

# FLEXIBLE ENDOWMENT PLAN PROPOSAL FORM

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

<b>1. Name of Applicant</b> (As appearing in supporting identification document)		PHOTOGRAPH Please affix a recent passport size photograph and sign across it
Title/ Surname	<input type="text"/>	
Other name	<input type="text"/>	
Maiden Name	<input type="text"/>	
<b>2a. Gender</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female
<b>2b. Marital Status</b>	<input type="checkbox"/> Single	<input type="checkbox"/> Married
<b>2c. Date of Birth</b>	<input type="text"/> / <input type="text"/> / <input type="text"/>	
<b>3. Nationality</b>	<input type="checkbox"/> Nigerian	State of Origin: ..... Non-Nigerian ..... <small>Please specify</small>
<b>4. Residential Status</b>	<input type="checkbox"/> Resident Individual <input type="checkbox"/> Non Resident <input type="checkbox"/> Foreign National <small>(Passport copy mandatory for NRIs and Foreign Nationals)</small>	
<b>5. Proof of Identity to be provided by applicant</b>		
<input type="checkbox"/> National ID <input type="checkbox"/> Int'l. Passport <input type="checkbox"/> Voter Card <input type="checkbox"/> Driving License                    Date of Issue .....                    Date of Expiry .....		
Identification No .....		
<b>6. Bank Verification Number (BVN)</b> .....		

## B. ADDRESS DETAILS

<b>1. Residential Address</b>		
<input type="text"/>		
<input type="text"/>		
<input type="text"/>		
<b>2. Contact Details</b>		
Mobile (Home)	<input type="text"/>	Mobile (Home)
Email Address	<input type="text"/>	
<b>3. Proof of address. Please submit ANY ONE of the following valid documents &amp; tick ( ) against the document attached.</b>		
<input type="checkbox"/> Tenancy Agreement <input type="checkbox"/> Registered Lease / Purchase Agreement of Residence <input type="checkbox"/> Latest Bank Account Statement / Passbook <input type="checkbox"/> Latest Electricity Bill <input type="checkbox"/> Latest Gas Bill/Latest Waste Bill <b>*Not more than 3 months old.</b> <input type="checkbox"/> Latest Telephone Bill		
<b>4. Permanent Address of Resident Applicant if different from B1 above OR Overseas Address (Mandatory) for Non-Resident Applicant</b>		
<input type="text"/>		
<input type="text"/>		
<input type="text"/>		
City / Town / Village	Postal Code	
State	Country	

## C. OTHER DETAILS

<b>1. Gross Annual Income Details</b> <input type="checkbox"/> Below N1m <input type="checkbox"/> N2-5m <input type="checkbox"/> N6-10m <input type="checkbox"/> N11-20m <input type="checkbox"/> N20m- above	
[OR]	
Net-worth in ..... as on (date) <input type="text"/> / <input type="text"/> / <input type="text"/>	
<small>(*Net worth should not be older than 1 year)</small>	
<b>2. Occupation</b>	
<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculturist <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer                    Others (Please specify): .....	
<b>2b. Principal:</b> .....	<b>2c. Nature:</b> .....
<b>2d. How long employed:</b> .....	
<b>3. Please tick if applicable:</b> <input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to a Politically Exposed Person (PEP).	
<b>4. Any other information:</b> .....	
<b>5. Proposed Commencement Date</b> <input type="text"/> / <input type="text"/> / <input type="text"/>	
<b>6a. Sum Assured:</b> .....	<b>6b. Rider:</b> <input type="checkbox"/> Waiver of Premium (WP) <input type="checkbox"/> Accidental Death and Dismemberment (AX)
<b>7. Source of Fund:</b> .....	
<b>8. Duration of Plan</b> <input type="checkbox"/> 6 Years <input type="checkbox"/> 9 Years <input type="checkbox"/> 12 Years <input type="checkbox"/> 15 Years	
<b>9. Frequency of Payment:</b> <input type="checkbox"/> Monthly <input type="checkbox"/> Half Yearly <input type="checkbox"/> Yearly	
<b>10. Mode of Payment:</b> <input type="checkbox"/> Cheque <input type="checkbox"/> Direct Debit	
<b>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.</b>	
<b>11. Deposit Premium Made:</b> .....	
<b>12. Employment Status:</b> <input type="checkbox"/> Employed <input type="checkbox"/> Self Employed <input type="checkbox"/> Others, Specify: .....	
<b>13. Business/Occupation:</b> .....	
<b>14. Business Employer's Name:</b> .....	
<b>15. Business Employer's Address:</b> .....	
<b>16. Bank Name:</b> ..... <b>Account Number:</b> ..... <b>Type:</b> .....	

## 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: .....

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## E. NEXT OF KIN

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

Address: ..... Relationship.....

## F. BENEFICIARY

Name	%Share	Relationship
1 .....	.....	.....
2 .....	.....	.....
3 .....	.....	.....
4 .....	.....	.....
5 .....	.....	.....
6 .....	.....	.....

## G. NAMES OF REFERENCE

1. Name: .....

Occupation: ..... Address: .....

..... Mobile No.: .....

2. Name: .....

Occupation: ..... Address: .....

..... Mobile No.: .....

## H. 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 any information that could lead to my ineligibility for AIICO Flexible Endowment 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.**

## SIGNATURE OF APPLICANT

## FOR OFFICE USE ONLY

IPV Done  on DD / MM / YYYY

AMC.Intermediary name OR code

Agency Manager's Signature  
Name:  
Code:  
Date:

.....  
Documents Attestation

Agent's Signature  
Name:  
Code:  
Date:

.....  
In Person Verification

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

