



# MORTGAGE PLAN - PROPOSAL FORM

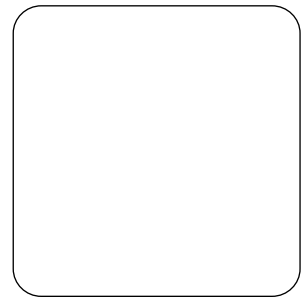
Important Notice: Kindly complete the proposal form carefully in your own handwriting. If our Living Benefits Advisors or any other person assists you to complete this proposal form, such person is deemed to have done so as your Agent.

Note also that ARM Life does not accept cash payments.

The minimum age at entry for this product is 21years and maximum age at entry is 60 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.

## PROPOSER'S PERSONAL DATA

Title \_\_\_\_\_ Surname \_\_\_\_\_

Other Name(s) \_\_\_\_\_

Date of Birth       Gender: Male  Female

Place of Birth \_\_\_\_\_ (dd-mm-yy)

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 \_\_\_\_\_

Optional Benefits (Please tick if required)

Critical Illness  Total Permanent Disability

Profession/Occupation \_\_\_\_\_ Mortgage Interest Rate( %)

Proposed Sum Assured \_\_\_\_\_

Policy Tenure \_\_\_\_\_ Premium Payment Tenure: \_\_\_\_\_

Premium Frequency:  Yearly  Half Yearly  Quarterly  Monthly  Single (Lump Sum)

Premium Paid with Application

Mode of Premium:  Direct Debit (Please complete mandate form)  Cheque  Others, Specify.....

Date(dd-mm-yy)

### ID document submitted

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

ID Number

Country of Residence \_\_\_\_\_

State \_\_\_\_\_

Post Code \_\_\_\_\_

Town/City \_\_\_\_\_

Nationality \_\_\_\_\_

### FOR OFFICE USE ONLY

Branch \_\_\_\_\_

Account Officer \_\_\_\_\_

Relationship Manager \_\_\_\_\_

Signature Verification \_\_\_\_\_

### ACCOUNT OFFICER

Name \_\_\_\_\_

Code

Tel: \_\_\_\_\_

Branch Code

Signature \_\_\_\_\_

What is your income per Annum :  Below N1m  N1m-N2  > N2m- N5m  > N5m- N10m  Above N10m

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

**MEDICAL HISTORY:**

Have you ever suffered or do you suffer from?

	Yes	No	Date & Details including Duration/Treatment given
Stroke			
AIDS			
Liver/Kidney problems			
Tuberculosis			
Cancer			
Nervous Disease			
Circulatory/Heart trouble			

OTHERS(please give details) \_\_\_\_\_

**FAMILY HISTORY**

Has any member of your Family (Parents, Brothers, Sisters, Spouse, Children) suffered from any or a combination of the following?

	Yes	No	Relationship	Details: including duration and treatment given
Diabetes				
Stroke				
Heart Disease				
Tuberculosis				
Mental illness				

OTHERS(please give details) \_\_\_\_\_

**GENERAL**

- Physical Description: Height ..... Weight.....(in kg)
- Any bodily infirmity? Yes/No if yes please give details.....
- Are you now pregnant? Yes / No If yes, please state due date.....
- Is there any other material fact substance or information regarding your health and way of living which was not specifically mentioned above? Yes/No If yes, please give details.....
- Name of Next of Kin ..... Telephone No: .....
- Address of Next of Kin.....

**FINANCIER:** To whom is the policy proceeds payable

Please note that the policy will need to be assigned to the financier for us to pay the proceeds to them

S/n	Financier	Address	%
1			

**BENEFICIARIES**

S/n	Name of Beneficiaries	Date of Birth	Address	Relationship	Proportion of Benefit %
1					
2					
3					
4					

**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\_\_\_\_\_