

Proposal Form

Unit Linked Life Insurance

Life Insurance Corporation (International) B.S.C.(c)

For Office use only	
Agents Name & Code No	
Chief Agent Name & Code	
Broker / Bank Name & Code	
Inward No & Date	
Proposal Number	

Please complete this form using black or blue ink. Write in BLOCK LETTERS and tick the relevant items. If your application is incomplete, it might cause a delay. Kindly ensure that you submit a fully filled form together with the signed illustration. The proposed life assured and policy owner are required to disclose all information requested. Please retain a copy of this proposal form and other correspondences with us for your future reference.

1.1	Details of Proposer	·/Li	ife	to t	e A	S	sure	ed																	
A.	Full Name	Fire	st n	ame								Last name								Mr	~	М	s 🗸	Ms	~
В.	Father Name	Fire	st n	ame								Last name								Ma	ale	~	Fe	male	~
C.	Nationality											Place of Birth											•		
D.	Date of Birth	D	D	M	M	1	Υ	Υ	Y	1	Y	Age								yea	ars				
E.	Emirates ID Number			•			•					Issue Date	D	D	М	М	Υ	Υ	Expiry Date	D	D	М	М	Υ	Υ
F.	Passport Number											Issue Date	D	D	М	М	Υ	Υ	Expiry Date	D	D	М	М	Υ	Υ
G.	Qualification											Annual Income													
Н.	Marital Status	Sin	gle	;	~	Ì	Mar	rie	d	ŀ	/	Widow			~	Div	orce/	ed							~
I.	Email Address											•													
Add	dress																								
J.	Residential	Bui	ildir	ng:																					
		Str	eet	:																					
		РΟ	В	OX.								City:	Со	untry	<i>r</i> :										
	Mobile											Telephone													
K.	Office	Bui	ildir	ng:																					
		Str	eet	:																					
		РΟ	В	OX.								City:	Со	untry	/ :										
	Mobile											Telephone													
L.	Home Country	Bui	ildir	ng:																					
		Str	eet	:																					
		РΟ	В	OX.								City:	Со	untry	/ :										
	Mobile											Telephone													
M.	Correspondence	Re	sid	entia	l	~	•				С	Office													
	Address					-					_														
N.	Occupation	Sal	lari	ed	~		Bus	ine	SS	Ŀ	/	Self Employed					~	Ot	her						~
Ο.	Job Title											Length of Servic	е											уe	ears
P.	Company Name																								
Q.	Name of Business																								
R.	Physical	Hei	igh	t (In	Cms)							We	ight	(In k	(gs)									
S.	Measurements Are you a Politically Expenses.	(nee	04	Doro	on*2	,			Ye	200							~	No							~
٥.	Are you a Politically Ex	vhos.	eu	reis	011 ?				116	75							Ĺ	INC	,						لتا

^{*} A Politically Exposed Person is a natural person, who is currently in public office or who left public office within the last two years, such as, heads of state or government; senior government, judicial, legislative, or military officials; senior executives of state-owned corporations; high ranking politicians; and important political officials at the national level.

2. [Details of Life to	o be	Ass	sured	(Ap	plic	cable	e if c	liffer	ent from the P	rop	ose	er)										
A.	Full Name		First name					Last name								Mr	$\overline{\mathbf{A}}$	Mrs	<u>;</u>	Ms	\checkmark		
B.	Father Name		Firs	t name	:					Last name								Ма	ile	~	Fer	nale	~
C.	Nationality									Place of Birth		_		_	_	_							
D.	Date of Birth		D	D M	и м	Υ	/ Y	Y	Υ	Age		_		_	_			yea	ars				
E.	Emirates ID Numb	ber				_				Issue Date	D	D	М	М	Υ	Υ	Expiry Date	D	D	М	М	Υ	Υ
F.	Passport Number									Issue Date	D	D	М	М	Υ	Υ	Expiry Date	D	D	М	М	Υ	Υ
G.	Qualification									Annual Income								_					
H.	Marital Status		Sing	gle	~	M	//arrie	d	~	Widow			~	Div	orce/	d							~
I.	Relation with Proposer		<u> </u>			_																	
J.	Email																						
Add	dress (if different fro		_		: Assu	ıred	d)																
K.	Residential	_		lding:																			
			Stre							т													
			РО	Box.						City:	Coı	untry	<u>/:</u>										
	Mobile									Telephone	<u></u>												
L.	Office	_		lding:																			
			Stre							1													
			РО	Box.						City:	Coı	untry	<i>r</i> :										
	Mobile									Telephone													
M	Home Country			lding:																			
			Stre							1													
			РО	Box.						City:	Coı	untry	<i>r</i> :										
	Mobile					_				Telephone	_												
N.	Correspondence Address			sidentia	ı <u>L</u>	<u>~</u>				Office	L												
О.	Occupation		Sala	aried	~	В	Busine	ess	~	Self Employed					~	Oth	ner						~
P.	Job Title		<u> </u>							Length of Service	e											<u>у</u> е	ears
Q.	Company Name		<u> </u>																				
R.	Name of Business																						
S.	Physical Measurements		Heiç	ght (In (Cms)						We	ight	(In K	igs)									
T.	Are you a Political	lly Ex	pose	d Pers	on*?			Ye	s						~	No							\checkmark
3. [Declaration																						
inter consinfor (Inter	ncer or tumor, diseated and to participate in estitute part of my ermation known to	ase of any langer applements of applements o	I/We am/are in good health and not suffering from any physical or mental or psychiatric diseases. I/e of heart, lungs, kidneys, liver, stomach, or intestines. Further, I/We also confirm that I/We have my hazardous sports or activities. The statements above are complete and true. I/We accept that application for the life insurance linked to my investment. I/We acknowledge that failure to disclose on the date of signing this declaration—shall invalidate the contract from its inception. Life I shall not be liable for the claim on account of my death, the cause of which was known prior turance cover.							ive r hat t isclos ife Ir	never this o se an nsura	r part decla ny ma ance	ticipa aratic ateria Corp	ated on sl al hea porat	nor hall alth tion								
	Date Place						Siç	gnature	pature Proposer							Life to be Assured							

4. I	Beneficiaries (s	hared equally u	nless otherwise	e stated)					
	Primary Be	neficiaries	Details of Nom	ninee 1		Details of No	ominee	2	Details of Appointee (In case of Nominee is minor)
A.	Name/s								
B.	Gender / Nationali	ty							
C.	Date of Birth / Age								
D.	Relationship / % S	hare							
E.	Passport No. / Em	irates ID							
F.	Mobile No. / Telep	hone No.							
G.	Email Address								
H.	Address								Signature of Appointee
5. (Other Proposal	/ Previous Polic	cies Details						
A.		g proposed for anothe				Yes / No	If	YES giv	e details
В.	Is there any applicat	ion for revival of policy	on your life under co	nsideration?		Yes / No	If	YES giv	e details
C.		revival of policy on y d / dropped / declined				Yes / No	If	YES giv	e details
D.	Previous Policies De	etails							
	Policy No	Sum Assured	Plan & Term	DOC		Medical/Non-N	Лed :	Status / D	Date of Last Premium Paid / Surrendered
								for r	nore policies attach separate sheet
6. 1	Health details o	f Life to be Ass	ured						
		Personal				Answer Ye	es or N	0	If Yes give full Details
Α.		rs have you consult t for more than a wee		tioner for any	ailmer	nt Yes 🗸	No [
В.	Have you ever bee	en admitted to any ho	espital for treatment of	or operation?		Yes ✓	No [
C.	Have you remaine years?	d absent from place	of work on health gro	ounds during the	e last	5 Yes ✓	No [
D.		from or have you eve Chest Pain, Breath system?					No [
E.	Gout, enlarged gla	from or have you ends or Tumors, Epile, Spleen, Gall Blad	epsy, Hernia, Lepros	y or any other o	diseas	у	No [
F.	•	from or have you kin eruption, Filariasi					No [
G.		from or have you evuding defective sight				e Yes 🗸	No [
Н.	Do you use or eve	r used Alcohol / Naro	otics / Tobacco / any	y other drugs?		Yes 🗸	No	<u> </u>	
I.	Have you ever rec	eived advice/treatme	nt for Hepatitis B or	AIDS condition	?	Yes 🗸	No		
J.		lations, living or dead etes, insanity, epile					No [
K.	Have you any bod	ly defect or deformity	/? If so, give details.			Yes 🗸	No		
L.	Did you ever have	any operation, accid	ent, or injury?			Yes 🗸	No [
M.									
IVI.	Have you ever had	I ECG, X-Ray, Scree	ning blood/urine/stoo	ol examination?		Yes 🗸	No	⊒	
N.		I ECG, X-Ray, Screen nanged in the past ye				Yes ✓	No [

