



PROTECTION PLAN - PROPOSAL FORM

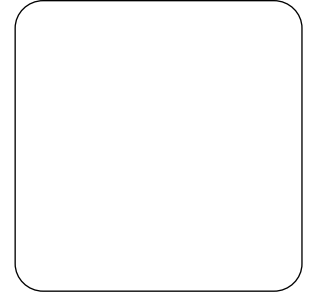
Important Notice: Kindly complete the proposal form carefully in your own handwriting. If our Living Benefits Advisors or any other person assists you to complete this proposal form, such person is deemed to have done so as your Agent.

Note also that ARM Life does not accept cash payments.

The minimum entry age is 18years and maximum entry age is 70 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, Driver's License, National I.D Card or Voters card.

PROPOSER'S DETAILS

Term Whole Life

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

Name of Employer/Company/Business _____

Address _____

Telephone Numbers _____

Profession/Occupation _____

Proposed Sum Assured _____

Proposed Policy Tenure _____

Premium Payment Tenure _____

Frequency of Premium Payment: Monthly Quarterly Half-yearly Yearly Single

Deposit Premium Paid With Application ₦ _____

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 _____

Mode of Premium Payment:

Direct Debit Cheque Others (Please state) _____
 (Please complete Direct Debit Form if chosen)

Cheque Details (Please complete for cheque payments only):

Account Name _____ Account Number _____

Bank _____ Cheque No. _____

What is your income per annum? : Below N1m N1m-n2m > N2m- N5m > N5m- N10m Above N10m

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 |
|---------------------------|-------------|----------------|----------------|
| | | | |
| | | | |
| | | | |

Medical History:

Have you ever suffered or do you suffer from?

| S/n | Particulars | Yes | No | Date & Details Including Duration/treatment given |
|-----|---------------------------|-----|----|---|
| 1 | Stroke | | | |
| 2 | AIDS | | | |
| 3 | Liver/Kidney problems | | | |
| 4 | Tuberculosis | | | |
| 5 | Cancer | | | |
| 6 | Nervous Disease | | | |
| 7 | Circulatory/Heart trouble | | | |

Others (Please give details) _____

Family History

Has any member of your family (Parents, Brothers, Sisters, Spouse, Children) suffered from any or a combination of the following?

| | Particulars | Yes | No | Relationship | Details : including duration and treatment given |
|---|----------------|-----|----|--------------|--|
| 1 | Diabetes | | | | |
| 2 | Stroke | | | | |
| 3 | Heart Disease | | | | |
| 4 | Tuberculosis | | | | |
| 5 | Mental illness | | | | |

Others (Please give details) _____

General

• Physical Description: Height Weight..... (in kg)

Any bodily infirmity? Yes/No. If yes please give details.....

• Are you now pregnant? Yes/No. If yes, please give due date.....

Please state any material fact, substance or information regarding your health and way of living, which was not specifically mentioned above

.....

• Name of Next of Kin Telephone No:

• Address of Next of Kin.....

Beneficiaries

| S/N | Name of Beneficiaries | Date of Birth | Address | Relationship to the Proposer | 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

| |
|---|
| <p>DECLARATION</p> <p>I,the Life assured declare that the statements above are true to the best of my knowledge and belief. The ARM Life 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.</p> <p>I affirm that this Declaration together with every other information shall be the basis of this contract.</p> <p>Signature of Life to be assured.....Date.....</p> |
|---|

For Official Use Only

Sales Representative Name_____

Sales Representative Code_____ Telephone (Mobile)_____

Branch Code_____ Signature_____ Date_____