in the Membership Fee due to change of age band and / or revision to the Membership Fee and / or revision to the Insurance Premium imposed by the Insurance Underwriter(s), I hereby authorize MXM to charge the above credit card(s) indicated above with the amount being the revised rates.
- In the event, that credit card(s) payment is declined for whatsoever reasons. The Membership benefits and Insurance Policy will automatically be cancelled. The Insurance Underwriter(s), MSM and / or MXM shall not be held liable for any claims incurred thereafter and I hereby agree to indemnity and keep the said parties indemnified against any liabilities and / or claims which might arise after such cancellation.
- MXM reserves the right at its own discretion to vary delete or add to any of these terms and conditions from time to time.

Signature of Applicant / Parent for Junior Application

Date

Below pricing table is applicable for **PASavers** Program

AGE OF NEXT BIRTHDAY	PASavers Plus				PASavers		
	EASY PAYMENT PLAN (Per Month)		FULL PAYMENT		FULL PAYMENT		
	PLAN A	PLAN B	PLAN A	PLAN B	PLAN 1	PLAN 2	PLAN 2A
30 days - 18 (Junior)	Not Applicable				Not Applicable		RM389.50
19 - 70	RM235.15	RM166.68	RM2,635.00	RM1,851.00	RM780.00	RM389.50	RM389.50
71 - 75 (renewable)	RM235.15	RM166.68	RM2,635.00	RM1,851.00	RM780.00	RM389.50	RM389.50
76 - 101 (renewable)	Not Applicable				Not Applicable		RM389.50

* PASavers last entry age is 70 and renewable up to 101 years old.
** The price above is inclusive of 6% SST on premium only effective 1 September 2018.
** Students are eligible for Plan 2A only.
**** Class 3 occupation / housewives / retirees are eligible for Plan 2 only.

CASH / CHEQUE VIA DIRECT BANK-IN (FULL PAYMENT ONLY)		
BANK	ACCOUNT NO.	Cheque is to be made payable to MEDISAVERS MANAGEMENT SDN. BHD. Note: Applicants are required to submit the original deposit slip with the application form
Maybank Berhad	514 178 645 114	

FOR INFORMATION ONLY :
Merchant Minimum Amount for PASavers :-

No.	BANK	12 MONTHS	REMARKS
1	AmBank	RM1,000.00	
2	Bank Simpanan Nasional	RM1,000.00	DDA Form (photocopy form can be used)
3	CIMB	RM1,200.00	DDA Form (photocopy form can be used)
4	Hong Leong	RM1,000.00	
5	HSBC	RM1,000.00	
6	Maybank	RM1,000.00	
7	OCBC	RM1,000.00	DDA Form (original form must be submitted)
8	Public Bank	RM500.00	
9	RHB	RM1,000.00	
10	Standard Chartered	RM1,000.00	
11	UOB	RM1,000.00	DDA Form (photocopy form can be used)

FOR OFFICE USE ONLY		Centre Code		Submitted By			Handled By	
	Member Code	Program Code		Amount	SST (6%)	Loading	SST (6%) For Loading	Receipt No.
PASavers Plus								
PASavers								
Batch No.		Payment Clearance Date			MRM / F.Fund		Total Amount	