LIC INTERNATIONAL
شركة التأمين على الحياة (العالمية) ش.م.ب (مقفلة)
Life Insurance Corporation (International) B.S.C (c)

A Company incorporated in the Kingdom of Bahrain (C.R. No. - 21606) and licensed by the Central Bank of Bahrain as a Life Insurance Company with paid-up capital of BD 20,000,000.

Form no. PF-02

# Proposal for Life Insurance

**(Proposal Form for Joint life or policies on the lives of minors)**

Please write all answers in BLOCK capital Letters.

Kindly authenticate alternations/corrections. Kindly sign at the bottom of each page from page 1 to 4

| | | | |
|---|---|---|---|
| Inward No | : | Date of inward | : |
| Name of Consultant | : | Consultant Code No | : |
| Chief Agent Code No. | : | | |

| | | | |
|---|---|---|---|
| Proposal Deposit Currency | : BD/ USD/ AED/ KD/ OR/ QR/ | Proposal Deposit Amount | : |
| Date of Proposal Deposit | : | Proposal Number | : |

## Part A: Personal Details of Proposer/Life Assured as the case may be

Please provide details of proposer/s or life assured as the case may be as per questions mentioned therein:

| Sr. No. | Particulars | Proposer/Proposer 1 | | Proposer2/Life Assured | |
|---|---|---|---|---|---|
| 1. | Name | | | | |
| 2. | Sex : | Male/ Female | | Male/ Female | |
| 3. | Date of Birth: | D D M M Y Y Y Y | | D D M M Y Y Y Y | |
| 4. | Age: | Years- | Months - | Years- | Months - |
| 5. | Age proof: | | | | |
| 6. | Place of Birth and Country of Birth | | | | |
| 7. | Relationship with | Proposer 2 /LA - | | Proposer 1 - | |
| 8. | Father's full Name (Surname first): - | | | | |
| 9. | Nationality / Citizenship/s: (Kindly mention names of Countries of which you are holding citizenship) | | | | |
| 10. | Passport Details | Number | Date of Expiry | Number | Date of Expiry |
| | | | | | |



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|---|---|---|---|---|---|
| 11. | Details of CPR/ Citizenship Card/ National Identity Card/ Resident Card | Number | Date of Expiry | Number | Date of Expiry |
| | | | | | |

| | | | |
|---|---|---|---|
| 12. | Address for Communication at present place of residence (Kindly provide proper address proof for this) | | |
| 13. | Permanent Address in Home country | | |
| 14. | Contact Phone Numbers (If multiple phone numbers are present, kindly provide the same.) | | |
| | a. Mobile Number/s at present place of residence | | |
| | b. Mobile Number in home Country | ISD Code-<br>Mobile No. - | ISD Code-<br>Mobile No. - |
| | c. Office Telephone Numbers | ISD Code-<br>Phone Number - | ISD/STD Code-<br>Phone Number - |
| | d. Residence Telephone number (Present Address) | ISD/STD Code-<br>Phone Number - | ISD/STD Code-<br>Phone Number - |
| | e. Residence Telephone number (Home Country) | ISD/STD Code-<br>Phone Number - | ISD/STD Code-<br>Phone Number - |
| 15. | Email-id/s | | |
| 16. | Educational Qualifications/ Class of Study(for LA only) | | |
| 17. | All Sources of Income | | |
| 18. | Monthly Income from all Sources: | | |
| 19. | Occupation/Profession and Nature of Duties | | |
| 20. | Name and address of Employer: | | |
| 21. | Object of Insurance | | |

22. **Particulars of Plans proposed for :**

| Plan | Term (Years) | Premium paying term | Mode Yly/ Hly/ Qly/ Mly/ S.p. | Sum assured USD ($) | Premium USD ($) | Top Up Premium USD ($) | **Double accident Benefit required (please state the Sum Assured)** | Premium waiver benefit required | Family protection benefit required | Date of commencement (if date backing required) |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | |
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|---|---|---|---|
| | | **Proposer/ Proposer1** | **Proposer2/ LA** |
| 23. | Are you engaged/ propose to engage in Aviation/ Navy / Military/ Hazardous sports occupation? If "YES" give details: - | | |
| 24. | Are you holding any honorary or regulatory or legislative, government authority or position? | | |



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|---|---|---|---|
| 25. | Have you cancelled (under cooling off provision or otherwise) any policy of the Company during past one year as the same was not acceptable to you? If yes, please give details | | |
| 26. | Have you submitted any other proposal for insurance on your life or on the life of life to assured? If yes give details | | |
| 27. | Is any application for revival of any of your policies or policies of Life to be assured is under Consideration? If yes give details | | |

