



MEMORIAL PLAN - PROPOSAL FORM

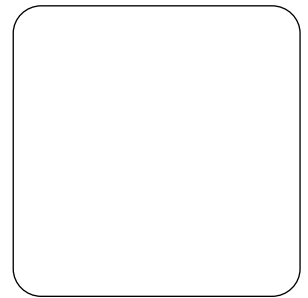
Important Notice: Kindly complete the proposal form carefully in your own handwriting. If our Living Benefits Advisors or any other person assists you to complete this proposal form, such person is deemed to have done so as your Agent.

Note also that ARM Life does not accept cash payments.

The minimum entry age is 18 years and maximum entry age is 55 years for single life, sponsor and spouse. The maximum entry age for parents and parents-in-law is 70 years.

Proposal Number: _____ Customer's ID: _____

Adviser's Name: _____ Adviser's Code: _____



Please affix a passport photograph and attach a means of identification i.e. copy of international passport, Drivers' License, National I.D Card or Voters card

Date(dd-mm-yy)

Grid for date entry: [][] [][] [][][][]

ID document submitted

- Driver's License Voters' card
- National ID card International Passport

ID Number _____

FOR OFFICE USE ONLY

Branch _____

Account Officer _____

Relationship Manager _____

Signature Verification _____

ACCOUNT OFFICER

Name _____

Code _____

Tel: _____

Branch Code _____

Signature _____

PROPOSER'S PERSONAL DATA

Title _____ Surname _____

Other Name(s) _____

Date of Birth [][][][][][][][] Gender: Male Female
(dd-mm-yy)

Place of Birth _____

Mobile _____ Home Phone _____

E-mail _____ Fax: _____

Marital Status

- Single Married Divorced/Separated Widowed

Mother's Maiden Name _____

Communication/Postal Address: Current Residence Permanent Residence Office

Current Residential Address
(Please attach a copy of your utility bill e. g PHCN, waste disposal bill etc as proof of address)

Permanent Residential Address _____

Name of Employer/Company/Business _____

Address _____

Telephone Numbers _____

Profession/Occupation _____

Sum Assured ₦250,000 ₦500,000 ₦1,000,000 ₦2,000,000

Type of Plan: Limited Protection Plan(MP180) Permanent Protection Plan(MP360)

If Limited Protection Plan is chosen above please provide:- Proposed Policy Tenure _____ {minimum of 5 years};

Type of Cover: Single Cover Family Cover *(If Family Cover chosen, please provide the following information)

S/N	Full Names	Gender	Residential Address	Date of Birth	Telephone
Spouse					
1					
Parents					
1					
2					
Parents - in - Law					
1					
2					

* In addition for family cover, kindly provide means of identification of nominees.(additional lives covered)

Note: Sum assured for Spouse : 100% of sum assured of sponsor and for Parents/Parents-in-law : 50% of sum assured of sponsor

Proposed Policy Tenure..... Premium Payment Tenure:

Premium Payment Pattern: Single Yearly Half Yearly Quarterly Monthly

(Note: Single Premium shall be payable for Parents/Parents-in-law aged above 55 years next birthday)

Mode of Contribution Payment: Cheque

Direct Debit (Please complete mandate form)

Others (Please specify)

Initial Premium:

Cheque Details (pls complete for cheque payments only):

Account Name Account Number:.....

Bank

Cheque No. Date of Cheque.....

What is your income per annum: below N1m N1m-N2m >N2-N5m >N5m-N10m above N10m

Optional Benefit on Death (applicable only for sponsor): Repatriation Remembrance Hearse

Note: Anyone of the above benefits can be chosen and must be 30% of the original sum assured or N500,000, which ever is lower.

Sum Assured Escalation –

Annual Sum Assured Escalation: 3.75% 7.5% 11.25%

Note: The total Sum Assured Escalation is subject to a maximum of 100% of the initial sum assured

II GENERAL

Has any proposal on your Life been made before to ARM Life Plc or any other Insurance company?

Yes/No If yes please complete the following and attach additional sheet if space below is inadequate.

Name of Insurance Company	Sum Assured	Type of Policy	Annual Premium

Physical Description (of life to be insured): Height.....Weight.....(in kg)

Declaration of Good Health of life to be insured

a) Are you in good health? Yes No (ii) any bodily infirmity? Yes No

b) Have you ever had heart condition, a stroke, hypertension, Paralysis, Cancer, Diabetes, Kidney failure, Liver failure, Mental illness, HIV infection or AIDS? Yes No

c) Do you currently have, or are you receiving treatment for any symptoms, medical conditions or disabilities? Yes No

d) Have you been absent from work due to illness or injury for a continuous period of more than 10days during the last one year? Yes No

e) Are you currently pregnant (applicable for female life only)? Yes No

Please state any material fact, substance or information regarding your health and way of living

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BENEFICIARY (Spouse, Children or Relative):

S/N	Full Names	Date of Birth	Address	Relationship	Proportion%
1					
2					
3					
4					

NOTE: Where beneficiary is a Minor (less than Age 18 as on last birthday), please provide details of Guardian/Legal Representative

Name.....Address.....

.....

Telephone No..... E-mail.....

• Name of Next of Kin Telephone No:

• Address of Next of Kin

.....

BENEFICIARIES FOR ADDITIONAL LIVES COVERED

BENEFICIARY (Spouse, Children or Relative):

S/N	Additional Lives Covered	Full Names of Beneficiaries	Telephone Number	Date of Birth	Relationship	Proportion (%)
1	Spouse					
2	Parents					
3	Parents - in-Law					

DECLARATION

I,the Life assured declare that the information above has been provided by me and is true to the best of my knowledge and belief. ARM Life Plc has my permission to obtain any other information about my state of health/medical records prior and subsequent to the proposed Life Assurance contract from any source and to rely on the information obtained for the purpose of this proposal and in fulfillment of my obligations under the proposed Life insurance contract.

I affirm that this Declaration together with every other information shall be the basis of my insurance contract with ARM Life Plc.

Signature of Proposer..... Date

For Official Use Only

Sales Representative Name _____

Sales Representative Code _____ Telephone (Mobile) _____

Branch Code _____ Signature _____ Date _____