

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"

Insurance Class: 1

PART A:											
Surname: Other names:											
Maiden Name (if married woman) Title: Sex:											
Mr. Mrs. Miss Others M F Birth Date: Religion: Marital Status											
DD MM YYYY 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:											
Residence Permit no (For non-Nigerians):											
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: Expected Annuity Start Date											
Yearly H/Y Qtrly Monthly MM DD YYYY											
Do you have any existing insurance policy with Mansard Insurance? Yes No If yes, please indicate:											
How much life accurance is currently in force on your life?											
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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											
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ANNUITY + WHOLE LIFE: Desired Sum Assured (Percentage of Lump Sum): 70% 30%											
Payment of sum assured is subject to conditions stated in the policy											
ANNUITY + SPOUSE ANNUITY: Spouse's Details											
Surname: Other names:											



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Annuity Payment Pattern: Level Escalating at 5% per annum Squazes cares 77% of Organia Annualy Particulars of beneficiary (Applicable to All) Relationship D.O.B. Title Full Name Address Home Tel Occupation Relationship D.O.B. Title Full Name Address Home Tel Occupation Primary Contingent Please continue on a separate sheet if necessary. EXCEPT AS OTHERWISS 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. Lagree 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: Signature of Annuitant: Date: Signature of Annuitant: Signature: Address of Witness: Signature: AGENT/BPA/CP CODE: BP/DSM: BP/DSM: BP/DSM: BP/DSM: BP/DSM: BP/DSM: BRANCH CODE: OFFICE CODE:	Maiden Nam	ne (if r	narried	wom	nan)				Birth Date:					
Annuity Payment Pattern: Level		Ì					П							
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