28. Details of the previous insurance (including policies surrendered/ lapsed during last 3 years): Kindly leave a row blank in between details of proposer/proposer1/proposer2/life assured. If space is not sufficient, kindly attach separate sheet.

| Policy numbers | Name of Insurance Company | Table and term | Sum Assured | Year of issue | With OR or Extra Premuim | With or Without Accident Benefit | Proposed under Medical or Non-medical scheme | Whether in force or not | Last premuim paid date or date of surrender |
|---|---|---|---|---|---|---|---|---|---|
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**Please Note:** The Company does not entertain any fresh proposal for insurance where a policy has lapsed or has been converted into paid up policy within the last three years or surrendered in last year

29. Bank Account Details for crediting payments directly to bank account (Optional) (Applicable in case of only joint life policies - Further the account should be in the joint name. If not, NOC from other proposer should be attached to the proposal): -

| | |
|---|---|
| Name of Bank | |
| Bank Account Number | |
| Branch | |
| IFS Code | |

30. Details of Nominee/ Beneficiary: I/we hereby appoint following person/s as nominee/beneficiary under this policy to whom policy monies will be paid in case of death of life assured.

| **Particulars** | **Details of Nominee/Beneficiary** | **Details of Appointee in case nominee / Beneficiary is minor** |
|---|---|---|
| Name | | |
| Age | | |
| Relation to Life Assured | | |
| Passport Number / Date of Expiry | | |
| CPR/Resident Card/ Citizen Card/ Resident Id and Expiry Date | | |
| Address | | |

Signature of Appointee _____

(If applicable)

Signature of Proposer/s _____ _____



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## Part B: Personal Statement of Proposer and Life to be Assured about present state of health

**Note: - Please read carefully and answer every Question. Do not use dots, dashes, or Ditto Marks. In case answer is yes, please give full details in the space provided or attach separate sheet.**

****(This part need not be filled in case of without risk cover policies)****

| Q. No. | Question | Proposer/Proposer 1 | Proposer2/Life Assured* |
|---|---|---|---|
| 1. | During the last five years did you consult a Medical Practitioner for any ailment requiring treatment for more than a week? | | |
| 2. | Have you ever been admitted to any hospital or nursing home for general checkup, observation, treatment or operation? | | |
| 3. | Have you remained absent from place of work on grounds of health during last 5 years? | | |
| 4. | Are you suffering from or have you ever suffered from ailments pertaining to Liver, Stomach, Heart, Lungs, Kidney, Brain or Nervous system? | | |
| 5. | Are you suffering from or have you ever suffered from Diabetes, Tuberculosis, High Blood Pressure, Cancer, Epilepsy, Hernia, Hydrocele, Leprosy or any other disease? | | |
| 6. | Did you ever have any bodily defect or deformity? | | |
| 7. | Did you ever have any accident or injury? | | |
| 8. | Do you use or have you ever used : | | |
| | i. Alcoholic drinks | | |
| | ii. Narcotics | | |
| | iii. Any other drugs | | |
| | iv. Tobacco in any form | | |
| 9. | What has been your usual state of health? | | |
| 10. | Have you ever required or at present availing/ undergoing medical advice, treatment or tests in connection with Hepatitis or AIDS/HIV related condition | | |
| 11. | In non-medical cases, please state exact Height in centimeters, and weight in Kilograms(without shoes) | Height _____ Cms<br>Weight _____ Kgs | Height _____ Cms<br>Weight _____ Kgs |

*Q. No. 3 and 8 are not applicable for minor LA.

12. Family History of Proposer/Proposer 1-

| Relationship | Living | | Dead | |
|---|---|---|---|---|
| | Age | State of health | Age at death | Cause of death |
| Father | | | | |
| Mother | | | | |

13. Family History of Life Assured/Proposer 2-

| Relationship | Living | | Dead | |
|---|---|---|---|---|
| | Age | State of health | Age at death | Cause of death |
| Father | | | | |
| Mother | | | | |

14. For Female Proposer/Life Assured only: -

**a.** Personal Details (To be answered if applicable):-

| Are you pregnant now? ( If yes, give details like the number of months of pregnancy) | State date of last delivery | Have you had any abortion or miscarriage or Caesarian section? If so please give details | Date of last Menstruation |
|---|---|---|---|
| | | | |

**b.** If you are married, kindly furnish following details.

i. Husband's full name: -
ii. His occupation: -
iii. His annual Income: -
iv. Details of Husband's Insurance: -

| Policy No. | Insurance companies from where previous policy/ policies have been purchased with address * | Sum Assured | Table and term | Present status of the policy |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

*If previous policies from LIC (International) BSC (C) please give name of the branch office

15. Do you agree to the condition that the policy if issued on the basis of this proposal, will be automatically vest in the life to be assured on the deferred date (Applicable only in case of proposal on the life of minor): -



