

# 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 <input checked="" type="checkbox"/>   | Mrs <input checked="" type="checkbox"/>    | Ms <input checked="" type="checkbox"/> |
| B.      | Father Name                            | First name                                      | Last name                                    |   |  | Male <input checked="" type="checkbox"/> | Female <input checked="" type="checkbox"/> |  |
| 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                                      |
| F.      | Passport Number                        | Issue Date                                      |  |   | D  | D  | M  | M                                      |
| G.      | Qualification                          | Annual Income                                   |  |   |  |  |  |  |
| H.      | Marital Status                         | Single <input checked="" type="checkbox"/>      | Married <input checked="" type="checkbox"/>  | Widow <input checked="" type="checkbox"/>         | Divorced <input checked="" type="checkbox"/> |  |  |  |
| 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 <input checked="" type="checkbox"/> | Office <input type="checkbox"/>              |   |  |  |  |  |
| N.      | Occupation                             | Salaried <input checked="" type="checkbox"/>    | Business <input checked="" type="checkbox"/> | Self Employed <input checked="" type="checkbox"/> | Other <input checked="" type="checkbox"/>    |  |  |  |
| 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 <input checked="" type="checkbox"/>         | No <input checked="" type="checkbox"/>       |   |  |  |  |  |

\* 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                                  | <input checked="" type="checkbox"/> | Mrs    | <input checked="" type="checkbox"/> | Ms          | <input checked="" type="checkbox"/> |       |   |   |                                     |   |   |
| B.   | Father Name                            | First name      |   |                                     |          | Last name         |                                     |                 |                                     | Male                                | <input checked="" type="checkbox"/> | Female | <input checked="" type="checkbox"/> |             |                                     |       |   |   |                                     |   |   |
| 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          |   | <input checked="" type="checkbox"/> | Married  |                   | <input checked="" type="checkbox"/> | Widow           |                                     | <input checked="" type="checkbox"/> | Divorced                            |        |                                     |             |                                     |       |   |   | <input checked="" type="checkbox"/> |   |   |
| 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     |   | <input checked="" type="checkbox"/> | Office   |                   | <input type="checkbox"/>            |                 |                                     |                                     |                                     |        |                                     |             |                                     |       |   |   |                                     |   |   |
| O.   | Occupation                             | Salaried        |   | <input checked="" type="checkbox"/> | Business |                   | <input checked="" type="checkbox"/> | Self Employed   |                                     | <input checked="" type="checkbox"/> | Other                               |        |                                     |             |                                     |       |   |   | <input checked="" type="checkbox"/> |   |   |
| 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      |                   |                                     |                 | <input checked="" type="checkbox"/> | No                                  |                                     |        |                                     |             |                                     |       |   |   | <input checked="" type="checkbox"/> |   |   |

| 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> |  |           |   |
| Date<br>Place   |  | Signature | <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<br>(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 <input checked="" type="checkbox"/> No <input type="checkbox"/> |                          |
| B.               | Have you ever been admitted to any hospital for treatment or operation?  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |                          |
| C.               | Have you remained absent from place of work on health grounds during the last 5 years?   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |                          |
| 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 <input checked="" type="checkbox"/> No <input type="checkbox"/> |                          |
| 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 <input checked="" type="checkbox"/> No <input type="checkbox"/> |                          |
| 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 <input checked="" type="checkbox"/> No <input type="checkbox"/> |                          |
| 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 <input checked="" type="checkbox"/> No <input type="checkbox"/> |                          |
| H.               | Do you use or ever used Alcohol / Narcotics / Tobacco / any other drugs?   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |                          |
| I.               | Have you ever received advice/treatment for Hepatitis B or AIDS condition?   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |                          |
| 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 <input checked="" type="checkbox"/> No <input type="checkbox"/> |                          |
| K.               | Have you any bodily defect or deformity? If so, give details.  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |                          |
| L.               | Did you ever have any operation, accident, or injury?  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |                          |
| M.               | Have you ever had ECG, X-Ray, Screening blood/urine/stool examination?   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |                          |
| N.               | Has your weight changed in the past year? If yes state with reason   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |                          |
| 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 <input checked="" type="checkbox"/> | \$                                   | Top-up <input checked="" type="checkbox"/> | \$   | Regular <input checked="" type="checkbox"/> |
| D. | Frequency (If regular) | Yearly <input checked="" type="checkbox"/> | Half Yearly <input type="checkbox"/> | Quarterly <input type="checkbox"/>         | tMonthly <input checked="" type="checkbox"/> |   |
| 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 <input checked="" type="checkbox"/> Life to be Assured <input checked="" type="checkbox"/>          |
| C.                          | Premium Currency              | USD <input checked="" type="checkbox"/> AED <input checked="" type="checkbox"/>                              |
| D.                          | Payment Method                | <b>Bank Transfer</b><br>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                             |  |
|---|--|
| <b>Employees:</b> Certified Salary Certificate (or) Last 3 months Bank Statement showing balance                  |  |
| <b>Business / Self Employed / Others:</b> 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 | <input checked="" type="checkbox"/> | Life to be Assured | <input type="checkbox"/> | Nominee | <input type="checkbox"/> |
| B. | Passport (photocopy with address page) |          | Proposer | <input checked="" type="checkbox"/> | Life to be Assured | <input type="checkbox"/> | Nominee | <input type="checkbox"/> |
| C. | Latest Utilities Bill / Telephone Bill |          | Proposer | <input checked="" type="checkbox"/> | Life to be Assured | <input type="checkbox"/> | Nominee | <input type="checkbox"/> |
| D. | Others                                 | Specify: | Proposer | <input checked="" type="checkbox"/> | Life to be Assured | <input type="checkbox"/> | Nominee | <input type="checkbox"/> |

**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

**CRS Self-Certification Form**

Please complete and sign this form. For Joint Life Policies, each life assured will have to complete a separate form

|  |  |   |                             |                |
|--|--|---|-----------------------------|----------------|
| Full Name  |  |   | Date of Birth               | DD / MM / YYYY |
| Place of Birth   |  | Country                                 | Nationality                 |                |
| Present Country of Residence                             |  |   |                             |                |
| Are you a tax resident in any other country outside UAE? |  | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |                |

(For details on tax residency of a country please refer to OECD site <http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-residency>)

If Yes Please complete the following table indicating:

Where the Account Holder is tax resident and the Account Holder's TIN (Tax Identification Number e.g., PAN) for each country/jurisdiction indicated.

