

FBN Insurance Limited - RC 707564

34 Marina, Lagos. P.O. Box 4140, Marina - Lagos, Nigeria Telephone: +234 (1)9054364, +234 (1)9054365, +234 (1)9054380, +234 (1)9054444

## PROPOSAL FOR GROUP WELFARE PROTECTION POLICY

Please write clearly and initial all alterations and erasures. Kindly answer all questions fully and personally.

PASSPORT
PHOTOGRAPH

# 1. DETAILS OF MAIN LIFE TO BE ASSURED

NAME (Surname First)	
STAFF/MEMBER ID	
HOME ADDRESS	
OFFICE ADDRESS	
DATE OF BIRTH	
PHONE NUMBER	
E-MAIL ADDRESS	
OCCUPATION	
SOURCE OF FUND	

### Requirements:

- 1. Evidence of age in the form of either Birth Certificate or Declaration of Age
- 2. Means of Identification; any of Driver's License, National ID Card or International Passport.)
- 3. Address Verification; any of Electricity Bill, Water Bill, Statement of Account or Tenancy Receipt)

DETAILS OF BENEFITS (insert the s	um assured and premium)
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ode of Investment contribution: Mont	thly Quarterly H/	Yearly Yearly
EVENTS INSURED	BENEFIT/SUM ASSURED	PREMIUM/CONTRIBUTION
DEATH		
INVESTMENT CONTRIBUTIO	N	
CRITICAL ILLNESS		
PERMANENT DISABILITY		
FUNERAL EXPENSES		

### **BENEFICIARY(IES)**

TOTAL

S/N	NAME	ADDRESS	PHONE NO	% OF BENEFIT
1				
2				

Please attach the passport photograph of each beneficiary

### Declaration

I the undersigned declare to the best of my knowledge that the information provided above are true and can be clarified by FBN
Insurance. The information shall be the basis of contract with FBN Insurance Ltd any information found untrue shall nullify the
contract.
Dated This Day of20
Signature of Life Insured
Witness' Name Date Date Date

BOARD OF DIRECTORS: Chairperson: Adenrele Kehinde, Managing Director and Chief Executive: Val O. Ojumah, Margaret Dawes (South African), Caleb Yaro, Remi Ogunmefun, Theuns Botha (South African), Oyewale Ariyibi

