CORONATION

FLEXIBLE INVESTMENT- WHOLE LIFE PLAN

PROPOSAL FORM

Affix a recent passport photograph here

GUIDELINES TO FILL THE FORM

1. Please fill the form in **BLOCK LETTERS** and leave one blank box between two words. Note that all sections of the proposal form must be completed particularly the ones marked (*) using ink. Do not sign any blank or partially completed proposal form.
2. Kindly provide copies of all basic requirements. These include: Broker's slip/ Risk Details Evidence of payment/Credit note for Brokers KYC documentation (as stated on the inner back cover)
3. Please note that any individual who assists an applicant to complete this proposal form for insurance purposes shall be deemed to have done so as an agent of the applicant.
4. Kindly contact the Company's Office or Agent for any doubts or clarifications on the content of this proposal form.

NOTE:

The liability of the Company does not commence until this proposal has been accepted by the Company and the premium paid.

It is important that you provide full and detailed answers to all questions to ensure proper assessment of the risk. This will also ensure quote terms that are fair and reasonable to both parties.

Incorrect or non-disclosure of material information by you may impact on claims arising under this policy.

Proposer's Details

Name:* SURNAME MIDDLENAME FIRSTNAME

Title: Mr Mrs Miss Others Marital Status: Single Married Divorced Widow DOB DD/MM/YYYY

E-mail: SEX F M Religion:

Address:* TOWN CITY

STATE COUNTRY Nationality State of origin:

Telephone:* Alt. Tel: P.O. Box:

Linked In ID: Facebook ID

Occupation: Are you Self Employed? Y N If yes Pls. Indicate: Partnership Professional Sole-Owner

If "No", Employer: Job Title: BVN

Annual Income Band: Over N15m | N10.1 - N15m | N7.6 - N10m | N5.1 - N7.5m | N2.6 - N5m | N1 - N2.5m | Below N1m | Non Nigerian

Means of Identification: National ID Card No. | Int'l Passport No. | Driver's License No. | Voter's Card No. | Others Pls Specify

Insurance Details

Start Date* Annual Contribution* Payment Frequency* Y HY Q M Limited Premium Option* 45 50 55 60 65 Duration*

Sum Assured

Method of Payment: Cheque Transfer Direct Debit Do you have insurance with Coronation? Y N If Yes' Please Give Details

Please state sum assured currently in force on your life

Please state the insurance company

Has any proposal on your life ever declined, postponed, deferred, withdrawn or accepted on special terms ? Y N If Yes' Give Details

Coronation Account Details:

Customer's Account Details: **Bank** **Account Number**

Please note that the proceeds of this policy will only be credited to the account number specified above.

Beneficiaries Details*

	FULL NAME	DATE OF BIRTH	AGE (YRS)	RELATIONSHIP	PHONE NUMBER	PPN (%)
PRIMARY						
CONTINGENT						

Medical Declaration*

Do you have any existing medical condition / illness?

If Yes' please Give Details

Height (ft/inches):

Weight (Kg):

Declaration*

I, ..., the Life assured, do hereby declare that I have personally checked all the information as given out in this form and confirm that all the answers are true and that I have not concealed or withheld anything with which the assurer should be acquainted with in order to assess my eligibility for assurance. I further declare that the meaning and consequences of all the terms and conditions have been explained to me and that I am fully aware and understand same.

I irrevocably authorize and request any Doctor or other person(s) who may be in possession of, or hereafter acquire, any information concerning my health up to the present time to disclose such information to the assurer. I agree that this authority and request shall remain in force after my demise as well as prior thereto.

Witness*:

Date*

Signature of the Assured*

Name

Date*

Signature of the Assured*

Policy Document Delivery Address:

Should be delivered to the above address

Tick if document should be delivered to email address above

If otherwise, pls specify

For Official Use Only

Staff/ Agency Code*

Branch/ Team MIS Code*

Policy Number

Signature of Sales person