



AXA MANSARD

AXA MANSARD INSURANCE PLC

Santa Clara Court Plot 1412, Ahmadu Bello Way,
PMB 80015, Adeola Odeku, Victoria Island, Lagos
Tel: 0700AXAMANSARD (07002926267273)
Email: insure@axamansard.com | website: www.axamansard.com

An individual who assists an applicant to complete this proposal form for insurance shall be deemed to have done so as an agent of the applicant

EDUCATION PLAN PLUS

SECTION 1: PROPOSER

FULL NAME OF PROPOSER

TITLE	LAST NAME	FIRST NAME	OTHERS
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CONTACT ADDRESS

MAIDEN NAME (IF MARRIED WOMAN)

DATE OF BIRTH

D	D	M	M	Y	Y	Y	Y
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GENDER

M	F
---	---

MARITAL STATUS

RELIGION

TELEPHONE NUMBER(S)

EMAIL

SOURCE OF FUND

MEANS OF IDENTIFICATION

BUSINESS OR OCCUPATION

ARE YOU SELF EMPLOYED

YES ☐

NO ☐

IF YES, IS IT SOLE OWNERSHIP ☐

PARTNERSHIP ☐

PROFESSIONAL ☐

OTHERS ☐

IF NO, WHAT IS YOUR JOB TITLE:

ANNUAL INCOME BAND

EMPLOYER:

UNDER N2.5 MILLION ☐

N2.6MILLION - N5MILLION ☐

N5.1 MILLION - N10 MILLION ☐

OVER N10 MILLION ☐

NATIONALITY

PLACE OF BIRTH

COUNTRY OF DUAL CITIZENSHIP (IF APPLICABLE)

RESIDENCE PERMIT NO (FOR NON-NIGERIANS)

FOREIGN MAILING ADDRESS (IF ANY)

FOREIGN TELEPHONE NUMBER (IF ANY)

TAX IDENTIFICATION NUMBER (TIN)

WILL A STANDING INSTRUCTION BE IN PLACE TO REMIT PAYMENT TO US?

YES ☐

NO ☐

BANK NAME

NUBAN ACCOUNT NUMBER

BVN

SOCIAL MEDIA ID

SECTION 2: POLICY DETAILS

DEPOSIT PREMIUM PAID

POLICY TERM

SUM ASSURED

Choose the investment option you want

MONEY MARKET FUND (100% MMF) ☐

BALANCED FUND (50% MMF & 50% BONDS) ☐

HOW ARE PREMIUMS TO BE PAID

YEARLY ☐

HALF-YEARLY ☐

QUARTERLY ☐

MONTHLY ☐

BY WHAT METHOD ARE PREMIUMS TO BE PAID?

DIRECT DEBIT ☐

CHEQUE ☐

FUND TRANSFER ☐

(If direct debit mandate complete and attach the enclosed mandate form)

DO YOU HAVE AN EXISTING POLICY WITH AXA MANSARD ?

YES ☐

NO ☐

IF YES, PLEASE INDICATE:

HOW MUCH LIFE ASSURANCE IS CURRENTLY IN FORCE ON YOUR LIFE

WHO IS THE ASSURER?

HAS ANY PROPOSAL ON YOUR LIFE BEEN DECLINED, POSTPONED, DEFERRED, WITHDRAWN OR ACCEPTED ON SPECIAL TERM?

YES ☐

NO ☐

IF YES, PLEASE GIVE DETAILS:



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DO YOU HAVE ANY INTENTION OF RESIDING OUTSIDE NIGERIA?	YES <input type="checkbox"/> NO <input type="checkbox"/>	IF YES, WHICH COUNTRY? <input type="text"/>
DO YOU TRAVEL IN NON-SCHEDULED PRIVATE FLIGHTS?	YES <input type="checkbox"/> NO <input type="checkbox"/>	WHAT SPORT DO YOU PARTICIPATE IN? <input type="text"/>
HAVE YOU SERVED OR APPLIED FOR SERVICE OR ARE YOU CURRENTLY SERVING IN THE ARMED FORCE, POLICE, CUSTOMS OR OTHER		
PARAMILITARY/ SECURITY FORCE?	YES <input type="checkbox"/> NO <input type="checkbox"/>	IF YOU HAVE SERVED IN ANY OF THE ABOVE, WHAT WAS YOUR MEDICAL GRADE
ON DISCHARGE? <input type="text"/>		
NAME OF YOUR DOCTOR <input type="text"/>		
ADDRESS OF YOUR DOCTOR <input type="text"/>		
<input type="text"/>		

