

Retirement and Family Protection Plan Proposal Form (REFAMP)

Note that an agent who assists the applicant in completing this form is deemed to have done so as an agent of the applicant.

PERSONAL DETAILS

1. Surname
 Other names

2. Title (mr./mrs/miss/chief/dr.)

3. Date & place of birth

4. Marital status

5. Occupation

6. Postal address

7. Tel

8. E-mail address

9. Permanent home address.

Details of retirement and family protection plan

8. Contribution N interval
 Quarterly Bi-annually Annually Single

9. Life assurance cover (optional) N Duration

10. Mode of premium payment: Cheque Bank lodgement Cash

11. Additional personal accident cover N

12. Beneficiaries

	Full Names	Age	Relationship
A	<input type="text"/>	<input type="text"/>	<input type="text"/>
B	<input type="text"/>	<input type="text"/>	<input type="text"/>
C	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	<input type="text"/>	<input type="text"/>	<input type="text"/>

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13. Amount paid with the proposal N

2. Life assurance questions (to be answered by the person whose life is to be assured)

	questions	answers
A	Height (metres)	<input type="text"/>
B	Weight (kilograms)	<input type="text"/>
C	Are you now in all respects in good health? if no, give details of illness(es)	<input type="text"/>
D	Do you usually enjoy good health?	<input type="text"/>
E	For what purpose(s) and on what date(s) have you consulted a doctor for medical attention in the last two years?	<input type="text"/>
F	Give the name(s) and address(es) of the doctor(s) consulted as per your answer to question (e)	<input type="text"/>
G	Have you submitted to any surgical operation?	<input type="text"/>
H	Do you take alcohol drink? If yes, specify the type and quantity per day.	<input type="text"/>
I	do you smoke? If yes number of sticks per day	<input type="text"/>
	For female proposal only: Are you now pregnant? If yes, state the expected date of delivery	<input type="text"/>
K	Has any proposal on your life ever been declined or accepted on special terms? If yes, give name(s) of the company and dates	<input type="text"/>

Declaration

I, the life to be assured named overleaf, do hereby declare that i as at present am in good health and that the statements in this proposal are true and complete. I consent to the company seeking medical evidence from any doctor who at anytime has attended to me.

I, the undersigned proposing the policy declare that to the best of my knowledge the statements in this proposal are true and complete in every particular, and together with the statement which may be made to the company medical examiners by the person whose life is to be assured shall be the basis of the contract between me and the company.

signature Date.....

signature of the witness..... date.....