

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			

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.	

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							
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B.	Policy Term (years)			Payment Term (years)			
C.	Premium Type	Single	\$	Top-up	\$	Regular	\$
D.	Frequency (If regular)	Yearly		Half Yearly		Quarterly	
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%
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