

ANNUITY PLAN

Application No:

Ver. 07-2019

Please fill this form in ENGLISH and in BLOCK LETTERS.

NOTE: An Insurance Agent who assists an applicant to complete this application / proposal for Insurance shall be deemed to have done so as the agent of the applicant in accordance with section 54 (2) Insurance Act 2003.

A. IDENTITY DETAILS

1. **Name of Applicant** (As appearing in supporting identification document)

Title/ Surname

Other name

Maiden Name

2a. **Gender**

Male Female

2b. **Marital Status**

Single Married

2c. **Date of Birth**

DD / MM / YYYY

3. **Nationality**

Nigerian State of Origin: Non-Nigerian Please specify

4. **Residential Status**

Resident Individual Non Resident Foreign National (Passport copy mandatory for NRIs and Foreign Nationals)

5. **Proof of Identity to be provided by applicant**

National ID Int'l. Passport Voter Card Driving License Date of Issue Date of Expiry

Identification No

6. **Bank Verification Number (BVN)**

PHOTOGRAPH
 Please affix
 a recent passport
 size photograph and
 sign across it

B. ADDRESS DETAILS

1. **Residential Address**

.....

2. **Contact Details**

Mobile (Home) Mobile (Home)

Email Address

3. **Proof of address. Please submit ANY ONE of the following valid documents & tick () against the document attached.**

Tenancy Agreement Registered Lease / Purchase Agreement of Residence Latest Bank Account Statement / Passbook
 Latest Electricity Bill Latest Gas Bill/Latest Waste Bill *Not more than 3 months old. Latest Telephone Bill

4. **Permanent Address of Resident Applicant if different from B1 above OR Overseas Address (Mandatory) for Non-Resident Applicant**

.....

City / Town / Village Postal Code

State Country

C. OTHER DETAILS

1. **Gross Annual Income Details**

Please tick Below ₦1m ₦2.5m ₦6-10m ₦11-20m ₦20m -above

Net-worth in (*Net worth should not be older than 1 year) as on (date)

2. **Occupation Details** (Please tick anyone and give brief details)

Private sector Service Public sector Civil Service Business Retired Others (Please specify)

3. **Please tick if applicable:** Politically Exposed Person (PEP) Related to a Politically Exposed Person (PEP).

4. **Proposed annuity commencement age:**

5a. **Type of Annuity:** Deferred Immediate (Please specify): 5b. **Plan feature:** Increasing @ 5% Flat

5c. **Guaranteed Period:** 5yrs 10 yrs

6. **Source of Fund:** 7. **Expected annuity benefit annually :**

8. **Frequency of annuity payment to annuitant:** Monthly Quarterly Bi annually Annually

9a. **Frequency of premium:** Quarterly Bi annually Annually Single premium

9b. **Mode of payment:** Cheque Direct Debit

Note: AIICO Insurance Plc does not accept cash payments to any agent/staff of the company and accepts no liability for such. All payments shall be made through designated payment channels in favour of AIICO Insurance Plc.

10. **Deposit Premium Made:**

11. **Employment Status:** Employed Self Employed Others, Specify:

12. **Business/Occupation:**

13. **Business Employer's Name:**

14. **Business Employer's Address:**

15. **Bank Name:** **Account Number:** **Type:**

D. NEXT OF KIN

1. Name: Occupation: Mobile No.:
Address: Relationship:

E. BENEFICIARY

Name	%Share	Relationship
1
2
3
4
5
6

F. NAMES OF REFERENCE

1. Name:
Occupation: Address:
..... Mobile No.:

2. Name:
Occupation: Address:
..... Mobile No.:

G. DECLARATION

SIGNATURE OF APPLICANT

I do hereby declare that I am at present in good health and all the foregoing answers are true. I have not concealed or withheld any information that could lead to my ineligibility for AIICO Annuity Plan. I agree that this and all statements that I have made or shall make to the Company in connection with this proposal shall be the basis of this contract. I agree that no cash payment shall be made by me in respect of premiums and other transactions on this policy and that all payments shall be made in the name of AIICO Insurance Plc.

I irrevocably authorize and request any person (including but not limited to medical doctors) who may be in possession of, or hereafter acquire, any information to disclose such information to the company, and I agree that this authority and request shall remain in force after the expiration of my policy as well as prior thereto. I hereby authorize sharing of the information furnished on this form with any registered KYC Registration Agencies.

That in compliance with relevant laws, I have considered all data request made by AIICO with respect to my personal data and hereby concede to (without any element of fraud, coercion, or undue influence) the release of all vital information. I acknowledge to have accepted all terms and conditions by reason of my sign-off and a waiver of my right of refusal shall be determined upon execution of all relevant documents on this transaction. I further affirm that in line with relevant laws, I have been duly informed about my right of withdrawal of consent in relation to personal data /information which shall not be unreasonably withheld.

Place: Date:

The liability of the company shall not commence until this application is accepted, the premium is paid in accordance with Section 50(1) of Insurance Act 2003, and policy document duly issued.

FOR OFFICE USE ONLY

IPV Done on DD / MM / YYYY

AMC.Intermediary name OR code

-
- (Originals Verified) Self Certified Document copies received
 (Attested) True copies of documents received

Agency Manager's Signature

Name:

Code:

.....
Documents Attestation

Agents Signature

Name:

Code:

.....
In Person Verification



Authorized and Regulated by the National Insurance Commission. RIC No. 004

