

Funeral Expenses Benefit (Optional)

(Subject to a maximum of N500,000)

10% 20%

Note: The above is a percentage of the original sum assured

Proposed Tenure: 5years (minimum) Other _____

Annual Contribution: N120,000(minimum) Other N _____

Contribution Payment Pattern Monthly Quarterly Half Yearly Yearly Single

Mode of Contribution Payment Direct Debit (Please complete mandate form) Cheque Others (Please Specify).....

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

Initial Contribution _____

Initial payment details:

Account Name: _____

Account Number: _____ Bank: _____

Cheque Number (If applicable) _____

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.

.....
.....

• Name of Next of Kin Telephone No:

• Address of Next of Kin

.....

Beneficiaries (Spouse, Children or Relatives)

S/n	Full Names	Date of Birth	Relationship	Address	Proportion (%)
(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

TelephoneEmail:.....

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 _____