

Insurance Class: 1

PART A: PERSONAL DETAILS

Surname:

Other names:

Maiden Name (if married woman)

Title:

Mr Mrs Miss Others

Birth Date: (dd/mm/yy)

Religion:

Occupation

Marital Status: Single Married Divorced Widowed

Sex: M F

Telephone:

Mobile No:

E-mail:

Residential Address:

Preferred Language: Yoruba Hausa Igbo English

Preferred Communication Method: E-mail Post Fax

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

Facebook ID: Linked-in ID: Twitter ID:

PART B: ACCUMULATION PHASE

Annual Premium

Preferred Premium Frequency: Yearly H/Y Qtrly Monthly

Retirement Age (minimum is 50 years): Years

PART C: DISTRIBUTION PHASE

PREFERRED ANNUITY TYPE – Please tick the appropriate box to choose the type of Annuity and corresponding box as appropriate

Guaranteed Annuity Guarantee Period (years):

Annuity + Whole Life Desired Sum Assured (Percentage of Fund Balance at Retirement):

Spouse's Annuity

Spouse's Details

Other names: Maiden Name (if married woman): Birth Date: (dd/mm/yy)

PART D: BENEFICIARIES DETAILS

Particulars of beneficiary (Applicable to All)

	Relationship	D.O.B	Title	Full Name	Address	Tel. Number	Occupation
Primary							
Con- tingent							

Please continue on a separate sheet if necessary

Do you have any existing insurance policy with AXA Mansard? Yes No If yes, please state type:

How much life assurance is currently in force on your life? Who is the assurer?

Has any proposal on your life ever been declined, postponed, deferred, withdrawn or accepted on special term? Yes No

If yes, please give details:

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 Policyholder, do hereby declare that all the foregoing answers are true, that I have not concealed nor withheld anything with which the Insurer 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 Insurer 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

BP/DSM:

SBU:

AGENT'S SIGNATURE:

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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DATE (dd/mm/yy):

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