7. F	amily History													
		LIVING	1				DECEAS	SED						
MEI	MBERS	PRESE	NT AGE	STATE OF	HEALT	Н	YEAR O	F DEA	TH	AGE AT	DEATH	CA	AUSE OF DE	ATH
FAT	HER													
МО	THER													
BRO	OTHERS													
SIS	TERS													
WIF	E/HUSBAND													
СНІ	LDREN													
8. 1	o be answered	if Life t	to be assur	ed is a fema	ile:									
Α.	Husband's Full Na													
	Husband's Occupa								Annua	I Income				
В.	Details of Husband		ance						<u> </u>					
	Policy No		Name of the	e Insurer /	Sum	Assu	red		Plan &	Term		Prese	nt Status of th	ne
	-		Company									Policie	es	
C.	Are you Pregnan	t now?	Date of I	ast Delivery			you had a					Date	of last menst	ruation
						Ca	aesarean S	Section	i? If so, (give detail	S.			
9. F	Plan Details													
Α.	Plan Name								Pla	n No				
В.	Policy Term (yea	rs)					Payme	ent Ter	m (year	s)				
C.	Premium Type	-	Single	\$			Top-up	<u> </u>		,	Regul	ar 🗸] \$	
D.	Frequency (If regu	ılar) Y	early	<u> </u>	Half \	Yearl	у 🔲		Q	uarterly			tMonthly	~
E.	Investment Amou	unt In	words:								USD (In	figure)	\$	
10	Fund Details													
	ase use additional s	heet in c	ase of more N	lo of fund deta	ils									
S.N		ISI		lo. or faria deta		F	und Name	<u> </u>			%	Of Allo	cation	
1.						-								
2.														
3.														
4.														
5.														
6.														
7.														
8.														
9.														
10														
11	-													
12														
13														
14														
15														
									Tot	al		100%	0	
Risl	Disclaimer: Investr	ments in	unit linked pla	ns are subject	to vario	us ris	sks includi	ng mar	ket and	investmer	nt risks. Thi	s produ	ct is a unit lin	ked

Risk Disclaimer: Investments in unit linked plans are subject to various risks including market and investment risks. This product is a unit linked insurance plan. All such risks are borne by the proposed life assured / policy owner. Life Insurance Corporation (International) B.S.C.(c) does not guarantee on the return of the invested funds

A Object of Insurance Contract? B. Who will pay Premium? Proposer	11.	Premium Payment Detai	İs																						
C. Premium Currency Bank Transfer Conce the application is accepted, our bank details we will be provided through email 12. Bank Details for all Payment A. Name Of Bank Bank Branch & Address B. Account Number C. IBAN Number (23 Digits) Bank Branch & Address Bank Branch & Branch																									
Dayment Method Bank Transfer Once the application is accepted, our bank details we will be provided through email	B.	Who will pay Premium	?	Propo	ser			~					L	ife to	o be	Ass	ured		~]					
Once the application is accepted, our bank details we will be provided through email 12. Bank Details for all Payment	C.	Premium Currency		USD				~					A	ED					~]					
12. Bank Details for all Payment A. Name Of Bank Bank Branch & Address B. Account Name Account Number C. IBAN Number (23 Digits) How long is the Account held for Account Name Bank Branch & Address Bank Branch & Address Bank Details above Yes No – If different, please complete bank details) A. Name Of Bank Bank Branch & Address B. Account Name Account Number C. IBAN Number (23 Digits) How long is the Account held for Year(s) Earned Income Investment Income Other Income Currency of Income Currency of Income A Current year's income to date B. Last year C. Previous year B. Source of Wealth (Origin of wealth acquired) Savings from income /salary /company profits/bonus A Employer's / Company Name B. Job Title / Nature of company business C. Number of years employed with company / Saving D. Annual Income (in USD) / Bonus (in USD) D. Annual Income (in USD) / Bonus (in USD) Cherr (proceeds from shares / investment holdings / property sale E. Please include full details of where funds are from dates, currency and Amount Please provide the below documentary evidence for Source of Premium / Income / Wealth Employees: Certified Salary /certificate (or) Last 3 months Bank Statement showing balance	D	Payment Method		_																					
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Bank Branch & Address Account Name	12.	Bank Details for all Payr	nent																						
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C.	Latest Ut	ilities Bill / Telephone Bill	Proposer	~	Life to be Assured		Nominee	
D.	Others	Specify:	Proposer	✓	Life to be Assured		Nominee	
17.	Declara	tion and Authorization						
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Please omplete and sign this form. For Joint Life Policies, each life assured will have to complete a separate form Place of Birth			elf-Certificatio												
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Life Insurance Corporation (International) B.S.C.(c) Single Premium Wealth Creator - 268 Annexure (List of Funds)

