



RETIREMENT INCOME PLAN - PROPOSAL FORM

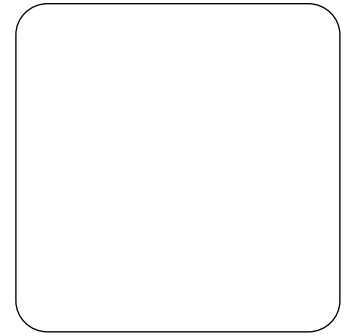
Important Notice: Kindly complete the proposal form carefully in your own handwriting. If our Living Benefits Advisors or any other person assists you to complete this proposal form, such person is deemed to have done so as your Agent.

Note also that ARM Life does not accept cash payments.

The minimum entry age is 50 years 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, Drivers' License, National I.D Card or Voters card.

PART 1 POLICY HOLDER/ANNUITANT'S DETAILS

Title _____ Surname _____ Others Name(s) _____

Date of Birth Place of Birth _____ Nationality _____ Gender Male Female
(dd-mm-yy)

Mother's Maiden Name _____ ID document submitted
 Driver's License Voters' card National ID card International Passport
ID Number

Home Phone _____ Mobile _____ E-mail _____

Marital Status Single Married Divorced/Separated Widowed

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 _____

Occupation before Retirement _____ Date of Retirement _____ PENCOR PIN No (if applicable) _____

Name of Institution from where you Retired _____

PART 2: ANNUITY PAYMENT OPTIONS (Please specify the annuity option you wish to purchase)

- 1 Flat Annuity with no guarantee
- 2 Flat Annuity, Guaranteed for 5years
- 3 Flat Annuity, Guaranteed for 10years
- 4 Increasing Annuity at 5% per annum with no guarantee
- 5 Increasing Annuity at 5% per annum, guaranteed for 5years
- 6 Increasing Annuity at 5% per annum, guaranteed for 10years
- 7 Increasing Annuity at 10% per annum, with no guarantee
- 8 Increasing Annuity at 10% per annum guarantee for 5years
- 9 Increasing Annuity at 10% per annum guarantee for 10years

Note: *For Statutory Retirement Plan only option (3), (6) and (9) are applicable.

Surviving Spouse Benefit (Optional) Yes No

If you opted for Surviving Spouse Benefit, kindly provide the details below

Spouse Name:.....

Spouse Date of Birth:.....

PART 3: ANNUITY PAYMENT DETAILS

(The Annuitant is advised to complete as appropriate)

Contribution Payable: Contribution Pattern: Single Contribution (Lump Sum)

Date of payment of Contribution _____

PART 4: ANNUITANT'S BANK DETAILS

BANK NAME: _____

ACCOUNT NUMBER: _____

ACCOUNT NAME: _____

BRANCH CODE _____

SIGNATURE _____

ANNUAL INCOME BRACKET/RANGE

- LESS THAN N2,000,000 N2,000,000 TO N5,000,000
 GREATER THAN N5,000,000 TO N10,000,000 ABOVE N10,000,000

• Name of Next of Kin Telephone No:

• Address of Next of Kin

PART 5: BENEFICIARIES

S/N	Name of Beneficiaries	Date of Birth	Address	Relationship to the Proposer	Proportion of Benefit %t
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

DECLARATION

I,the Annuitant 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 me prior and subsequent to the proposed Life Annuity 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 Annuity contract.

I affirm that this Declaration together with every other information shall be the basis of my Life Annuity 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 _____