



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

ACHIEVE

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

GENDER

MARITAL STATUS

RELIGION

<input type="text"/>	D D M M Y Y Y Y	M F	<input type="text"/>	<input type="text"/>
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TELEPHONE NUMBER(S)

EMAIL

SOURCE OF FUND

MEANS OF IDENTIFICATION

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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BUSINESS OR OCCUPATION

<input type="text"/>	ARE YOU SELF EMPLOYED	YES <input type="checkbox"/>	NO <input type="checkbox"/>	IF YES, IS IT SOLE OWNERSHIP <input type="checkbox"/>
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PARTNERSHIP

PROFESSIONAL

OTHERS

IF NO, WHAT IS YOUR JOB TITLE:

ANNUAL INCOME BAND

EMPLOYER:	UNDER N2.5 MILLION <input type="checkbox"/>	N2.6MILLION - N5MILLION <input type="checkbox"/>	N5.1 MILLION - N10 MILLION <input type="checkbox"/>	OVER N10 MILLION <input type="checkbox"/>
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NATIONALITY

PLACE OF BIRTH

COUNTRY OF DUAL CITIZENSHIP (IF APPLICABLE)

<input type="text"/>	<input type="text"/>	<input type="text"/>
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RESIDENCE PERMIT NO (FOR NON-NIGERIANS)

FOREIGN MAILING ADDRESS (IF ANY)

FOREIGN TELEPHONE NUMBER (IF ANY)

<input type="text"/>	<input type="text"/>	<input type="text"/>
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TAX IDENTIFICATION NUMBER (TIN)

<input type="text"/>	WILL A STANDING INSTRUCTION BE IN PLACE TO REMIT PAYMENT TO US?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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BANK NAME

NUBAN ACCOUNT NUMBER

BVN

<input type="text"/>	<input type="text"/>	<input type="text"/>
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SOCIAL MEDIA ID

	<input type="text"/>		<input type="text"/>		<input type="text"/>
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SECTION 2: POLICY DETAILS

DO YOU HAVE AN EXISTING POLICY WITH AXA MANSARD ?

YES

NO

IF YES, PLEASE INDICATE:

SCHEME

ACHIEVE

166

ACHIEVE PLUS

186

PROPOSED MONTHLY CONTRIBUTION

SUM ASSURED

(Please tick where appropriate)

INVESTMENT PERIOD

HOW ARE CONTRIBUTIONS TO BE MADE

YEARLY

HALF-YEARLY

QUARTERLY

MONTHLY

BY WHAT METHOD ARE SAVINGS TO BE PAID?

DIRECT DEBIT

CHEQUE

FUND TRANSFER

OPTIONAL COVER REQUIRED ?

CRITICAL ILLNESS

UNEMPLOYMENT BENEFIT

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

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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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 NO IF YES STATE DETAILS:

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.

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.



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

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FOR OFFICIAL USE ONLY

Name of Officer / Agent:	<input type="text"/>	Agent Code:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	SBU:	<input type="text"/>
SBU Code:	<input type="text"/> <input type="text"/>	Spoke Code:	<input type="text"/> <input type="text"/>	Premium Rate:	<input type="text"/>
				Excess Buy Back / SRCC:	<input type="text"/>
Officer / Agent Signature:	_____		Sub Agent Name (if applicable):	<input type="text"/>	
Client's Risk Category:	_____				