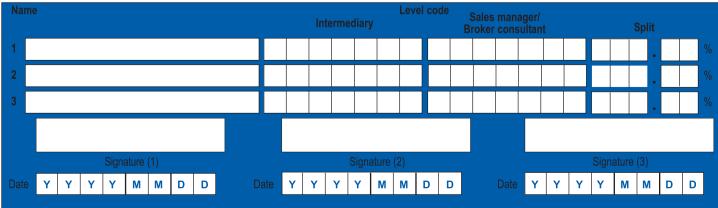
## 6. Beneficiary (If more than one beneficiary is nominated, please complete Beneficiary Nomination Form.)

Title	Surname							
First names								
Gender	Male Female	Relations Life Insu	ship to red			E	Benefit	%
Form of identification	Identity document	Voter's identity card	Driver's lice	ense card	No.			
Attach copy of	Identification Document.		_		Date of Birth		M M D	D D
Addresses								
E-mail								
Postal								
		Ar	ea			Postal code		
Residential								
		Ar	ea			Postal code		
Telephone	numbers							
Work	( )		ŀ	lome (	)			
Mobile			F	ax (	)			
7. Declar	ation							
					and and an ended and		- (1	Quality

- (a) to obtain from any person, any information which Metropolitan Life 5. Replacement of contract: I understand that it is not in my best interest
- (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 detailed, abbreviated or coded form as may from time to time be
  6. Applicable to Pension Provider: I apply for membership of the Metropolitan Life Ghana Retirement Annuity Fund and agree to be bound by the rules of the fund and the conditions of the contract between the trustees of the fund (as amended from time to time) and Metropolitan Life and I understand that the benefits of the fund will be secured through and I understand that the benefits of the fund will be secured through and I understand that the benefits of the fund will be secured through and I understand that the benefits of the fund will be secured through and I understand that the benefits of the fund will be secured through and I understand that the benefits of the fund will be secured through and I understand that the benefits of the fund will be secured through and I understand that the benefits of the fund will be secured through and I understand that the benefits of the fund will be secured through and I understand that the benefits of the fund will be secured through and I understand that the benefits of the fund will be secured through and I understand that the benefits of the fund will be secured through and I understand that the benefits of the fund will be secured through and I understand that the benefits of the fund will be secured through and I understand that the benefits of the fund will be secured through and I understand that the benefits of the fund will be secured through and I understand that the benefits of the fund will be secured through and I understand that the benefits of the fund will be secured through and I understand that the benefits of the fund will be secured through and

## Y Y Y Y M M D D

## 8. Information to be completed by Intermediary(ies)



APPLICATION FORM <b>Retirement Plan</b> Please write clearly using block letters and tick appropriate	blocks		MET	ROPOLIT. LIFE GHF	
Contract number Replacement of an existing contract Replacement of a lapsed contract		New busine		Addition/ł Premium benefit	Removal of Waiver
1. Contract Owner, Insured Life and Pre	emium Payer				
Personal particulars					
Title Surname					
First names		1	<b></b>		
Gender Male Female	Marital status	Single	Married	Divorced	Widowed
Date of birth Y Y Y Y M M D D Place of			Home lan	guage	
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					
Post al	-				
	Area			Post al code	
Residential					
	Area			Post al code	
Telephone numbers					
Work ( )	Hom	e (	)		
Mobile	Fax	(	)		

