



# RETIREMENT SAVINGS PLAN - PROPOSAL FORM

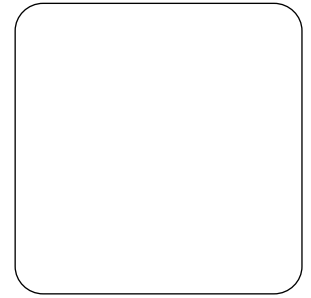
Important Notice: Kindly complete the proposal form carefully in your own handwriting. If our Living Benefits Advisors or any other person assists you to complete this proposal form, such person is deemed to have done so as your Agent.

Note also that ARM Life does not accept cash payments.

The minimum entry age for this product is 25years and maximum entry age is 49 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.

## POLICYHOLDER/ANNUITANT'S DETAILS

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

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

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

Place of Birth \_\_\_\_\_

Mobile \_\_\_\_\_ Home Phone \_\_\_\_\_

E-mail \_\_\_\_\_ Fax: \_\_\_\_\_

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 \_\_\_\_\_

Marital Status  Single  Married  Divorced/Separated  Widowed

Proposed Date of Retirement \_\_\_\_\_

Name of Employer/Company/Business \_\_\_\_\_

Address \_\_\_\_\_

Telephone Numbers \_\_\_\_\_

Contribution Payable \_\_\_\_\_

Frequency Of Contribution Payment  Monthly  Quarterly  Half-yearly  Yearly  Single (Lump Sum)

Accumulation/Deferment Period \_\_\_\_\_

Proposed Commencement Date of Annuity \_\_\_\_\_

Pencom Pin No (if Any) \_\_\_\_\_

Date(dd-mm-yy)

ID document submitted

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

Others \_\_\_\_\_

ID Number

FOR OFFICE USE ONLY

Branch \_\_\_\_\_

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

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

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

ACCOUNT OFFICER

Name \_\_\_\_\_

Code \_\_\_\_\_

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

Branch Code \_\_\_\_\_

Signature \_\_\_\_\_

**BENEFICIARIES** (•Please State below the beneficiaries in case death occurs before the commencement of annuity payment)

S/N	Name of Beneficiaries	Date of Birth	Address	Telephone Number	Email Address	Proportion of Benefit (%)
1						
2						
3						
4						

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

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

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

**PART 2: ANNUITY PAYMENT DETAILS**

The Annuitant is advised to fill as appropriate

Percentage of total accumulation for purchase of annuity

100%  90%  80%  70%

Frequency of Receipt of Annuity Payments:  Monthly  Quarterly  Bi-annually  Annually

Commencement date of payment of annuity   /   /       
dd.mm.yyyy

State Desired Guaranteed Period  Nil years  5 years  10 years

**PART 2B: LEVELS OF ANNUITY**

Please specify the type of annuity you wish to purchase

(i)(a) Level/Flat Annuity  (b) Increasing by 5% p.a.  (c) Increasing by 10% p.a.

(ii) Annuity with Surviving Spouse option  (Please give spouse detail below if this option is chosen)

Spouse Name \_\_\_\_\_

Spouse Date of Birth   /   /       
dd-mm-yyyy

**PART 3: ANNUITANT'S BANK DETAILS:**

Bank Name \_\_\_\_\_

Address \_\_\_\_\_

Account Name \_\_\_\_\_

Account No \_\_\_\_\_

**PART 3: BENEFICIARIES (APPLICABLE TO ANNUITY PAYMENT PERIOD)**

(1) Surname.....Other Names.....

Relationship..... Date of Birth.....Proportion (%).....

Residential Address.....

Phone No..... E-mail.....

(2) Surname..... Other Names.....  
Relationship..... Date of Birth..... Proportion (%).....  
Residential Address.....  
Phone No..... E-mail.....

(3) Surname..... Other Names.....  
Relationship..... Date of Birth..... Proportion (%).....  
Residential Address.....  
Phone No..... E-mail.....

(4) Surname..... Other Names.....  
Relationship..... Date of Birth..... Proportion (%).....  
Residential Address.....  
Phone No..... E-mail.....

NOTE: Where beneficiary is a Minor (less than Age 18 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 .....

**DECLARATION**

I, .....the Life annuitant 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 me prior and subsequent to the proposed Life annuity 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 contract. I affirm that this Declaration together with every other information shall be the basis of my Life annuity contract with ARM Life Plc.

Signature of Proposer..... Date .....

**For Official Use Only**

Sales Representative Name \_\_\_\_\_  
Sales Representative Code \_\_\_\_\_  
Telephone (Mobile) \_\_\_\_\_  
Branch Code \_\_\_\_\_  
Signature \_\_\_\_\_