		LIST OF FUNDS - EQUITY	
S.No	ISIN	Fund Name	% Of Allocation
1	LU2286301283	ALLIANZ CYBER SECURITY "RT" (USD) ACC	
2	LU2009012233	ALLIANZ THEMATICA "RT" (USD) ACC	
3	LU1698898050	ALLIANZ GLOBAL ARTIFICIAL INTELLIGENCE "RT" (USD) ACC	
4	LU1997245508	ALLIANZ CHINA A-SHARES "RT" (USD) ACC A	
5	LU0329593262	BGF WORLD FINANCIALS "D2" ACC	
6	LU0252968341	BGF WORLD MINING "D2" ACC	
7	LU0341384864	BGF US SMALL & MIDCAP OPPORTUNITIES "D2" (USD)	
8	LU0252969661	BGF SUSTAINABLE ENERGY "D2" (USD) ACC	
9	LU0368268198	BGF GLOBAL DYNAMIC EQUITY "D2" (USD)	
10	LU0252969232	BGF US FLEXIBLE EQUITY "D2" (USD) ACC	
11	LU0252969075	BGF WORLD ENERGY "D2" ACC	
12	LU0724618193	BGF INDIA "D2" (USD) ACC	
13	LU0368268602	BGF SYSTEMATIC GLOBAL EQUITY HIGH INCOME "D2"(USD) ACC	
14	LU1861214903	BGF FUTURE OF TRANSPORT "D2" (USD) ACC	
15	LU0724618946	BGF WORLD TECHNOLOGY "D2" (USD) ACC	
16	LU0368270509	BGF GLOBAL LONG-HORIZON EQUITY "D2" (USD) ACC	
17	LU0329593007	BGF WORLD HEALTHSCIENCE "D2" ACC	
18	LU0702159939	FIDELITY ASIAN SMALLER COMPANIES "Y" (USD) ACC	
19	LU1560650563	FIDELITY GLOBAL TECHNOLOGY "Y" (USD) ACC	
20	LU1731833213	FIDELITY EUROPEAN DYNAMIC GROWTH "Y" (USDHDG) ACC	
21	LU0346390510	FIDELITY ASEAN "Y"	
22	LU0318939179	FIDELITY AMERICA "Y" (USD) ACC	
23	LU0370789132	FIDELITY FUNDS GLOBAL THEMATIC OPPORTUNITIES "Y" (USD) ACC	
24	LU0346391245	FIDELITY INDIA FOCUS "Y" (USD)	
25	LU0346390866	FIDELITY CHINA FOCUS "Y"	
26	LU0605515963	FIDELITY GLOBAL DIVIDEND "Y" (USD) ACC	
27	LU0318941159	FIDELITY FUNDS SUSTAINABLE ASIA EQUITY "Y" (USD) ACC	
28	LU0346391831	FIDELITY PACIFIC "Y" ACC	
29	LU0792612466	FRANKLIN U.S. OPPORTUNITIES "W" (USD) ACC	
30	LU0976566736	FRANKLIN TECHNOLOGY "W" (USD) ACC	
31	LU0792612383	FRANKLIN INDIA "W" (USD) ACC	
32	LU0959060798	TEMPLETON EMERGING MARKETS "W" (USD) ACC	
33	LU2404266335	FRANKLIN GOLD & PRECIOUS METALS "W" (USD) ACC	
34	LU0830625926	GS GLOBAL CORESM EQUITY PORTFOLIO "R" (USD) ACC SNAP	
35	LU0830624010	GS INDIA EQUITY PORTFOLIO "R" (USD) ACC	
36	LU0858289241	GOLDMAN GLOBAL MILLENNIALS EQUITY PORTFOLIO "R" (USD) ACC	
37	LU1981114066	INVESCO JAPANESE EQUITY ADVANTAGE FUND "Z" (USD) ACC	
38	LU1590492648	INVESCO GLOBAL CONSUMER TRENDS "Z" (USD) ACC	
39	LU1252825630	INVESCO PAN EUROPEAN EQUITY "Z" (USDHDG) ACC	
40	IE00BYPC7S51	UTI INDIA DYNAMIC EQUITY "RDR" (USD) ACC	