Stop order (Latest salary statement computory)   Inerely authories the account of the company mentioned below to deduct the premium for this contract and to remit it monthly to Métropolitan Life. This authories atom made height in forme unit authories.   Name of employe   Date of first diduction   Quite of first diduction <td< th=""><th>. Method of</th><th>f Premium</th><th>Payments</th><th></th><th>Stop order</th><th>Standing ord</th><th>er</th><th>Cash</th><th>Single premium</th></td<>	. Method of	f Premium	Payments		Stop order	Standing ord	er	Cash	Single premium
satisfier and a kape 1 force until such time as 1 cancel this authority or submit a replacement authority in writing. Name of employer Table of first deductor Table of									
Date of first deduction       Y <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>emit it monthl</td> <td>y to Metropo</td> <td>litan Life. This authori-</td>							emit it monthl	y to Metropo	litan Life. This authori-
Signature of premium payer   Bate Y Y Y M M D D     Standing order   Bank Early and the premium control of the contract in order of the contract in the order of the contract in the order of the contract in order of the contract in the order of the contract in the order of order of the contract in the order of the contract in the order of the contract in the order of t	Name of employer	r			Employee's r	ef. number			
Signature di premium payet	Date of first deduct	tion Y Y Y	Y M M	D D		Date employment s	tarted Y	Y Y Y	M M D D
Signature of premium payer <ul> <li></li></ul>						lob titlo			
Standing order         Bank account information         Bank Account information         Bank Current Savings Transmission         Account holder         Interchange of the partment of savings Transmission         Account holder         Interchange of the partment of savings Transmission         Account holder         Interchange of the partment of saving account (whereaver it may be)         Interchange of the partment of saving account (whereaver it may be)         Interchange of the partment of saving account (whereaver it may be)         Interchange of the partment of saving account (whereaver it may be)         Interchange of the partment of saving account (which account of the optication to	Signature of prem	iium payer				JOD IIIIe			
Bank account his       Branch name         Account yop       Current       Savings       Transmission       Other       Image: Colspan="2">Colspan="2"       Colspan="2">Colspan="2"       Colspan="2">Colspan="2"       Colspan="2">Colspan="2"       Colspan="2">Colspan="2"       Colspan="2">Colspan="2"       Colspan="2"       Colspan="2"       Colspan="2">Colspan="2"       Colspan="2"        Colspan="2"       Colspan="2"       Colspan="2"       Colspan="2"       Colspan="2"       Colspan="2"       Colspan="2"       Colspan="2"       Colspan="2"       Colspan="2"       Colspan="2"       Colspan="2"       Colspan="2"       Colspan="2"       Colspan="2"       Colspan="2"       Colspan="2"       Colspan="2"       Colspan="2"		Date Y	Y Y Y M	M D D					
Bank       Current       Savings       Transmission       Other         Account look       Account       Account look       Account </td <td>Standing ord</td> <td>der</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	Standing ord	der							
Account type Current Savings Transmission Other   Account holder   Account holder Account holder	Bank account infor	mation							
Account holder       Account holder         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 benk/building society to edited payment of such increased amount upon receipt of a notice from Metropolitan Life. Life stating the increased amount and the date from which its payable. This submission is to remain in force until 1 give withen 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 colling-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 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 colling-off period. I furthermore agree that, in the event of my bank/building society.         I undertake to notify Metropolitan Life.       Date       Y       Y       Y       M       M       D       D       C         Signature of account holder       Date       Y       Y       Y       M       M       D       D       C         Contract details       Except number(s)       Payment Frequency       Monthy       Single       Rider benefit <td< td=""><td>Bank</td><td></td><td></td><td></td><td>Branch name</td><td></td><td></td><td></td><td></td></td<>	Bank				Branch name				
In Precisy 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 preniums (and any short payment)s due in terms of the contract, without prejudice to the rights in terms of the contract from the to the and authorise my bank/building society to effect payment of such increased amount upon receipt of a notice from Metropolitan Life is time increased amount and the date from which it is payable. This authorises in is force until give written notice of cancellation to Metropolitan Life is tanding order except in the case of cancellation to Metropolitan Life.   Largere that I am not entilited to recover any amount which has duly been withdrawn from my account by means of this standing order except in the case of cancellation to Metropolitan Life.   Largere that I am not entilited to recover any amount which has duly been withdrawn from my account by means of this standing order except in the case of cancellation to my anothy Wetropolitan Life of any terpering such amount to me, in error, I will refund it to Metropolitan Life.   Largere that I am not entilited to recover any amount which has duly been withdrawn from my account by means of this standing order except in the case of cancellation to the contract. 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.   Largere that I am not entilied to recover any amount which has duly been withdrawn from my account by means of this standing order except in the case of cancellation to the contract. I furthermore agree that, in the event of my bank/building society.   Largere that I am not entilied to recover any amount which has duly been withdrawn from watch and the date from which has duly been withdrawn from the contract. I means duly been withdrawn from watch and the date fro	Account type	Current	Savings	Transmission	Other				
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1 undertake to notify Metropolitan Life of any changes in respect of my address or my bank/building society.         Date       Y       Y       Y       M       M       D       D         Signature of account holder       Signature of account holder       Date       Y       Y       Y       M       M       D       D         Cash deposit(s) / Sigle premium Receipt number(s)       Receipt number(s)       Date       Y       Y       Y       M       M       D       D       ¢       C	I hereby authorise	Metropolitan Life I	nsurance Ghana L	td (herein referred to	as Metropolitan Li	e) to draw from my b	ank/building s	ociety accou	ni (wherever it may be)
