Application for Lifevest Plan



LIFE INVESTMENTS HEALTH CORPORATE PROPERTIES ADVICE

APPLICATION NUMBER 20211205/32413/076011202

AGENT CODE 076011202

PERSONAL DETAILS

Title **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

Postal Address 70 Code 20100

Employer Liberty Life Assurance Kenya Ltd Occupation **Business Analyst**

Monthly Income 86000

Employer Address:

Street / Road &

General Area

Building

Liberty House

Mamlaka

Employer address:

Floor

Country of Residence

Source of Income

Financial, Insurance and business **Industry Type**

7th

Activities

Employment

Kenya

Cellphone 0719584717 **Email Address** omayioben@gmail.com

LAN DETAILS

LifeVest - Variant B **Premium Payment Contract Type** Monthly Frequency

0 **Annual Increase**

FUND SELECTION

Aggressive Fund 0 **Balanced Fund 100** Conservative Fund 0

| BENEFIT | | TERM | COVER | | PREMIUM | | | |
|--|--|--|----------------------------|-----------------|---------|-----------|----------|-----------|
| Main Savings Benefit | 12 | 100000 | | 5200 | | | | |
| Personal Accident Rider | | | | | | | | |
| Increasing Term Assurance | | | | | | | | |
| Policy Fee | | ı | ı | | | 100 | | |
| PHCF Premium Amount | | | | | | 13.25 | | |
| TOTAL PREMIUM | | | | | | 53 | 313.25 | |
| PAYMENT DETAILS | | | | | | | | |
| | | | | | | | | |
| Please ensure that all information for the selected pay | ment meth | nod is completed t | to ensure that we | successful | ly co | llect you | ır premi | iums. |
| Mode of Payment Cash Payment | | | | | | | | |
| , | | Payment | Frequency | Monthly | | | | |
| · | | Payment | Frequency | Monthly | | | | |
| | | | | | | | | |
| | | Payment Total Pre | | Monthly 5313.25 | | | | |
| ash Payment | | | | | | | | |
| ash Payment ash payment declaration | vill use the p | Total Pre | mium | 5313.25 | · wher | n making | a cash c | deposit 1 |
| ash Payment ash payment declaration I agree to pay the total premium by the payment date and w | vill use the p | Total Pre | mium | 5313.25 | wher | n making | a cash c | deposit t |
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| ash Payment ash payment declaration I agree to pay the total premium by the payment date and wasure the correct allocation of my premium to my policy. HEALTH QUESTIONS FOR LIFE TO BE ASSURATE ASSURA | RED Int affect this lice in the arm achuting)? | Total Pre policy/application nu assurance (for examp ned forces, racing, avi | mium Imber as the Refere | 5313.25 | | n making | | deposit t |
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| ash Payment declaration I agree to pay the total premium by the payment date and wasure the correct allocation of my premium to my policy. HEALTH QUESTIONS FOR LIFE TO BE ASSURATE 1. Are there any unusually hazardous circumstances which might exact nature of occupation, dangerous sports, student pilot serve paying passenger on a scheduled airline, underwater diving, para 2. (a) Has a proposal on your life ever been made to this or any of 3. (a) Have you consulted any doctor during the last 5 years? | RED Int affect this lice in the arm achuting)? | Total Pre policy/application nu assurance (for examp ned forces, racing, avi | mium Imber as the Refere | 5313.25 | Yes | n making | No No | deposit t |
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BENEFICIARIES

| Name | Surname | Identity Type | Number | Contact No | Birth Date | Gender | Relationship | Percentage |
|--------|---------|-----------------|---------|------------|------------|--------|--------------|------------|
| ANNITA | Kerubo | Kenya ID Number | 3322600 | 0726102256 | 1996-12-04 | Male | Spouse | 100 |

| TOTAL (must e | 00%) | 100 |
|---------------|------|-----|
| | | |

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% |
| | | | | | | |

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

86000

It is also declared and agreed that;

Monthly Income

- 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 reinsures 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 NameJapheth Muinde KivoaCode076011202

Signature Date of Signature 2021-12-05

A A

SUPPORTING DOCUMENTS

Underwritter's Sign

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 | | |

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|------------------------------|----------------------------------|------|--|
| Applicant_ID_Front | | | |
| Applicant_ID_Back | | | |
| | | | |
| FOR OFFICIAL USE C | NLY | | |
| UNDERWRITTEN BY | | | |
| Name | | | |
| Signature | | | |
| APPROVED | | | |
| Code | | Date | |
| OTHER OBSERVATIONS | NSTRUCTIONS FROM THE UNDERWRITER | | |
| 1. Additional Rating | | | |
| 2. Financial Underwriting | | | |
| 3. Medical Underwriting | | | |
| 4. Needed Analysis | | | |
| Underwriter's Name | | | |