

Insurance Class: 1

PART A:

Surname:
 Other names:

Maiden Name (if married woman)
 Title: Mr. Mrs. Miss Others
 Sex: M F

Birth Date: DD MM YYYY
 Religion:
 Marital Status: Single Married Divorced Widowed

Occupation before Retirement
 Mobile No:
 E-mail:

Residential Address:

Customer's Bank Account
 Bank Branch Account Number
 (BVN) Bank Verification Number:

Nationality: Country of Dual Citizenship (if applicable)..... Place of Birth:
 Residence Permit no (For non-Nigerians): Foreign Mailing address (if any):
 Tax Identification Number (TIN): Foreign telephone number (if any):

Will a standing instruction be in place to remit payments to the US? Yes No

Proposed Lump sum
 Preferred Annuity Frequency: Yearly H/Y Qtrly Monthly
 Expected Annuity Start Date: MM DD YYYY

Do you have any existing insurance policy with Mansard Insurance? Yes No If yes, please indicate:

How much life assurance is currently in force on your life?

Who is the assurer?

PART B:
ANNUITY TYPE – Please tick the appropriate box to choose the type of Annuity Preferred and complete the required information as appropriate

5-Year Guaranteed Annuity 10-Year Guaranteed Annuity Annuity + Whole Life Annuity + Spouse Annuity

GUARANTEED ANNUITY: Annuity Payment Pattern: Level Escalating at 5% per annum Escalating at 10% per annum

ANNUITY + WHOLE LIFE: Desired Sum Assured (Percentage of Lump Sum): 70% 50% 30%
Payment of sum assured is subject to conditions stated in the policy

ANNUITY + SPOUSE ANNUITY: Spouse's Details

Surname:
 Other names:

**Personal Annuity
Proposal Form**

**“AN INDIVIDUAL WHO ASSISTS AN APPLICANT TO
COMPLETE THIS PROPOSAL FORM FOR INSURANCE
SHALL BE DEEMED TO HAVE DONE SO AS THE AGENT OF
THE APPLICANT”**

Maiden Name (if married woman)

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Birth Date:

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MM DD YYYY

Annuity Payment Pattern:

Level

Escalating at 5% per annum

Spouse's earns 75% of Original Annuity

Particulars of beneficiary (Applicable to All)

	Relationship	D.O.B	Title	Full Name	Address	Home Tel	Occupation
Primary							
Contingent							

Please continue on a separate sheet if necessary.

EXCEPT AS OTHERWISE DIRECTED: The proceeds are to be divided equally among all persons who are named as Primary Beneficiary and who survive the assured, but if none survive, the person named as Contingent Beneficiary and who survive assured. The right to change the beneficiary is reserved.

DECLARATION

I,, the Annuitant, 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 annuity plan.

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

Signature of Annuitant: Date:

Name of Witness: Signature:

Address of Witness: Date:

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 OFFICE USE ONLY

AGENT/BPA/CP

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BP/DSM:

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SBU:

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AGENT/BPA/CP CODE:

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BP/DSM CODE:

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SBU CODE:

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BRANCH CODE:

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OFFICE CODE:

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AGENT'S SIGNATURE:

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DATE (dd/mm/yy):

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