		LIST OF FUNDS - EQUITY		
S.No	ISIN	Fund Name		% Of Allocation
41	LU0863494851	KOTAK INDIA MIDCAP "C" (USD) ACC		
42	LU0863495239	KOTAK INDIA ESG "C" (USD) ACC		
43	LU0106261539	SCHRODER ISF US LARGE CAP "C" ACC		
44	LU1713307699	SCHRODER ISF CHINA A "C" (USD) ACC		
45	LU0302446132	SCHRODER ISF GLOBAL CLIMATE CHANGE EQUITY "C" AC	С	
46	LU0106259988	SCHRODER ISF ASIAN OPPORTUNITIES "C" ACC		
47	LU0205193807	SCHRODER ISF US SMALL & MID-CAP EQUITY "C" (USD) AG	DC	
48	LU0140637140	SCHRODER ISF GREATER CHINA "C" ACC		
49	LU0106259392	SCHRODER ISF LATIN AMERICAN "C" ACC		
50	LU0228660014	SCHRODER ISF BRIC "C" ACC		
		LIST OF FUNDS - MULTI ASSETS		
51	LU1255915586	ALLIANZ INCOME AND GROWTH "RT" (USD) ACC		
52	LU0329592538	BGF GLOBAL ALLOCATION "D" `ACC		
53	LU1797663298	FIDELITY GLOBAL MULTI ASSET INCOME "Y" (USD) ACC		
54	LU1586275312	FRANKLIN INCOME "W" (USD) ACC		
55	LU0858296709	GS US REAL ESTATE BALANCED PORTFOLIO "R" (USD) AC	С	
56	LU1057461136	GS GLOBAL MULTI ASSET CONSERVATIVE PORTFOLIO "I"	(USD) ACC	
57	LU1252826018	INVESCO PAN EUROPEAN HIGH INCOME "Z" (USDHDG) AC	С	
		LIST OF FUNDS - FIXED INCOM	E	
58	LU0552552704	BGF USD HIGH YIELD BOND "D2" (USD) ACC		
59	LU0297941899	BGF GLOBAL HIGH YIELD BOND "D2" ACC		
60	LU0719319435	BGF CHINA BOND "D2" (USD) ACC		
61	LU0935944362	FIDELITY GLOBAL INFLATION-LINKED BOND "Y" (USD) AC	CC	
62	LU0370788753	FIDELITY US HIGH YIELD "Y" (USD) ACC		
63	LU0346392482	FIDELITY US DOLLAR BOND "Y" ACC		
64	IE00BDRTCJ31	FIDELITY ENHANCED RESERVE "Y" (USD) ACC		
65	LU2251237132	FRANKLIN GULF WEALTH BOND "W" (USD) ACC		
66	LU0830646419	GS EMERGING MARKETS CORPORATE BOND PORTFOLI	O"R"(USD)ACC	
67	LU0996347828	KOTAK INDIA FIXED INCOME "C" (USD) ACC		
68	IE00BZ1CSP00	LEGG MASON BRANDYWINE GLOBAL INCOME OPTIMISE	R"X"(USD)ACC	
69	LU0189893794	SCHRODER ISF GLOBAL HIGH YIELD "C" ACC		
70	LU0106258741	SCHRODER ISF GLOBAL CORPORATE BOND "C" ACC		
				100%
linked	insurance plan. A	ents in unit linked plans are subject to various risks including mall such risks are borne by the proposed life assured / policy owne ntee on the return of the invested funds	-	
Date				
Place	е	Signature of the Consultant	Signature of the Consul	tant