8. Method of Premium Payment

☐ Stop order ☐ Standing order ☐ Cash ☐ Others

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 Y Y Y Y M M D D 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I agree that I am not entitled to recover any amount which has duly been withdrawn from my account by means of this standing order except in the case of cancellation during a cooling-off period.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.

I agree that if the premium received is different from the agreed premium, Metropolitan may issue the policy with the received premium.

_____ Date Y Y Y Y M M D D

Signature of account holder

Others

_____

Name of Client	Tel. Phone No.	Date	Amount
		Y Y Y Y M M D D	GH¢
		Y Y Y Y M M D D	GH¢

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

Personal Details

Title _____ Surname _____

First names _____

Gender ☐ Male ☐ Female Relationship to first Life Insured _____ Benefit _____ %

Form of identification ☐ Identity document ☐ Voter's identity card ☐ Driver's License No. _____

☐ Passport No. ☐ SSNIT No. ☐ National ID No.

Attach copy of Identification Document.

Date of Birth Y Y Y Y M M D D

Addresses

E-mail _____

Postal _____

_____ Area _____

Residential _____

_____

_____ Area _____

Telephone numbers

Work ( ) Home ( )

Mobile _____ Fax ( )

10. 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 risks, 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 or any other Insured Life) 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 and that of the other Insured Lives may be infringed to the extent permitted by me in this authorisation and I waive our right to privacy to that extent.
3. I agree that if any material information concerning the risk on any of the insured lives has not been fully disclosed, or if I have given any untrue, incorrect or incomplete answers, Metropolitan Life reserves the right to cancel our 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 Funeral Cover 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 less than the agreed premium for the chosen level of cover, the level of cover should be adjusted to commensurate the premium received.

Signature of contract owner _____ Date Y Y Y Y M M D D

11. Information to becompleted 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

APPLICATIONFORM

Eternity Plan

METROPOLITAN LIFE GHANA

Please write clearly using block letters and tick appropriate blocks

Contract number _____

☐ New business ☐ Additional lives

☐ Replacement of an existing contract ☐ Change of cover ☐ Other alterations

☐ Replacement of a lapsed contract ☐ Change of premium payer

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

Occupation _____ Nationality _____

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

☐ Passport No. ☐ SSNIT No. ☐ National ID No. Attach copy of Identification Document.

Addresses

E-mail _____

Postal _____

_____ Area _____

Residential _____

_____

_____ Area _____

Telephone numbers

Work( ) _____ Home( ) _____

Mobile _____ Fax( ) _____

1.1 Premium Payer (Complete only if Contract Owner/Insured Life is not the premium payer)

Surname _____ Title _____ Gender Male ☐ Female ☐

Firstname(s) _____ Marital status Maried ☐ Divorced ☐ Single ☐ Widowed ☐

_____ Form of identification ☐ Identity document ☐ Voter's identity card ☐ SSNIT No.

Maiden name _____ ☐ Passport No. ☐ National ID No.

Occupation _____ ☐ Driver's license card No. _____

Attach copy of Identification Document.

Residential Address _____ Date of Birth (dd/mm/yyyy) _____

_____ Postal address _____

Area _____ _____

Tel no. (H) _____ Area _____

(W) _____ Correspondence language Eng ☑

Fax no. _____ *Relationship to Contract Owner/Insured Life Yes No

Mobile _____ Spouse ☐ Blood relation ☐

Email _____ *Define relationship _____

*(Complete if only Premium Payer)

2.1 Spouse

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 ☐

Form of identification ☐ Identity document ☐ Voter's identity card ☐ Driver's license card Nationality ☐

☐ Passport ☐ SSNIT No. ☐

Attach copy of Identification Document.

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 ☐

Form of identification ☐ Identity document ☐ Voter's identity card ☐ Driver's license card Nationality ☐

☐ Passport ☐ SSNIT No. ☐

Attach copy of Identification Document.

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 ☐

Form of identification ☐ Identity document ☐ Voter's identity card ☐ Driver's license card Nationality ☐

☐ Passport ☐ SSNIT No. ☐

Attach copy of Identification Document.

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 ☐

Form of identification ☐ Identity document ☐ Voter's identity card ☐ Driver's license card Nationality ☐

☐ Passport ☐ SSNIT No. ☐

Attach copy of Identification Document.

3. Children (Cover will cease when a child reaches 19)

Surname ☐ First names ☐

Date of birth Y Y Y Y M M D D Place of birth ☐

Relationship to contract owner ☐ Own child ☐ Legally adopted ☐ Financially dependent ☐ Male ☐ Female

Surname ☐ First names ☐

Date of birth Y Y Y Y M M D D Place of birth ☐

Relationship to contract owner ☐ Own child ☐ Legally adopted ☐ Financially dependent ☐ Male ☐ Female

Surname ☐ First names ☐

Date of birth Y Y Y Y M M D D Place of birth ☐

Relationship to contract owner ☐ Own child ☐ Legally adopted ☐ Financially dependent ☐ Male ☐ Female

3. Children (Cover will cease when a child reaches 19)

Surname ☐ First names ☐

Date of birth Y Y Y Y M M D D Place of birth ☐

Relationship to contract owner ☐ Own child ☐ Legally adopted ☐ Financially dependent ☐ Male ☐ Female

Surname ☐ First names ☐

Date of birth Y Y Y Y M M D D Place of birth ☐

Relationship to contract owner ☐ Own child ☐ Legally adopted ☐ Financially dependent ☐ Male ☐ Female

