

**AIICO Plaza**

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# FLEXIBLE ENDOWMENT PLAN PROPOSAL FORM

AIICO INSURANCE PLC DOES NOT ACCEPT CASH PAYMENTS AND WILL ACCEPT NO LIABILITY FOR SUCH!

Application No: .....

Ver. 08-2015

Please fill this form in ENGLISH and in BLOCK LETTERS.

“NOTE: An Insurance Agent who assists an applicant to complete an application or proposal for Insurance shall be deemed to have done so as the agent of the applicant.”

## A. IDENTITY DETAILS

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

<b>Names</b>	
<b>Father's / Spouse's Name</b>	

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

- 2a. Gender**     Male     Female
- 2b. Marital Status**     Single     Married
- 2c. Date of Birth**    DD / MM / YYYY
- 3. Nationality**     Nigerian     Others ..... 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

## B. ADDRESS DETAILS

**1. Address for Correspondence**

City / Town / Village	
State	Country

**2. Contact Details**

Tel. (Home)	Tel. (Home)
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**     Below N1m     N2-5m     N6-10m     N11-20m     N20m- above

[OR]

Net-worth in ..... as on (date) DD / MM / YYYY  
(\*Net worth should not be older than 1 year)

**2. Occupation**

- Private Sector Service     Public Sector     Government Service     Business     Professional     Agriculturist
- Retired     Housewife     Student     Forex Dealer    Others (Please specify): .....

**2b. Principal:** ..... **2c. Nature:** ..... **2d. How long employed:** .....

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

**4. Any other information:** .....

**5. Proposed Commencement Date**    DD / MM / YYYY

**6a. Sum Assured:** ..... **6b. Rider:**     Waiver of Premium (WP)     Accidental Death and Dismemberment (AX)

**7. Source of Fund:** .....

**8. Duration of Plan**     6 Years     9 Years     12 Years     15 Years

**9. Frequency of Payment:**     Monthly     Half Yearly     Yearly

**10. Mode of Payment:**     Cheque     Direct Debit

Note: No Cash Payment is allowed. All Cheques should be written in favour of AIICO Insurance Plc.

**11. Deposit Premium Made:** .....

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

**13. Business/Occupation:** .....

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

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

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

## D. OTHERS DETAILS

1. Has any application for any reinstatement of Life, Accident or Health Insurance ever been declined, postponed, rated or in any way modified?

Yes  No

If Yes, state details:.....

2a. What life insurance is now in force on your life? .....

2b. Year issued:.....

2c. Company:.....

2d Amount:.....

3a. Present State of health: .....

3b. Any deformity:  Yes  No

3c. Height:..... Weight:.....

4. Have you in the last 5 years:

4a. Been ill?  Yes  No

4b. Consulted a physician?  Yes  No

4c. Been under observation for any medical condition?  Yes  No

If Yes, state details: .....

.....

## 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

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 anything with which the directors ought to be made acquainted in order to access my eligibility for AllCO Cash Accumulation Plan Contract. I agree that this and all statements that I have made or shall make to the Company in connection with this or previous proposal(s) 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 cheques shall be written in the name of AllCO Insurance Plc. I irrevocably authorize and request any person, (but not limited to medical doctors) who may be in possession of, or hereafter acquire, any information to disclose such information to the company, I agree that this authority and request shall remain in force after my death as well as prior thereto. I hereby authorize sharing of the information furnished on this form with any registered KYC Registration Agencies.

Place: .....

Date:.....

## SIGNATURE OF APPLICANT

## FOR OFFICE USE ONLY

IPV Done  on / /

AMC.Intermediary name OR code

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

Agency Manager's Signature  
 Name:  
 Code:  
 Date:

.....  
 Documents Attestation

Agent's Signature  
 Name:  
 Code:  
 Date:

.....  
 In Person Verification

