

LIFE		
SAVINGS PLAN - PRO	POSAL FORM	
Important Notice: Kindly complete the propos Benefits Advisors or any other person assists ye have done so as your Agent.	al form carefully in your own handwriting. If our Living ou to complete this proposal form, such person is deemed to	
Note also that ARM Life does not accept cash	payments.	Please affix a passport photograph and attach a
The minimum entry age for this product is 18	years and maximum entry age is 55 years.	means of identification i.e. copy of international passport, Drivers' License, National I.D Card or Voters card
Proposal Number:	Customer's ID:	Date(dd-mm-yy)
Adviser's Name:	Adviser's Code:	
PROPOSER'S PERSONAL DA	ΓΛ	ID document submitted
Title Surname		Driver's License Voters' card
		National ID card
Others Name(s)		Others
		ID Number
Date of Birth (dd-mm-y	y) Gender: Male Female	FOR OFFICE USE ONLY Branch
Place of Birth		Account Officer
Home Phone	Mobile	Relationship Manager
E-mail	Fax:	Signature Verification
Marital Status		ACCOUNT OFFICER
Single Married Divorced	/Separated Widowed	Name
Mother's Maiden Name		Code
Communication/Postal Address:	ent Permanent Office	
Current Residential Address (Please attach a copy of your utility bill e. g PHCN, waste disposal		Tel:
(Prease anach a copy of your uning bin e. g Pricin, waste disposal		Branch Code
Permanent Residential Address		Signature
Name of Employer/Company/Business	; ;	
Address		
Telephone Numbers		
Profession/Occupation		
Sum Assured: <u>N</u> 500,000 <u>N</u> 1,00	0,000 N2,000,000	
Annual Sum Assured Escalation	5% 10% 15%	

(Subject to a limit of 50% of the initial sum assured over the term of the policy)

Funeral Expenses Benefit (Optional) (Subject to a maximum of N500,000)				
$10\% \qquad 20\%$				
Note: The above is a percentage of	of the original sum assured			
Proposed Tenure: 5years (minimum) Other				
Annual Contribution: □ N120,000(minimum) □ Other N				
Contribution Payment Pattern Monthly Quarterly Half Yearly Single				
Mode of Contribution Payment Direct Debit (Please complete mandate form) Cheque Others (Please Specify)				
What is your income per Annum : Below N1m N1m-N2 > N2m- N5m > N5m- N10m Above N10m				
Initial Contribution				
Initial payment details:				
Account Name:				
Account Number:	Bank:			
Cheque Number (If applicable)		_		
GENERAL				
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	
Physical Description (of life to be	insured): HeightV	Noight (in kg)		
	-	veigint(iii kg)		
Declaration of Good Health of life to be insured				
a) Are you in good health? Yes No (ii) any bodily infirmity? Yes No				
b) Have you ever had heart condition, a stroke, hypertension, Paralysis, Cancer, Diabetes, Kidney failure, Liver failure, Mental illness, HIV infection or AIDS? Yes No				
c) Do you currently have, or are you receiving treatment for any symptoms, medical conditions or disabilities? Yes 🗌 No 🗌				
d) Have you been absent from work due to illness or injury for a continuous period of more than 10days during the last one year? Yes 🗌 No 🗌				
e) Are you currently pregnant (applicable for female life only)? Yes No				
Please state any material fact, substance or information regarding your health and way of living.				
Name of Next of Kin Telephone No:				
Address of Next of Kin				

Beneficiaries (Spouse, Children or Relatives)

S/n	Full Names	Date of Birth	Relationship	Address	Proportion (%)
(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	Email:

DECLARATION I,the Life assured 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 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. I affirm that this Declaration together with every other information shall be the basis of my insurance 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 ———		