SECTION 3: DETAILS OF BENEFICIARIES

	FULLNAME	D.O.B	RELATIONSHIP	OCCUPATION	PROPORTION (%)	ADDRESS AND TEL
PRIMARY						
CONTINGENT						

(Please continue on a separate sheet if necessary)

EXCEPT AS OTHERWISE DIRECTED:

- (i) The proceeds are to be divided equally among all persons who are named as Primary Beneficiary and who survive the Life Assured, but if none survive, equally among all persons who are named as Contingent Beneficiary and who survive the Life Assured.
- (ii) The right to change the beneficiary is reserved.

ARE THERE ANY ADDITIONAL FACTS AFFECTING THE RISK OF ASSURANCE ON YOUR LIFE OF WHICH THE COMPANY SHOULD BE MADE AWARE?

YES <input type="checkbox"/> NO <input type="checkbox"/>	IF YES STATE DETAILS: <input type="text"/>
<input type="text"/>	

SECTION 4: FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) -US PERSONS

As part of the implementation of the United States Foreign Accounts Tax Compliance Act (FATCA), AXA Mansard is obliged to disclose certain customer information on US citizen and US owned entities to the Internal Revenue Service (IRS) if required. Kindly indicate your consent for AXA Mansard to render such information to the IRS by ticking this box ☐

Please note that where applicable, where a customer does not provide the requisite documentation to AXA Mansard in line with the United States Foreign Accounts Tax Compliance Act (FATCA) requirements within 90 days from the date the request was made, 30% of such inflows/funds will be withheld for onward transmission to the US Government

SECTION 5: DECLARATION

I, _____ the Life Assured, do hereby declare that all the foregoing answers are true, that I have not concealed nor withheld anything with which the Assurer should be acquainted with in order to assess my eligibility for assurance.

I agree that these and all statements I have made or shall make to the Assurer or to its medical examiner(s) in connection with this or previous proposal(s) shall be the basis of this contract.

I irrevocably authorize and request any Doctor or other person who may be in possession of, or hereafter acquire, any information concerning my health up to the present time and to disclose such information(s) to the Assured. I agree that this authority and request shall remain in force after my death as well as prior thereto.



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RESTRICTIONS – WAR AND KINDRED RISKS

It is agreed and expressly understood that should the death of the Life Assured occur directly or indirectly from and his / her engaging in or taking part in riot, strike, civil commotion, mutiny insurrection, war (whether war be declared or not), or any act incidental thereto, the total amount payable under this policy shall be limited to the total contributions made together with the total interest accrued thereon.

The Assurer shall not recognize any claim arising from any medical impairment or condition of a Life Assured which occurred or which was diagnosed prior to commencement of the term of assurance under this Policy, or within six (6) months of such commencement.

SIGNATURE OF LIFE TO BE ASSURED

DATE:

D	D	M	M	Y	Y	Y	Y
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WITNESS (NAME):

SIGNATURE:

ADDRESS OF WITNESS:

DATE:

D	D	M	M	Y	Y	Y	Y
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Kindly ensure all payments are made directly into AXA Mansard's designated corporate account(s). All cash payments MUST be made in person, as the company shall not be held liable for cash payments made to/through other third parties apart from NAICOM licensed Insurance brokers.

FOR OFFICIAL USE ONLY

Name of Officer / Agent:

Agent Code:

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SBU:

SBU Code:

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Spoke Code:

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Premium Rate:

Excess Buy Back / SRCC:

Officer / Agent Signature: _____

Sub Agent Name (if applicable):

Client's Risk Category: _____