

APPLICATION FORM

School Finance Plan

Please write clearly using block letters and tick appropriate blocks



Contract number	<input type="text"/>	<input type="checkbox"/> New business	<input type="checkbox"/> Addition/Removal of premium waiver benefit
	<input type="checkbox"/> Replacement of an existing contract	<input type="checkbox"/> Contract alteration	<input type="checkbox"/> Addition/Removal of Withdrawal benefit
	<input type="checkbox"/> Replacement of a lapsed contract	<input type="checkbox"/> Change of premium payer	

1. Contract Owner and Premium Payer

Personal particulars

Title	<input type="text"/>	Surname	<input type="text"/>						
First names	<input type="text"/>								
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Marital status	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed		
Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Place of birth	<input type="text"/>	Home language	<input type="text"/>

Individual profile

Nationality	<input type="text"/>	Net Household Income	<input type="text"/>	
Form of identification	<input type="checkbox"/> Identity document	<input type="checkbox"/> Voter's identity card	<input type="checkbox"/> Driver's license card	No. <input type="text"/>
Occupation	<input type="text"/>	Employer	<input type="text"/>	

Attach copy of Identification Document.

Addresses

E-mail	<input type="text"/>				
Postal	<input type="text"/>				
	<input type="text"/>	Area	<input type="text"/>	Postal code	<input type="text"/>
Residential	<input type="text"/>				
	<input type="text"/>	Area	<input type="text"/>	Postal code	<input type="text"/>

Telephone number

Work	<input type="text"/>	Home	<input type="text"/>
Mobile	<input type="text"/>	Fax	<input type="text"/>

2. Insured Life (Child)

Personal particulars

Title	<input type="text"/>	Surname	<input type="text"/>						
First names	<input type="text"/>								
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female							
Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Place of birth	<input type="text"/>	Home language	<input type="text"/>
Relationship to Contract Owner	<input type="checkbox"/> Own child	<input type="checkbox"/> Legally adopted child	Other	<input type="text"/>					

Country of tax residence

<input type="checkbox"/> Ghana	<input type="checkbox"/> United States of America
<input type="checkbox"/> Other (specify country)	<input type="text"/>

You may be considered resident 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 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 is obliged by International law to request this information which may be shared with tax authorities in foreign jurisdictions.

3. Method of Premium Payments

 Stop order

 Debit order

 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	<input type="text"/>	Employee's ref. number	<input type="text"/>
Date of first deduction	<input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> M <input type="text"/> M <input type="text"/> D <input type="text"/> D	Date employment started	<input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> M <input type="text"/> M <input type="text"/> D <input type="text"/> D
Signature of premium payer	<input type="text"/>	Job title	<input type="text"/>
Date	<input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> M <input type="text"/> M <input type="text"/> D <input type="text"/> D		

Debit order

Bank account information

Bank	<input type="text"/>	Branch name	<input type="text"/>
Account type	<input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> Transmission	Other	<input type="text"/>
Account holder	<input type="text"/>	Account no.	<input type="text"/>

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 debit 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.

<input type="text"/>	Date	<input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> M <input type="text"/> M <input type="text"/> D <input type="text"/> D
Signature of account holder		

Cash deposit(s)

Receipt number(s)	Date	Amount
<input type="text"/>	<input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> M <input type="text"/> M <input type="text"/> D <input type="text"/> D	<input type="text"/> ₵
<input type="text"/>	<input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> M <input type="text"/> M <input type="text"/> D <input type="text"/> D	<input type="text"/> ₵

NOTE

"Please note that premium collection is by source 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 office across the country."

4. Contract details

Payment frequency	<input type="checkbox"/> Monthly <input type="checkbox"/> Single	AIM	<input type="checkbox"/> 0% <input type="checkbox"/> 5% <input type="checkbox"/> 10% <input type="checkbox"/> 15%	Rider benefits on Premium Payer
Term	<input type="text"/> <input type="text"/> years			<input type="checkbox"/> Death Premium Waiver
Basic Premium	<input type="text"/> GHc			<input type="checkbox"/> Disability Premium Waiver
Death Premium Waiver	<input type="text"/> GHc			<input type="checkbox"/> Child's Funeral benefit
Disability Premium Waiver	<input type="text"/> GHc			<input type="checkbox"/> Child's Accidental Disability benefit
Child's Funeral Benefit	<input type="text"/> GHc			
Child's Accidental Disability Benefit	<input type="text"/> GHc			
Withdrawal Benefit	<input type="text"/> GHc			
Total Premium	<input type="text"/> GHc			
	(including rider benefits)			

5. Insurability (Complete only if a premium waiver benefit is added.)

5.1	Has the Premium Payer, or does he/she intend being employed or engaged in any of the following:	Yes	No
	(a) Flying other than as a fare-paying passenger of a recognised airline on a scheduled route	<input type="checkbox"/>	<input type="checkbox"/>
	(b) The manufacturing process of explosives	<input type="checkbox"/>	<input type="checkbox"/>
	(c) The mining industry	<input type="checkbox"/>	<input type="checkbox"/>
	(d) The liquor trade	<input type="checkbox"/>	<input type="checkbox"/>
	(e) Any hazardous sport, pursuit or occupation such as boxing, diving, motor-racing, hang gliding or handling of explosives?	<input type="checkbox"/>	<input type="checkbox"/>
5.2	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?	<input type="checkbox"/>	<input type="checkbox"/>
5.3	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.	<input type="checkbox"/>	<input type="checkbox"/>
5.4.	Does the Premium Payer consume alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No		
5.5.	Does the Premium Payer smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No		
5.6.	Height <input type="text"/> , <input type="text"/> metres	Weight <input type="text"/> kilograms	
5.8	Has the Premium Payer received medical advice to reduce or discontinue his/her smoking or liquor consumption?	<input type="checkbox"/>	<input type="checkbox"/>
5.8	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?	<input type="checkbox"/>	<input type="checkbox"/>
5.90	Is the Premium Payer suffering from any illness, deformity or disability of whatever nature?	<input type="checkbox"/>	<input type="checkbox"/>
5.10	Is the Premium Payer in poor physical or mental health?	<input type="checkbox"/>	<input type="checkbox"/>
5.12	Premium Payer's occupation <input style="width: 400px;" type="text"/>		

If the answers to the above questions, except for questions 5.4 to 5.6 is "yes", please complete below:

Question	Particulars
<input style="width: 80px;" type="text"/>	<input style="width: 880px;" type="text"/>
<input style="width: 80px;" type="text"/>	<input style="width: 880px;" type="text"/>
<input style="width: 80px;" type="text"/>	<input style="width: 880px;" type="text"/>
<input style="width: 80px;" type="text"/>	<input style="width: 880px;" type="text"/>
<input style="width: 80px;" type="text"/>	<input style="width: 880px;" type="text"/>

Signature of Insured Life

6. Particulars of doctor

Particulars of doctor

Name of doctor or clinic

Address

Area Postal code

Telephone () Fax ()

7. 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

7. Continued

Addresses			
E-mail			
Postal			
	Area		Postal code
Residential			
	Area		Postal code

Telephone numbers			
Work	()	Home	()
Mobile		Fax	()

8. Declaration

<p>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.</p> <p>2. In order to facilitate the assessment of the risk, and for the consideration of any claim, I irrevocably authorise Metropolitan Life:</p> <p>(a) to obtain from any person, any information which Metropolitan Life deems necessary, and</p> <p>(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.</p> <p>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.</p> <p>3. I agree that if any material information concerning the risk on my life 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.</p> <p>Signature of contract owner <input type="text"/></p>	<p>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.</p> <p>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.</p> <p>5. Replacement of contract: I understand that it is not in my best interest to replace an existing contract with a new contract.</p> <p>6. I agree that if the premium received is different from the agreed premium, Metropolitan may issue the policy with the received premium.</p> <p>7. 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.</p> <p>I undertake to notify Metropolitan within 30 days if this declaration becomes incorrect</p> <p>Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>
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9. Information to be completed by Intermediary(ies)

Name	Level code Intermediary	Sales manager/ Broker consultant	Split	
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
2	<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"/>		<input type="text"/>
Signature (1)		Signature (2)		Signature (3)
Date	<input type="text"/>	Date	<input type="text"/>	Date <input type="text"/>

9. Continued 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 the possible detrimental consequences of the replacement of any insurance policy. I declare that all the information contained in this proposal was obtained from the proposer and was completed in his/her presence. I also declare that I have seen satisfactory evidence of proof of age of the proposer.

Signature

Date

Agency Number

10. Branch Manager (FOR OFFICE USE ONLY)

CHECKED BY MANAGER

Check was a Personal Telephonic check

Result

Date

AUTHORISATION BY MANAGER

Accept Application which is:

Complete

Not able to be spot checked

Branch Manager's name

Signature

Date

11. New Business

UNDERWRITER'S COMMENTS

By

Date

Capture date

Captured by

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:

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 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 refund of amounts which may have already been withdrawn while 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 stating when such cancellation shall be effective or until termination of this premium payment by Metropolitan Life Insurance Ghana Ltd.

CLIENT SIGNATURE:

PREMIUM: GHS

DATE: