

**AFFIX CURRENT  
PASSPORT  
PHOTOGRAPH**

## FLEXIBLE INVESTMENT - EDUCATION PLAN PROPOSAL FORM

### GUIDELINE TO FILL THE FORM

1. An individual who assists an applicant to complete this proposal form for insurance shall be deemed to have done so as the agent of the applicant
2. All details are mandatory, except they are not applicable. Please ensure regularity of your signature in all correspondences.
3. Please attach: (i) Recent passport photograph (ii) Means of identification: Nigerian Driver's License, National ID card, International Passport, Voters Registration Card (iii) Evidence of utility bill payment: PHCN, Water Rates etc
4. Please note the liability of the Company does not commence until this proposal has been accepted by Coronation and the premium paid.
5. We do not accept responsibility for any cash payment to our representatives/agents.

### SECTION A: POLICYHOLDER'S DETAILS

Name*	SURNAME / MIDDLE NAME / FIRST NAME																														
Title	Mr	Mrs	Miss	Other	Marital Status	Single	Married	Divorced	Widowed	Sex	M	F																			
D.O.B.*	D	D	M	M	Y	Y	Y	Y	Religion																						
Address*	RESIDENCE / TOWN / CITY / STATE / COUNTRY																														
													P.O.Box																		
Nationality*											State of origin																				
E-mail																															
Telephone*																Alternate no.															
LinkedIn ID											Facebook ID																				
Occupation											Are you self employed?	Yes	No	If yes, please indicate:	Partnership	Professional	Sole Owner														
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																							
	National ID Card Number										International Passport Number																				
Means of Identification*	Driver's Licence Number										Voter's Card Number																				
Other (please specify)																															

### SECTION B: INSURANCE DETAILS

Start Date*	D	D	M	M	Y	Y	Y	Y	*Annual Contribution (N)							*Payment Frequency	Y	H	Y	Q	M	Duration*	
Sum Assured										Method of Payment	Cheque	Transfer	Direct Debit										
Do you have insurance with Coronation?	Yes	No	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Has any proposal on your life ever been declined, postponed, deferred, withdrawn or accepted on special terms?	Yes	No	If yes, please give details:																				
Coronation Account Details:	Access Bank Plc, Account No.: 0775086405										Customer Account Details:												
											Bank	Account Number											
Please note that the proceeds of this policy will only be credited to the account number specified above.																							

### SECTION C: BENEFICIARIES DETAILS\*

	Full Name	Date of Birth	Age (yrs)	Relationship	Phone Number	PPN (%)
Primary						
Contingent						

### SECTION D: MEDICAL DECLARATION \*

Do you have any existing medical condition/illness?	Yes	No	If yes, please give details															
Height (ft/in)				Weight (kg)														

### SECTION E: 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

Name*		* Date	D	D	M	M	2	0	Y	Y	* Signature of the Assured	
Name*		* Date	D	D	M	M	2	0	Y	Y	* Signature of the Witness	