Surname ☐ First names ☐

Date of birth Y Y Y Y M M D D Place of birth ☐

Relationship to contract owner ☐ Own child ☐ Legally adopted ☐ Financially dependent ☐ Male ☐ Female

4. Parents and Parents-in-Law (Attach copies of Identification Documents.)

Father

Surname ☐ First names ☐

Date of birth Y Y Y Y M M D D Place of birth ☐

Postal address ☐

Marital status ☐ Single ☐ Married ☐ Divorced ☐ Widowed

Mother

Surname ☐ First names ☐

Date of birth Y Y Y Y M M D D Place of birth ☐

Postal address ☐

Marital status ☐ Single ☐ Married ☐ Divorced ☐ Widowed

Father-in-Law

Surname ☐ First names ☐

Date of birth Y Y Y Y M M D D Place of birth ☐

Postal address ☐

Marital status ☐ Single ☐ Married ☐ Divorced ☐ Widowed

Mother-in-Law

Surname ☐ First names ☐

Date of birth Y Y Y Y M M D D Place of birth ☐

Postal address ☐

Marital status ☐ Single ☐ Married ☐ Divorced ☐ Widowed

5. Extended family (Attach copies of Identification Documents)

Surname ☐ First names ☐ Other initials ☐

Date of birth Y Y Y Y M M D D Place of birth ☐

Relationship to contract owner ☐ *aunt, uncle, cousin, niece, nephew etc. ☐ Male ☐ Female ☐ Add ☐ Delete

Surname ☐ First names ☐ Other initials ☐

Date of birth Y Y Y Y M M D D Place of birth ☐

Relationship to contract owner ☐ *aunt, uncle, cousin, niece, nephew etc. ☐ Male ☐ Female ☐ Add ☐ Delete

Surname ☐ First names ☐ Other initials ☐

Date of birth Y Y Y Y M M D D Place of birth ☐

Relationship to contract owner ☐ *aunt, uncle, cousin, niece, nephew etc. ☐ Male ☐ Female ☐ Add ☐ Delete

Surname ☐ First names ☐ Other initials ☐

Date of birth Y Y Y Y M M D D Place of birth ☐

Relationship to contract owner ☐ *aunt, uncle, cousin, niece, nephew etc. ☐ Male ☐ Female ☐ Add ☐ Delete

6. Contract Details

Level of cover ☐ 1,000 ☐ 2,000 ☐ 3,000 ☐ 4,000 ☐ 5,000 ☐ 10,000

Payment frequency ☑ Monthly

Basic Premium	GH¢		
Withdrawal Benefit	GH¢	AIM ☐ 0%	
Death Premium Waiver	GH¢	☐ 5%	
Disability Premium Waiver	GH¢	☐ 10%	
Total Premium	GH¢ (including rider benefits)	☐ 15%	

Rider benefits

No claim bonus

Accidental Death benefit

☐ Withdrawal Benefit

☐ Death Premium Waiver

☐ Disability PremiumWaiver

7. Insurability

The following questions must be answered by the Contract Owner on behalf of him/herself, spouse, **children and parents:**	Insured Life Yes	Insured Life No	Spouse Yes	Spouse No	Children Yes	Children No	Parents/ Yes	Parents/ No
1. Has any of the insured lives ever been tested positive for HIV or received treatment for AIDS or AIDS related conditions?	☐	☐	☐	☐	☐	☐	☐	☐
2. Has any of the insured lives, suffered continually from persistent night sweats, persistent diarrhoea, swollen glands, persistent cough, purplish skin blemishes, persistent mouth sores or unexplained weight loss during the past 12 months?	☐	☐	☐	☐	☐	☐	☐	☐
3. Has any life insurer ever declined, postponed, withdrawn or loaded insurance applied for by any of the insured lives?	☐	☐	☐	☐	☐	☐	☐	☐
4. Has any of the insured lives, ever suffered from any form of disability or heart attack or heart disease, or diabetes mellitus, stroke, cancer, hypertension or kidney disease?	☐	☐	☐	☐	☐	☐	☐	☐
5. Apart from minor ailments, such as colds or flu, has any of the insured lives received any treatment from any medical practitioner during the past 6 months?	☐	☐	☐	☐	☐	☐	☐	☐
6. Has any of the insured lives, been hospitalised or undergone hospital treatment, or specialist examination during the past five years?	☐	☐	☐	☐	☐	☐	☐	☐
7. Has any of the insured lives taken any medication or drugs for health reasons during the last 5 years?	☐	☐	☐	☐	☐	☐	☐	☐

FURTHER PARTICULARS

If the answer to any of the questions is "yes", please give full particulars below:

Where applicable, include the name of the insured life, when last symptoms occurred (month and year), as well as names and addresses of doctors, hospitals or institutions.

Question	Name	Particulars

DECLARATION OF HEALTH for Extended Family and Parents (& in-laws)

Are all of the Extended Family members + Parents (& in-laws) to be insured under this policy presently in good health, free from disease and injuries and still have full use of their limbs and eyes?

Yes ☐ No ☐

Please note that a DECLARATION OF HEALTH for Parents (& in-laws) only applies if the Main Life Insured cover is at most GH¢3000. A cover exceeding GH¢3000 requires the insurability questions to be completed.

Name	Particulars

I declare that tha above insurability health information provided is/are true to the best of my knowledge

Signature of contract owner ☐ Date Y Y Y Y M M D D