

Proposal Form

Unit Linked Life Insurance

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. Details of Proposer / Life to be Assured

A.	Full Name	First name	Last name			Mr.	Mrs.	Ms.
B.	Father Name	First name	Last name			Male	Female	
C.	Nationality		Place of Birth					
D.	Date of Birth	D	D	M	M	Y	Y	Y
E.	Emirates ID Number		Issue Date	D	D	M	M	Y
F.	Passport Number		Issue Date	D	D	M	M	Y
G.	Qualification		Annual Income					
H.	Marital Status	Single	Married	Widow	Divorced			
I.	Email Address							
Address								
J.	Residential	Building:						
		Street:						
		PO Box.	City:	Country:				
	Mobile		Telephone					
K.	Office	Building:						
		Street:						
		PO Box.	City:	Country:				
	Mobile		Telephone					
L.	Home Country	Building:						
		Street:						
		PO Box.	City:	Country:				
	Mobile		Telephone					
M.	Correspondence Address	Residential	Office					
N.	Occupation	Salaried	Business	Self Employed	Other			
O.	Job Title		Length of Service	years				
P.	Company Name							
Q.	Name of Business							
R.	Physical Measurements	Height (In Cms)		Weight (In Kgs)				
S.	Are you a Politically Exposed Person*?	Yes			No			

* 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 be Assured (Applicable if different from the Proposer)																					
A.	Full Name	First name				Last name						Mr.	Mrs.	Ms.							
B.	Father Name	First name				Last name						Male		Female							
C.	Nationality					Place of Birth															
D.	Date of Birth	D	D	M	M	Y	Y	Y	Y	Age						years					
E.	Emirates ID Number					Issue Date		D	D	M	M	Y	Y	Expiry Date		D	D	M	M	Y	Y
F.	Passport Number					Issue Date		D	D	M	M	Y	Y	Expiry Date		D	D	M	M	Y	Y
G.	Qualification					Annual Income															
H.	Marital Status	Single		Married		Widow			Divorced												
I.	Relation with Proposer																				
J.	Email																				
Address (if different from Proposed Life Assured)																					
K.	Residential	Building:																			
		Street:																			
		PO Box.				City:			Country:												
	Mobile					Telephone															
L.	Office	Building:																			
		Street:																			
		PO Box.				City:			Country:												
	Mobile					Telephone															
M	Home Country	Building:																			
		Street:																			
		PO Box.				City:			Country:												
	Mobile					Telephone															
N.	Correspondence Address	Residential				Office															
O.	Occupation	Salaried		Business		Self Employed				Other											
P.	Job Title					Length of Service			years												
Q.	Company Name																				
R.	Name of Business																				
S.	Physical Measurements	Height (In Cms)						Weight (In Kgs)													
T.	Are you a Politically Exposed Person*?				Yes				No												

3. Declaration			
<p>I/We hereby declare that I/We am/are in good health and not suffering from any physical or mental or psychiatric diseases. I/We do not suffer from cancer or tumor, disease of heart, lungs, kidneys, liver, stomach, or intestines. Further, I/We also confirm that I/We have never participated nor intend to participate in any hazardous sports or activities. The statements above are complete and true. I/We accept that this declaration shall constitute part of my application for the life insurance linked to my investment. I/We acknowledge that failure to disclose any material health information known to me on the date of signing this declaration shall invalidate the contract from its inception. Life Insurance Corporation (International) B.S.C. (c) shall not be liable for the claim on account of my death, the cause of which was known prior to my/our signing this application for the life insurance cover.</p>			
<div>Date</div> <div>Place</div>		<div>Signature</div>	<div>Proposer</div> <div>Life to be Assured</div>

4. Beneficiaries (shared equally unless otherwise stated)

	Primary Beneficiaries	Details of Nominee 1	Details of Nominee 2	Details of Appointee (In case of Nominee is minor)
A.	Name/s			
B.	Gender / Nationality			
C.	Date of Birth / Age			
D.	Relationship / % Share			
E.	Passport No. / Emirates ID			
F.	Mobile No. / Telephone No.			
G.	Email Address			
H.	Address			Signature of Appointee