Signature of account holder     Cash deposit(s) / Sigle premium   Receipt number(s)     Parent Person Provider     Payment frequency   Monthly     Signature of account details     Contract details     Payment frequency   Monthly   Payment frequency   Monthly   Signature of account details     Term   years   Q   years     Ail   0%   5%   5%   10%   5%   10%   10%     10%     10%     10%     10%     10%     10%     10%     10%     10%     10%     10%     10%     10%     10%     10%     10%     10%     10%      10%      10%     10%     10%     10%     10%	I hereby authorise the premiums (and bank/building socie it is payable. This I agree that I am n	d any short payme ety to effect payme authorisation is to ot entitled to recov	ents) due in terms ent of such increase remain in force un er any amount whi	of the contract, with ed amount upon recei- til I give written notice ch has duly been with	out prejudice to th ipt of a notice from e of cancellation to ndrawn from my ac	e rights in terms of th Metropolitan Life stati Metropolitan Life. count by means of thi	ne contract fr ing the increas s standing ord	om time to t sed amount a ler except in t	ime and authorise my nd the date from which he case of cancellation
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Cash deposit(s) / Single premium       Receipt number(s)       Date       Amount         Y       Y       Y       Y       M       M       D       D       ©         Y       Y       Y       Y       Y       Y       M       M       D       D       ©       ©         Contract details       Pension Ponider       Payment frequency       Monthly       Single       Rider benefit       Disability Premium Waiver         Term       years       4IM       0%       V       V       V       Disability Premium Waiver       Disability Premium Waiver       Disability Premium Waiver       Disability Premium Waiver       10%       V	I hereby authorise the premiums (and bank/building socia it is payable. This I agree that I am n during a cooling-of	d any short payme ety to effect payme authorisation is to ot entitled to recov ff period. I furtherm	ents) due in terms ent of such increase remain in force un er any amount whi nore agree that, in e of any changes i	of the contract, with ed amount upon recei til I give written notice ch has duly been with the event of my bank n respect of my addre	out prejudice to th ipt of a notice from e of cancellation to ndrawn from my ac /building society re ess or my bank/bui	e rights in terms of th Metropolitan Life stati Metropolitan Life. count by means of thi paying such amount Iding society.	ne contract fr ing the increas s standing ord	om time to t sed amount a ler except in t	ime and authorise my nd the date from which he case of cancellation
Receipt number(s) Date Amount   Y Y Y Y M D D   Y Y Y Y Y M D D   Y Y Y Y Y M D D   Y Y Y Y Y M D D   Y Y Y Y Y M M D D   Contract details Payment frequency Monthly Single Rider benefit   Term years 4 0% 5%   Basic Premium \$ 10% 10%   Disability Premium Waiver \$ 15%	I hereby authorise the premiums (an bank/building socie it is payable. This . I agree that I am n during a cooling-of I undertake to noti	d any short payme ety to effect payme authorisation is to ot entitled to recov ff period. I furtherm fy Metropolitan Life	ents) due in terms ent of such increase remain in force un er any amount whi nore agree that, in e of any changes i	of the contract, with ed amount upon recei til I give written notice ch has duly been with the event of my bank n respect of my addre	out prejudice to th ipt of a notice from e of cancellation to ndrawn from my ac /building society re ess or my bank/bui	e rights in terms of th Metropolitan Life stati Metropolitan Life. count by means of thi paying such amount Iding society.	ne contract fr ing the increas s standing ord	om time to t sed amount a ler except in t	ime and authorise my nd the date from which he case of cancellation
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Image: Premium Waiser       Basic Premium Waiser       Cisability Premium Waiser       Image: Cisability Premium Waiser	hereby authorise the premiums (and bank/building socie t is payable. This agree that I am nu during a cooling-of undertake to noti Signature Cash deposi	d any short payme ety to effect payme authorisation is to ot entitled to recov ff period. I furtherm fy Metropolitan Life of account holder <b>t(s) / Single</b> R	ents) due in terms ent of such increase remain in force un er any amount whi nore agree that, in e of any changes i Date <b>premium</b>	of the contract, with ed amount upon recei til I give written notice ch has duly been with the event of my bank n respect of my addre	out prejudice to th ipt of a notice from e of cancellation to ndrawn from my ac /building society re ess or my bank/bui	e rights in terms of th Metropolitan Life stati Metropolitan Life. count by means of thi paying such amount Iding society.	M D D	om time to f sed amount a ler except in t r, I will refund	ime and authorise my nd the date from which he case of cancellation it to Metropolitan Life.
Term years   Basic Premium ¢   Disability Premium ¢   Total Premium ¢	I hereby authorise the premiums (and bank/building social is payable. This agree that I am no during a cooling-of undertake to noti Signature Cash deposit	d any short payme ety to effect payme authorisation is to ot entitled to recov ff period. I furtherm fy Metropolitan Life of account holder t(s) / Single R	ents) due in terms ent of such increase remain in force un er any amount whi nore agree that, in e of any changes i Date <b>premium</b> eccipt number(s)	of the contract, with ed amount upon recei til I give written notice ch has duly been with the event of my bank n respect of my addre <b>Y Y Y Y Y</b>	out prejudice to th ipt of a notice from e of cancellation to drawn from my ac /building society re ess or my bank/bui	e rights in terms of th Metropolitan Life stati Metropolitan Life stati Metropolitan Life. count by means of thi paying such amount Iding society. D D D D D D D T M I Y Y Y Y Y M I	M D D	om time to t sed amount a ler except in t r, I will refund ¢ ¢	ime and authorise my nd the date from which he case of cancellation it to Metropolitan Life. Amount
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	I hereby authorise the premiums (and bank/building socia it is payable. This I agree that I am nu during a cooling-of I undertake to noti Signature Cash deposi Contract co Contract type Ferm Basic Premium	d any short payme ety to effect payme authorisation is to ot entitled to recov ff period. I furtherm fy Metropolitan Life of account holder t(s) / Single R details Pension Provider years ¢	ents) due in terms ent of such increase remain in force un er any amount whi nore agree that, in e of any changes i Date <b>premium</b> eccipt number(s)	of the contract, with ed amount upon recei til I give written notice ch has duly been with the event of my bank n respect of my addre <b>Y Y Y Y Y</b>	out prejudice to th ipt of a notice from e of cancellation to ndrawn from my ac /building society re ess or my bank/bui M M D Y equency Mon AIM 0° 5 10	e rights in terms of th Metropolitan Life stati Metropolitan Life stati Metropolitan Life stati paying such amount Iding society. D D V Y Y Y M I Y Y Y M I thly Single	M D D	om time to t sed amount a ler except in t r, I will refund ¢ ¢ Rider ber	ime and authorise my nd the date from which he case of cancellation it to Metropolitan Life. Amount

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

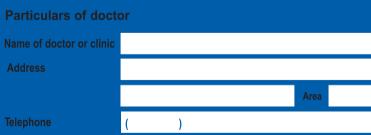
- Has the Premium Payer, or does he/she intend being employed or engag
   (a) Flying other than as a fare-paying passenger of a recognised airline on a
- (b) The menufacturing process of eveloping of a recognised allite of
- (b) The manufacturing proce
- (d) The liquer trade
- (e) Any hazardous sport, pursuit or occupation such as boxing, diving, me
- 4.2 Has any application for insurance in respect of the Premium Payer ever on special terms by any life insurer?
- 4.3 Has there been any application for insurance, or application for reinstatem Metropolitan Life or any other life insurer during the past 12 months? If "ye and sum insured in section below.
- 4.4. Does the Premium Payer consume alcohol? 4.5. If yes, state quantity



- 4.7 Has the Premium Payer consumed more alcohol in the past?
- 4.8 Has the Premium Payer received medical advice to reduce or discontinu
- 4.9 Is the Premium Payer on any medication or has he/she visited a doctor, h affecting his/her health, either physically or mentally during the last 5 year
- 4.10 Is the Premium Payer suffering from any illness, deformity or disability
- 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 Question		<b>"yes</b> rticula	
Y Y	Y	Y	N
Signature of Premium Payer			

5. Particulars of doctor



ed in any schedule		followin	g:				Yes	No
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oes the l f yes, sta			smoke?					
Yes	No	Pipe	Cigaret	te	Other		Quantity	
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e his/her nospital o ars? of whatev	or instite er natu	ution reç re?				<sup>r</sup> habits	Yes	No
please co	omplete	e delow:						
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