

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. **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 an insurance contract with Metropolitan Life. I further understand the benefits under this contract may not be ceded, pledged or alienated.

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

8. 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 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %
2 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %
3 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %

Signature (1) Signature (2) Signature (3)

Date Y Y Y Y M M D D Date Y Y Y Y M M D D Date Y Y Y Y M M D D

APPLICATION FORM
Retirement Plan



Please write clearly using block letters and tick appropriate blocks

Contract number New business Addition/Removal of Premium Waiver benefit

Replacement of an existing contract Contract alteration

Replacement of a lapsed contract

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 Postal code

Residential

Area Postal code

Telephone numbers

Work () Home ()

Mobile Fax ()

