

**EXPRESSION OF WISH FORM**

Date : \_\_\_\_\_

To:  
**SIME DARBY HOLDINGS BERHAD / EMPLOYING COMPANY**

**RE: SIME DARBY GROUP TERM LIFE SCHEME – BENEFICIARY(S)**

In the event of my death whilst a participant of the above Scheme, I wish for Sime Darby Holdings Berhad or my employing company to exercise their discretion under the Rules of the Scheme by applying the proceeds of the benefits arising under the Scheme to the benefit of the following nominee(s) in the proportions shown.

|   |         |  |                 |  |
|---|---------|--|-----------------|--|
| 1 | Name    |  | I.C. / I.D. No. |  |
|   | Address |  | Contact No.     |  |
|   |         |  | Relationship    |  |
|   |         |  | Proportion (%)  |  |
| 2 | Name    |  | I.C. / I.D. No. |  |
|   | Address |  | Contact No.     |  |
|   |         |  | Relationship    |  |
|   |         |  | Proportion (%)  |  |
| 3 | Name    |  | I.C. / I.D. No. |  |
|   | Address |  | Contact No.     |  |
|   |         |  | Relationship    |  |
|   |         |  | Proportion (%)  |  |
| 4 | Name    |  | I.C. / I.D. No. |  |
|   | Address |  | Contact No.     |  |
|   |         |  | Relationship    |  |
|   |         |  | Proportion (%)  |  |
| 5 | Name    |  | I.C. / I.D. No. |  |
|   | Address |  | Contact No.     |  |
|   |         |  | Relationship    |  |
|   |         |  | Proportion (%)  |  |

In making the above nomination I acknowledge the following:

- The above nomination is only an expression of my wishes;
- I realize that the ability of Sime Darby Holdings Berhad or my employing Company to give effect to the above is ultimately subject to the laws governing the probate and administration of my estate;
- I confirm that neither Sime Darby nor my employing company is under any obligation to take any legal steps or to incur any costs to give effect to my wishes or to initiate or to defend any legal proceedings in connection with my estate.

I may at any time supersede this with a further letter from me.

**Yours faithfully,**

\_\_\_\_\_  
(Name: \_\_\_\_\_)

I.C. / I.D. No. :

SAP I.D. No. :

**Note :** Proportion % have to add up to 100%. The completed form must be submitted back to the Human Resource Department of Sime Darby Holdings Berhad or the Employing Company. You are advised to retain a copy acknowledged by the Human Resource Department for your own record-keeping.