If a TIN is unavailable, please provide the appropriate reason **A, B or C were indicated below:**

Reason A: The country/jurisdiction where the Account Holder is resident does not issue TINs to its residents,

Reason B: The Account Holder is otherwise unable to obtain a TIN or equivalent number (Please explain)

Reason C: No TIN is required. (Note. Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction.

| Country / Jurisdiction of Tax Residence | TIN or Equivalent | If no TIN available tick the reason |                          |                                     | Please explain in the following boxes why you are unable to obtain a TIN if you selected Reason B above. |
|---|-------------------|-------------------------------------|--------------------------|-------------------------------------|--|
|   |                   | A                                   | B                        | C                                   |  |
| 1                                       |                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |  |
| 2                                       |                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |  |
| 3                                       |                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |  |
| 4                                       |                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |  |

**Declaration:**

I hereby confirm the information provided above is true, accurate, and complete. Subject to applicable local laws, I hereby consent for the LIC (International) BSC(C) or any of its affiliates (including branches) (collectively "the Company") to share my information with domestic or overseas regulators or tax authorities where necessary to establish our tax liability in any jurisdiction.

I agree and undertake to notify the Company within 30 calendar days if there is a change in any information which I have provided to the Company.

Date:

Signature of Declarant

**FORM "A"****FATCA – Foreign Account Tax Compliance Act**

The Foreign Account Tax Compliance Act (FATCA) is a United States (US) law aimed at foreign financial institutions and other financial intermediaries to prevent tax evasion by US citizens and residents through use of offshore accounts. The FATCA provisions are applicable to all business issued on or after 1 July 2014, therefore you are required to complete the questions below.

This form is mandatory for all nationalities. The information you give will be used in conjunction with your application form.

**1. Customer Details**

|      |   |     |                                     |    |                          |
|------|---|-----|-------------------------------------|----|--------------------------|
| A.   | Application No / Policy No  |     |                                     |    |                          |
| B.   | Name  |     |                                     |    |                          |
| C.   | Nationality (s)   |     |                                     |    |                          |
| D.   | Country of Birth  |     |                                     |    |                          |
| E.   | If you are a US* national either by citizenship or residency, please respond to the following questions.<br>*The definition of US includes the 50 United States of America, the District of Columbia, Guam, Puerto Rico, US Virgin Islands, American Samoa, and the Northern Mariana Islands) |     |                                     |    |                          |
| I.   | Are you a US Tax Payer?   | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| II.  | Are you a US Citizen?   | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| III. | Do you have a US based Telephone No?  | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| F.   | Where are you Resident for TAX purposes?  |     |                                     |    |                          |
| G.   | Country / Countries of Tax Residence:   |     |                                     |    |                          |
| H.   | Tax Reference Number(s):  |     |                                     |    |                          |
| I.   | If you have answered 'Yes' to any of the above questions please complete requested additional details on Form B. If all the answers are 'No', simply read and sign the declaration below.   |     |                                     |    |                          |

**2. Declaration.**

I {name} acknowledge and declare that the above-mentioned information is correct and true and complete to the best of my knowledge and belief. I agree to provide supporting evidence and provide updates in case any of the aforementioned information changes. In case Life Insurance Corporation (International) B.S.C© ("the Insurer") has any reason to believe that the disclosed information is incorrect, the Insurer reserves the right to take suitable action against me.

Place:

Date:

Signature of the Consultant



**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" (USDHGD) 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" (USDHGD) 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" ACC    |                 |
| 46   | LU0106259988 | SCHRODER ISF ASIAN OPPORTUNITIES "C" ACC             |                 |
| 47   | LU0205193807 | SCHRODER ISF US SMALL & MID-CAP EQUITY "C" (USD) ACC |                 |
| 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) ACC         |  |
| 56 | LU1057461136 | GS GLOBAL MULTI ASSET CONSERVATIVE PORTFOLIO "I" (USD) ACC |  |
| 57 | LU1252826018 | INVE스코 PAN EUROPEAN HIGH INCOME "Z" (USDHDG) ACC           |  |

### LIST OF FUNDS - FIXED INCOME

|    |              |  |             |
|----|--------------|--|-------------|
| 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) ACC      |             |
| 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 PORTFOLIO"R"(USD)ACC  |             |
| 67 | LU0996347828 | KOTAK INDIA FIXED INCOME "C" (USD) ACC                   |             |
| 68 | IE00BZ1CSP00 | LEGG MASON BRANDYWINE GLOBAL INCOME OPTIMISER"X"(USD)ACC |             |
| 69 | LU0189893794 | SCHRODER ISF GLOBAL HIGH YIELD "C" ACC                   |             |
| 70 | LU0106258741 | SCHRODER ISF GLOBAL CORPORATE BOND "C" ACC               |             |
|    |              |  | <b>100%</b> |

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

|       |  |                             |                             |
|-------|--|-----------------------------|-----------------------------|
| Date  |  | Signature of the Consultant | Signature of the Consultant |
| Place |  |                             |                             |