APPLICATION FORM

Cash Plan

Please write clearly using block letters and tick appropriate blocks

METROPOLITAN LIFE
Together We Can!

Contract number

☐ New business ☐ Contract alteration

☐ Replacement of an existing contract ☐ Addition/Removal of Disability Premium Waiver benefit

☐ Replacement of a lapsed contract ☐ Removal of Withdrawal benefit

1. Contract Owner, Insured Life and Premium Payer

Personal particulars

Title | Surname

First names

Gender ◯ Male ◉ Female Marital status ◯ Single ◯ Married ◯ Divorced ◯ Widowed

Date of birth Y Y Y Y M M D D | Place of birth | Home language

Individual profile

Nationality

Form of identification ◯ Identity document ◯ Voter's identity card ◯ Driver's license card No.

Occupation | Net Household Income

Attach copy of Identification Document.

Addresses

E-mail

Postal

Area

Residential

Area

Telephone numbers

Work ( ) Home ( )

Mobile Fax ( )

☐ Stop order ☐ Standing order ☐ Cash ☐ Single premium

Stop order (Latest salary statement compulsory)

I hereby authorise the accountant of the company mentioned below to deduct the premium for this contract and to remit it monthly to Metropolitan Life. This authorisation must be kept in force until such time as I cancel this authority or submit a replacement authority in writing.

Name of employer

Employee's ref. number

Date of first deduction 1 2 2 3 3 5 5 6

Date employment started Y Y Y Y M M D D

Signature of premium payer

Job title

Date Y Y Y Y M M D D

Standing order

Bank account information

Bank

Branch name

Account type ◯ Current ◯ Savings ◯ Transmission

Other

Account holder

Account no.

I hereby authorise Metropolitan Life Insurance Ghana Ltd (herein referred to as Metropolitan Life) to draw from my bank/building society account (wherever it may be) the premiums (and any short payments) due in terms of the contract, without prejudice to the rights in terms of the contract from time to time and authorise my bank/building society to effect payment of such increased amount upon receipt of a notice from Metropolitan Life stating the increased amount and the date from which it is payable. This authorisation is to remain in force until I give written notice of cancellation to Metropolitan Life.

I agree that I am not entitled to recover any amount which has duly been withdrawn from my account by means of this standing order except in the case of cancellation during a cooling-off period. I furthermore agree that, in the event of my bank/building society repaying such amount to me, in error, I will refund it to Metropolitan Life. I undertake to notify Metropolitan Life of any changes in respect of my address or my bank/building society.

Signature of account holder

Date Y Y Y Y M M D D

Cash deposit(s) / Single premium

Receipt number(s)	Date	Amount
	Y Y Y Y M M D D	GH¢
	Y Y Y Y M M D D	GH¢

3. Contract details

Contract type ☑ Financial Provider Plus

Payment frequency ◯ Monthly ◯ Single

Rider benefit

☐ Disability PremiumWaiver

☐ Withdrawal Benefit

AIM ◯ 0% ◯ 5% ◯ 10% ◯ 15%

Term years

Basic Premium GH¢

Disability Premium Waiver GH¢

Withdrawal GH¢

Total Premium GH¢ 0.00

(including rider benefits)

NOTE: Benefits can not be added to Single Premiums

4. Insurability (Complete only if a Premium Waiver Benefit is added)

		Yes	No
4.1	**Has the Premium Payer, or does he/she intend being employed or engaged in any of the following:**		
	(a) Flying other than as a fare-paying passenger of a recognised airline on a scheduled route	○	○
	(b) The manufacturing process of explosives	○	○
	(c) The mining industry	○	○
	(d) The liquor trade	○	○
	(e) Any hazardous sport, pursuit or occupation such as boxing, diving, motor-racing, hang gliding or handling of explosives?	○	○
4.2	**Has any application for insurance in respect of the Premium Payer ever been declined, postponed, withdrawn, loaded or accepted on special terms by any life insurer?**	○	○
4.3	**Has there been any application for insurance, or application for reinstatement of a lapsed contract, in respect of the Premium Payer with Metropolitan Life or any other life insurer during the past 12 months? If "yes", please furnish the name of the insurer, entry/amended date and sum insured in section below.**	○	◉

4.4. Does the Premium Payer consume alcohol?

If yes, state quantity

	Yes	No	*Beer (bottles)	Wine (glasses)	Spirits (tots)	
Premium Payer	○	○				Daily
						Weekly

* 340ml or less

4.5. Does the Premium Payer smoke?

If yes, state quantity

Yes	No	Pipe	Cigarette	Other	Quantity	
◉	○				0	Daily

4.6. Height , metres **Weight** Kilograms

		Yes	No
4.7	**Has the Premium Payer consumed more alcohol in the past?**	◉	○
4.8	**Has the Premium Payer received medical advice to reduce or discontinue his/her smoking or liquor consumption?**	◉	○
4.9	**Is the Premium Payer on any medication or has he/she visited a doctor, hospital or institution regarding health problems or habits affecting his/her health, either physically or mentally during the last 5 years?**	◉	○
4.10	**Is the Premium Payer suffering from any illness, deformity or disability of whatever nature?**	◉	○
4.11	**Is the Premium Payer in poor physical or mental health?**	◉	○

4.12 Premium Payer's Occupation:

If the answers to the above questions, except for questions 4.4 to 4.6 is "yes", please complete below:

Question	Particulars

Signature of Premium Payer

Y Y Y Y M M D D

5. Particulars of doctor

Particulars of doctor

Name of doctor or clinic

Address

Area **Postal code**

Telephone ( ) **Fax** ( )

6. Beneficiary (If more than one beneficiary is nominated, please complete Beneficiary Nomination Form.)

Personal Details

Title | Surname

First names

Gender ◯ Male ◯ Female | Relationship to Life Insured | Benefit %

Form of identification ◯ Identity document ◯ Voter's identity card ◯ Driver's license card | No.

Attach copy of Identification Document.

Date of Birth Y Y Y Y M M D D

Addresses

E-mail

Postal

Area | Postal code

Residential

Area | Postal code

Telephone numbers

Work ( ) | Home ( )

Mobile | Fax ( )

7. Declaration

1. I warrant that the information in this application and in all documents submitted to Metropolitan Life Insurance Ghana Ltd (herein referred to as Metropolitan Life) in connection with it, whether in my handwriting or not, is true, correct and complete and will form the basis of the proposed contract.
2. In order to facilitate the assessment of the risk, and for the consideration of any claim, I irrevocably authorise Metropolitan Life:

   (a) to obtain from any person, any information which Metropolitan Life deems necessary, and

   (b) to share with other insurers that information and any information contained in this proposal or in any related contract or other document, either directly or through a database operated by or for insurers as a group, at any time (even after my death) and in such detailed, abbreviated or coded form as may from time to time be decided by Metropolitan Life or by the operators of such database.

   I understand and accept that my right of privacy may be infringed to the extent permitted by me in this authorisation and I waive my right to privacy to that extent.

3. I agree that if any material information concerning the risk on the Premium Payer has not been fully disclosed, or if I have given any untrue, incorrect or incomplete answers, Metropolitan Life reserves the right to cancel my cover and I shall forfeit all premiums paid.
4. I understand that I am entitled to cancel this application within 30 days of the date of the letter of acceptance issued by Metropolitan Life. I agree that there will be a refund of all premiums paid, less the cost of any cover or investment enjoyed by me.

   I understand that this right applies also to any application to increase the premium on an existing contract and that any refund refers to the difference between old and new premium.
5. **Replacement of contract:** I understand that it is not in my best interest to replace an existing contract with a new contract.
6. I agree that if the premium received is different from the agreed premium, Metropolitan may issue the policy with the received premium.

Signature of contract owner

Date Y Y Y Y M M D D

8. Information to be completed by Intermediary(ies)

	Name	Intermediary	Level code	Sales manager/ Broker consultant	Split
1					. %
2					. %
3					. %

Signature (1) Date Y Y Y Y M M D D

Signature (2) Date Y Y Y Y M M D D

Signature (3) Date Y Y Y Y M M D D

MANDATE FORM

COMMENCEMENT DATE: .....

FIRST NAME:

SURNAME: CELL PHONE:

POLICY DETAILS

PRODUCT NAME: FREQUENCY:

DEBIT ORDER DEDUCTION: ☐

PREMIUM PAYER NAME:

BANK NAME: BRANCH:

ACCOUNT NUMBER: ACCOUNT TYPE: Current

I the undersigned, authorize Metropolitan Life Insurance to withdraw the amount stated below from my account as premium for my policy/cies. This request should be done between the 20th of the current month to 15th of the following the commencement date stated above continuing till the end of the policy term.

I understand that the w ithdrawals hereby authorized shall be processed by electronic funds transfer and that details of each withdrawal shall be printed on my bank statement. I also understand that if any Direct Debit Instruction is paid which breaches the terms of this Authori ty, you shall not be liable in any way or manner whatsoever, whether under contract, tort or negligence and that our recourse shall be limi ted to Metropolitan Life .

I shall not be entitled to any refund of amounts which may have already been withdrawn whi le this Authority was in force if such amounts were legally owing to Metropolitan Life Insurance.

This Authority remains in force until I give Metropolitan Life Insurance a written notice of cancellation.

CLIENT SIGNATURE: PREMIUM: GHS DATE:

STOP ORDER DEDUCTION: ☐

NAME OF STAFF:

COMPANY NAME:

DEPARTMENT: STAFF ID:

I have made application to Metropolitan Life Insurance Ghana Ltd. for an Insurance policy and authorize you to deduct from my salary the amount required and transmit same to Metropolitan Life Insurance Ghana Ltd.

This authorization shall be effective until termination of employment or written notice by me to cancel this mandate statingwhen such cancellation shall be effective or until termination of this premium payment by Metropolitan Life Insurance Ghana Ltd.

CLIENT SIGNATURE: PREMIUM: GHS 44,444.00 DATE: