

# APPLICATION FORM

# GOAL ACHIEVER PLAN

PLEASE FILL WITH BLOCK LETTERS

Metropolitan Life Insurance Ghana LTD,  
Omnipotent House, 10 North Dworwulu Extention  
PMB CT 456, Cantonments, Accra, Ghana  
T: +233 302 633933



Contract Number:   
New Business: ☐ Contract Alterations: ☐ Replacement of an existing contract: ☐ Replacement of a lapsed contract: ☐

## 1. CONTRACT OWNER, INSURED LIFE AND PREMIUM PAYER

Title:  Surname:  First Names:

Date of Birth:         Place of Birth:  Gender:

Marital Status: Single ☐ Married ☐ Widowed ☐ Separated ☐ Divorced ☐ Nationality:

Home Language:  Occupation:  Source of Income:

Net Monthly Income: GHS500-GHS1000 ☐ GHS1001-GHS2000 ☐ GHS2001-GHS3000 ☐ GHS3001-GHS4000 ☐  
GHS4001-GHS5000 ☐

Form of Identification: Passport ☐ SSNIT Card ☐ Voter's ID ☐ Driver's License ☐ National ID ☐

Provide Identity Number:  *Please, attach copy of identification document*

Email Address:

Home Address:

Postal Address:

TIN Number:           Digital Location Address:

Phone Number (s):

Country of Tax Residence: Ghana ☐ United States of America ☐ Other (specify country):

*You may be considered a residence for tax purposes in a foreign jurisdiction if, for example: you live, work or earn money in a foreign jurisdiction; you are a citizen or resident of a foreign jurisdiction; or other special circumstances apply to you.*

*You can be a tax resident in more than one country at a time. Tax residency is complex and if you are uncertain you should consult your legal or tax adviser. Metropolitan Life Insurance Ghana Ltd is obliged by international law to request this information which may be with tax authorities in foreign jurisdictions.*

## 2. METHOD OF PREMIUM PAYMENT

☐ **STOP ORDER** (latest salary statement compulsory)

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

Name of Employer:  Employee's Ref. Number:

Date of First Deduction:

Signature:

☐ **STANDING ORDER** (Bank Account Information)

Account Name:  Branch:

Bank Name:  Account Number:

Account Type: Current ☐ Savings ☐ Transmission ☐ Other (please specify)

I hereby authorize 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 authorize my bank/building society to effect payment of such increased amount of upon receipt of a notice from Metropolitan Life stating the increased amount and date from which it is payable. This authorization 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 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: 

D

D

M

M

Y

Y

Y

Y

☐ CASH DEPOSIT(S)/SINGLE PREMIUM

Receipt Number(s)	Date	Amount
<div></div>	<div><div>D</div><div>D</div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div>	<div>GHS</div>
<div></div>	<div><div>D</div><div>D</div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div>	<div>GHS</div>
<div></div>	<div><div>D</div><div>D</div><div>M</div><div>M</div><div>Y</div><div>Y</div><div>Y</div><div>Y</div></div>	<div>GHS</div>

**NOTE:** Please note that premiums collection is by bank/payroll deduction only. In the event where you wish to pay for **ARREARS** in cash or cheque, please **ONLY** do so at the client service desk at any Metropolitan Life offices across the country.

3. CONTRACT DETAILS

Contract Type: Goal Achiever Plan ☐ Payment Frequency: Monthly ☐ Term: 5 years ☐  
Basic Premium: 

GHS

4. INFORMATION TO BE COMPLETED BY INTERMEDIARY (IES)

A. Name of Financial Consultant (FC):   
Agency Code:   
Sales Manager/Broker Consultant:   
Split:  •  %  
Signature or RTP:   
Date: 

D

D

M

M

Y

Y

Y

Y

B. Name of Financial Consultant (FC):   
Agency Code:   
Sales Manager/Broker Consultant:   
Split:  •  %  
Signature or RTP:   
Date: 

D

D

M

M

Y

Y

Y

Y

I confirm that this application was completed in my presence by the applicant and the premium calculation has been checked by me.

5. AGENT DECLARATION

I hereby declare that I have explained the policy to the proposer, the meaning and implications of replacements to the proposer and that I am fully aware of possible detrimental consequences of the replacement of any insurance policy. I declare that all the information contained in this proposal was in his/her presence. I also declare that I have satisfactory evidence of proof of age of proposer.

Signature/ RTP:

Agency Number:   
Date: 

D

D

M

M

Y

Y

Y

Y

6. OFFICE USE ONLY

1. SALES TEAM MANAGER

I confirm that the application form and the premium payment mandate is fully completed and I hereby authorise the application to be sent to New Business Solutions for underwriting.

Name:

Signature/ RTP:

Date: 

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D

M

M

Y

Y

Y

Y



## 2. NEW BUSINESS SOLUTIONS

Received By:  Date Received:

Assessed By:  Date Assessed:

Rejected/Deferred: ☐ Reason

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

Title:  Surname:  First Names:

Date of Birth:         Gender:   Relationship to Insured Life:

Benefit:  %

Form of Identification: Passport ☐ SSNIT Card ☐ Voter's ID ☐ Driver's License ☐ National ID ☐

Provide Identity Number:  *Please, attach copy of identification document*

Email Address:

Home Address:

Postal Address:

TIN Number:           Digital Location Address:

Phone Number (s):

## 8. 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, and for the consideration of any claim, I irrevocably authorize 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.
3. 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 authorization and I waive our right to privacy to that extent.
4. 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 shall forfeit all premiums paid.

5. I understand that I am entitled to cancel this application within 30 days of the letter of acceptance issued by Metroplitan Life. I agree that there will be a refund of all premiums paid, less the cost oof any cover or investment enjoyed by me.
6. 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.
7. **Replacement of Contract:** I understand that it is not in my best interest to replace an existing contract with new contract.
8. I agree that if the premium received is different from the agreed premium, Metropolitan Life may issue the policy the policy with the received premium.
9. **Tax Residence:** Under penalty of perjury, I declare that to the best of my knowledge and belief my tax residencies disclosed are true, correct and complete. I am not resident for tax purposes in any other country other than those disclosed in this application form.

I undertake to notify Metropolitan Life within 30 days if this declaration becomes incorrect.

Signature of Contract Owner:

Date:



# MANDATE FORM

Metropolitan Life Insurance Ghana LTD,  
Omnipotent House, 10 North Dworwulu Extention  
PMB CT 456, Cantonments, Accra, Ghana  
T: +233 302 633933



Commencement Date:

First Name:   
Surname:  Cell Phone:

## 1. POLICY DETAILS

Product Name:  Frequency:

## 2. DEBIT ORDER DEDUCTION ☐

Premium Payer Name:   
Account Name:  Branch:   
Bank Name:  Account Number:   
**Account Type:** Current ☐ Savings ☐ Transmission ☐ Other (please specify)

I the undersigned, authorize Metropolitan Life Insurance Ghana Ltd. 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 commencement date stated above continuing till the end of the policy term.

I understand that the withdrawals 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 Authority, you shall not be liable in any way or manner whatsoever, whether under contract, tort or negligence and that our recourse shall be limited to Metropolitan Life.

I shall not be entitled to any amounts which may have already been withdrawn while this Authority was in-force if such amounts were legally owing to Metropolitan Life Insurance Ghana Ltd.

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

Client Signature:  Premium:   
Date:

## 3. STOP ORDER DEDUCTION ☐

Name of Staff:   
Company Name:   
Department:  Start 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 or written notice by me to cancel this madate stating when such cancellation shall be effective or until termination of this premium payment by Metropolitan Life Insurance Ghana Ltd.

Client Signature:  Premium:   
Date: