

Insurance Proposal Form

Personal Details

Name	William West
Date of Birth	2008-09-03
Gender	Female
Marital Status	Single
Mobile Number	9816101287
Email	mathewsjohn@example.net
ID/Passport	254-27-8207
Address	USS Hendricks, FPO AE 07946

Policy Details

Policy Type	Life
Option	Standard
Term (Years)	7
Sum Assured	KES 1951520
Premium	KES 76913
Payment Frequency	Annually

Beneficiaries

Name	Relationship	DOB	% Share	Contact
Dominique Thomas	Child	1963-06-01	50%	(253)295-3998
Nina Andrews	Child	1983-06-13	20%	3767778255
Thomas Campbell	Child	1948-06-15	50%	937.829.2549x336

Signature: _____ Date: _____