5. Other Proposal / Previous Policies Details

A.	Is your life now being proposed for another assurance?				Yes / No	If YES give details
B.	Is there any application for revival of policy on your life under consideration?				Yes / No	If YES give details
C.	Has a proposal or revival of policy on your life made to the company ever been Withdrawn / deferred / dropped / declined / Accepted with Extra Premium /lien / on terms otherwise				Yes / No	If YES give details
D.	Previous Policies Details					
	Policy No	Sum Assured	Plan & Term	DOC	Medical/Non-Med	Status / Date of Last Premium Paid / Surrendered
						for more policies attach separate sheet

6. Health details of Life to be Assured

Personal History		Answer Yes or No	If Yes give full Details
A.	During last 5 years have you consulted a Medical Practitioner for any ailment requiring treatment for more than a week?	Yes No	
B.	Have you ever been admitted to any hospital for treatment or operation?	Yes No	
C.	Have you remained absent from place of work on health grounds during the last 5 years?	Yes No	
D.	Are you suffering from or have you ever suffered from High/low Blood Pressure, Rheumatic fever, Chest Pain, Breathing, Palpitation, Heart diseases, Lungs, Brain, or Nervous system?	Yes No	
E.	Are you suffering from or have you ever suffered from Diabetes, TB, Cancer, Gout, enlarged glands or Tumors, Epilepsy, Hernia, Leprosy or any other disease of Stomach, Liver, Spleen, Gall Bladder, Pancreas, Kidney, Prostate, Urinary system?	Yes No	
F.	Are you suffering from or have you ever suffered from Hydrocele, Fistula, Varicose Veins, Skin eruption, Filariasis, Goiter, Gonorrhea, Syphilis or any other venereal disease?	Yes No	
G.	Are you suffering from or have you ever suffered from any disease of ear, nose throat or eyes including defective sight or hearing and discharge from ears?	Yes No	
H.	Do you use or ever used Alcohol / Narcotics / Tobacco / any other drugs?	Yes No	
I.	Have you ever received advice/treatment for Hepatitis B or AIDS condition?	Yes No	
J.	Has any of your relations, living or dead suffered from any hereditary or infectious disease like diabetes, insanity, epilepsy, gout, asthma, cancer, tuberculosis, leprosy etc.?	Yes No	
K.	Have you any bodily defect or deformity? If so, give details.	Yes No	
L.	Did you ever have any operation, accident, or injury?	Yes No	
M.	Have you ever had ECG, X-Ray, Screening blood/urine/stool examination?	Yes No	
N.	Has your weight changed in the past year? If yes state with reason	Yes No	
O.	What has been your usual state of Health?		

7. Family History

	LIVING		DECEASED		
MEMBERS	PRESENT AGE	STATE OF HEALTH	YEAR OF DEATH	AGE AT DEATH	CAUSE OF DEATH
FATHER					
MOTHER					
BROTHERS					
SISTERS					
WIFE/HUSBAND					
CHILDREN					

8. To be answered if Life to be assured is a female:

A.	Husband's Full Name				
	Husband's Occupation		Annual Income		
B.	Details of Husband's Insurance				
	Policy No	Name of the Insurer / Company	Sum Assured	Plan & Term	Present Status of the Policies
C.	Are you Pregnant now?	Date of last Delivery	Have you had any abortion or miscarriage or Caesarean Section? If so, give details.		Date of last menstruation

9. Plan Details

A.	Plan Name			Plan No		
B.	Policy Term (years)			Payment Term (years)		
C.	Premium Type	Single	\$	Top-up	\$	Regular
D.	Frequency (If regular)	Yearly	Half Yearly	Quarterly	Monthly	
E.	Investment Amount	In words:			USD (In figure)	\$

10. Fund Details

Please use additional sheet in case of more No. of fund details.

S.No.	ISIN	Fund Name	% Of Allocation
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
Total			100%

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

11. Premium Payment Details		
A.	Object of Insurance Contract?	
B.	Who will pay Premium?	Proposer Life to be Assured
C.	Premium Currency	USD AED
D.	Payment Method	Bank Transfer Once 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 Name	
	Account Number	
C.	IBAN Number (23 Digits)	
How long is the Account held for		Year(s) Month(s)

13. Source of Funds (Same as 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) Month(s)

14. Source of Income (Where the source is from, give a breakdown of your annual earnings from all sources for the last 3 years)				
	Earned Income	Investment Income	Other Income	Currency of Income
A. Current year's income to date				
B. Last year				
C. Previous year				

15. Source of Wealth (Origin of wealth acquired)		Proposer	Life to be Assured
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)			
Other (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	
Business / Self Employed / Others: Certified Last 3 months bank statement (or) audited financial accounts.	

