

Application for Lifevest Plan



LIFE INVESTMENTS HEALTH CORPORATE PROPERTIES ADVICE

APPLICATION NUMBER 20211205/32413/076011202

AGENT CODE 076011202

PERSONAL DETAILS

Title	Mr	First Name	Ben
Middle Name	Kiboma	Surname	Omayio
AKA (Also known as)		Maiden Name	
ID Number	31888258	Passport	
Birth Date	1995-04-07	ANB	27
Gender	Male	Nationality	Kenyan
Marital Status	Married	Pin Number	A007556800V
House/ Flat No.	308	Estate/ Flat Name	Eden Green, Lucky summer
Street/ Road & General Area	Backita	Country of Residence	Kenya
Postal Address	70	Code	20100
Employer	Liberty Life Assurance Kenya Ltd	Occupation	Business Analyst
Monthly Income	86000	Source of Income	Employment
Employer Address : Building	Liberty House	Employer address : Floor	7th
Street / Road & General Area	Mamlaka	Industry Type	Financial, Insurance and business Activities
Cellphone	0719584717	Email Address	omayioben@gmail.com

PLAN DETAILS

Contract Type	LifeVest - Variant B	Premium Payment Frequency	Monthly
Annual Increase	0		

FUND SELECTION

Aggressive Fund 0 Balanced Fund 100 Conservative Fund 0

DECLARATION AND AUTHORIZATION

I **Ben Omayio** state that the agent has disclosed the required information about:

1. Liberty Life Assurance Limited which is duly authorized to transact insurance business in Kenya
2. Liberty's complaints and claims notification procedure
3. The type of policy applied for
4. The benefits to be provided and for investment benefits, how their value is determined as well as charges and fees applied to any investment amounts and proportion of premium allocation
5. The premium amount and how it will be paid
6. Premium increase or escalation
7. My right to review the policy
8. In the event that I cancel my policy before 12 months, there will be no benefits payable
9. Upon receipt of this application, the policy will commence on receipt of the first premium by the company.

Proportion of Premium Allocation is as follows:

Term Years:	7	10	15	20	25	30
Allocation Percentage	78.3%	82.69%	83.84%	83.44%	82.46%	81.24%
Monthly Income	86000					

The application and the policy conditions together make up the policy of insurance.

It is also declared and agreed that;

10. The answers in this application are complete and true.
11. The statements made in this application and in any other documentation submitted in connection with this application form the basis of the policy applied for and shall constitute all representations made as a basis for the said policy.
12. I hereby authorize any physician, hospital, clinic, insurance company or other organization or person that has any records or knowledge of me to give to Liberty Life Assurance Limited, any and all information about me with reference to health and medical history and any hospitalization, advice, diagnosis, treatment, disease or ailment. A photographic copy of this authorization shall be as valid as the original.
13. No agent has the authority to waive a question in the application, modify the application or bind the Company by making any promise or representation or by giving or receiving any information.
14. Information regarding your insurability will be treated as confidential. The Company or its reinsurers may, however release information in its file to the life insurance companies to whom you may apply for for life or health insurance, or to whom a claim for benefits may be submitted.
15. By signing this application, I acknowledge that all the above disclosures were made and I completed the proposal form before I signed it.
16. I understand and agree that no coverage will be in effect until this application is approved by this company and a policy is issued and delivered during my good health.

I authorize Liberty Life Assurance Kenya Ltd to collect and share my personal data in accordance with the privacy policy on its website (<https://www.liberty.co.ke/>) and my consent set out hereunder:

I/We consent to Liberty Life Assurance Kenya Limited:

- a. Collecting, using, disclosing and/or processing my/our personal data directly from me/us only for purposes that are relevant to my policy and as permitted by law;
- b. Storing my/our personal data that it has collected/processed for a period that is necessary for purposes of my policy and as permitted by law;
- c. Anonymizing my/our personal data that it has collected/processed once the purpose for which it was collected has been served;
- d. Transferring my/our personal data to their reinsurers and affiliated companies for purposes of insurance, customer single view and as permitted by law, upon establishing appropriate safeguards with respect to the security and protection of my personal data;

Place	Nairobi	Date	2021-12-05
Signature of Applicant		Date of Signature	2021-12-05



DETAILS OF COMPANY'S SALES REPRESENTATIVE

Agent's Name	Japheth Muinde Kivoa	Code	076011202
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Signature

Date of Signature

2021-12-05

A handwritten signature in black ink, appearing to be 'AKH', written over a horizontal line.

SUPPORTING DOCUMENTS

Please upload all required supporting documents for verification of the Identity of the Policyholder(s).

File Name	Edit	
Applicant_PIN		
Applicant_Photo		
Applicant_ID_Front		
Applicant_ID_Back		

FOR OFFICIAL USE ONLY

UNDERWRITTEN BY

Name

Signature

APPROVED

Code

Date

OTHER OBSERVATIONS INSTRUCTIONS FROM THE UNDERWRITER

1. Additional Rating

2. Financial
Underwriting

3. Medical
Underwriting

4. Needed Analysis

Underwriter's
Name

Underwriter's Sign