16. Certified Proof of Identity and Proof of Residential Address.

A.	Emirates ID (Photocopy both sides)	Proposer	Life to be Assured	Nominee
B.	Passport (photocopy with address page)	Proposer	Life to be Assured	Nominee
C.	Latest Utilities Bill / Telephone Bill	Proposer	Life to be Assured	Nominee
D.	Others	Specify:	Proposer	Life to be Assured
				Nominee

17. Declaration and Authorization

I/We understand and agree that notwithstanding this payment, I/We will continue to be responsible for payment of required premiums to the Company within the required premium due-dates and that I/We will not hold Life Insurance Corporation (International) B.S.C. (c) (the "Company") responsible in any manner for any actions initiated by the Company (including lapse/ termination of policy) for reasons of any outstanding premium as on such premium due date. I/We confirm that the above filled in details are complete and true and that I/We will not hold the Company responsible in any manner for any premium payment being delayed or not being effected at all. I/We also agree that the Company is not obligated to inform me if any of my premium payment is not realized/received by the Company and that I/We alone will be responsible for consequences of such unpaid premium amounts. In the event of non-realization of first premium deposit, the policy if issued shall be treated as cancelled/void from inception.

I/We declare that I/We have clearly understood the terms and conditions of the product I/we am/are applying for and have clearly understood its features and benefits including the associated risk factors and charges. I/We further declare that I/We have answered all the questions in this proposal form after clearly understanding them and that I/We have duly signed this form at required places. I/We confirm to have fully understood the nature of the questions and the importance of disclosing all information while answering such questions. I/We declare that the answers given by me to all questions in the proposal form are true and complete in every respect and that I/We have not withheld any material information or suppressed any material fact. I/We undertake to notify Life Insurance Corporation (International) B.S.C.(c) ('Company') of any change in any information given by me in this proposal form. I/We confirm that I/We clearly understand that in case of any misstatement, misrepresentation and/ or suppression of any data and/ or information and/ or where I/We do not inform the Company of any changes in information provided in this proposal form, the Company has the right to repudiate all claim(s) under any policy if issued based on this proposal form and/or at sole discretion of the Company to consider any issued policy based on this proposal form as void. I/We hereby authorize Life Insurance Corporation (International) B.S.C.(c) to contact me anytime and through any medium (phone, email, SMS etc.) for purpose of obtaining more information about this proposal form and/or for keeping me/us informed about their other products and/or promotion activities. I/ We hereby also authorize my/our past/present employer/business associates, medical practitioner(s)/hospitals/laboratories/medical providers, insurance companies, financial institutions to release to Life Insurance Corporation (International) B.S.C.(c) all details, records, facts and information (including medical details, KYC records, AML- CTF & FATCA details) as required anytime by Life Insurance Corporation (International) B.S.C.(c) for assessment of risk and/or for processing of claims if subsequently an insurance policy is issued based on this proposal form. This proposal form shall be a part of the insurance policy in case of its acceptance by the Company.

I/We declare that I/we have met the Financial Professional in person or virtually and that no third parties have been involved in providing the advice or the collection/certification of my/our due diligence documentation (where applicable) at any stage of the policy application process.

Date
Place

Signature

Proposer

Life to be Assured

18. Financial Professional's (Consultant's) details and declaration. (To be filled by relevant financial professional)

Consultant's Confidential Report	Proposer	Life to be Assured
Name of the Proposer/Life Assured		
How long do you know the LA/Proposer?		
Are you related to LA/Proposer? If so, how?		
Did you personally see the LA/Proposer?		
Annual Income of LA/Proposer		
Source of Income (Salary / Business / Other)		
What is general state of health of LA/Proposer?		
Do you have knowledge of any risk on health issues?		
Do you have knowledge of any risk on financial issues?		

Declaration:

I declare that, to the best of my knowledge and belief, the information given is true and shall form the basis of the proposed contract with Life Insurance Corporation (International) B.S.C.(c).

I confirm that I have met the customer whether in person or virtually, and that no third parties have been involved in providing the advice or the collection / certification of the customer due diligence documentation (where applicable) at any stage of the policy application process.

Name of the Consultant:	
Consultant Code No:	CA / Broker / Bank Code:
Mobile No:	Email Address:
Place: Date:	Signature of the Consultant