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# Part C: Declaration by Proposer/s:

1. I/ We _____ (Name of the proposer/s), do hereby declare that the foregoing statements and answers in part A and part B above have been given by me/us after fully understanding the questions and the same are true and complete in every particular and that I/we have not withheld any information and do hereby agree and declare that these statements and this declaration shall be basis of the contract of assurance between me/us and Life Insurance Corporation (International) B.S.C.(C) (referred as "the Company" hereinafter). I/we agree that they shall form a part of any Policy contract that may be issued on the strength thereof. I/we am/are also fully aware and agreeing that if any untrue information be contained therein, the said contract shall be absolutely Null and Void and moneys which shall have been paid in respect thereof shall stand forfeited to the Company.
2. I/ We have fully understood the terms and conditions of the proposed plan, maturity benefits and death benefits available under the proposed plan.
3. I/ We further agree that the assurance proposed herein shall commence only on formal communication of assumption of risk by the Company on the basis of this proposal and personal statement and medical reports submitted thereto as may be required by the Company.
4. I/ we further agree that after the date of submission of the proposal but before the issue of First Premium Receipt any change in the occupation, financial position and general health of ours or the life to be assured or that of any member of our family occur I/ We shall forthwith intimate the same to the Company in writing to reconsider the terms of acceptance of assurance. Any omission on my part to do so shall render this assurance invalid and all money which shall have been paid in respect thereof shall stand forfeited to the company.
5. I/ We hereby authorize any medical practitioner, physician, hospital, Insurance Company or any other organization, which has any records or knowledge of me/ours or my/our health to provide any or all such information to the Company. A photocopy of this authorization shall be as valid as the original.
6. I / We hereby confirm that this proposal form is filled in and signed after understanding fully the relevant provisions of anti-money laundering legislations and regulations and Know-Your-Customer (KYC) requirements and comply with the same.
7. I / We also declare that I / we am/ are not engaged in any activity that may be considered illegal under anti-money laundering legislations and that funds deposited by me towards the premium for the life insurance proposal/policy are the proceeds of legal and legitimate transactions. I /we also authorize the Company to disclose information relating to me/us and my / our funds to any regulatory authority. I/ we also know the fact that regulatory/ Government authorities may withhold any policy moneys/funds to my/our credit and that transactions may be suspended as a result of any enquiry by such regulatory authorities. In the happening of such event, I/we will not hold the Company responsible for any losses of any kind arising out of or consequent thereto such holding/ freezing of funds/ policy monies.
8. I/ We authorize the company to send the correspondence through e-mail/ SMS to my email ids or mobile numbers provided in this form and any subsequent changes in e-mail-ids or mobile numbers will be notified to the company.
9. I/ We also declare that I am not citizen of USA or the resident of USA. In case I take citizenship of USA or become resident of USA I will inform the office immediately and will comply with any requirement under FATCA regulations.*

Date: -
Place:-

Signature of Witness

Name of Witness: _____

Address of Witness: _____

Signature of Proposer/s

Name of Proposer/LA - _____

_____

*strike off if not applicable

Specimen Signatures of proposer/s and Life Assured:

| Proposer/Proposer 1 | | Proposer 2/ Life Assured | |
|---|---|---|---|
| | | | |

If answer to the questions and/or signature of the proposer are/is in language other than from the proposal he should declare in his own handwriting above his signature that all questions were explained to him and that his replies are given after fully and properly understanding the same.

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**AUTHORISATION LETTER FOR HANDING OVER POLICY DOCUMENT**

I/We hereby authorize _____ (Name of consultant)

to collect policy document/s on my behalf subsequent to the acceptance of risk under the subject proposal.

_____

Signature of Proposer/s.



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# Part D:

Form no. PF-02

## Consultants' Confidential Report (Moral Hazard Report)

**Name of Proposer/s / Life to be Assured:** _____

| | | | |
|---|---|---|---|
| 1. | Plan and Term proposed: | **Sum Assured Proposed:** | **Mode of Payment:** |
| 2. | How long have you known Proposer/s or Life to be the Assured ? | | |
| 3. | What is Educational Qualification of the Proposer /s / Life to be Assured? | | |
| 4. | What is Citizenship and residential status of the Proposer/s/LA? | | |
| 5. | Are you related to the Proposer/ s / LA? If so how? | | |
| 6. | Did you personally see the Proposer /s / LA on the date of proposal? | | |
| 7. | Total monthly income of Proposer/s by way of following sources | | |
| | a. Employment | | |
| | b. Business or profession | | |
| | c. Any other Source | | |
| | d. Total | | |
| 8. | What proof of income you have verified in respect of the income stated above? | | |
| 9. | Are you personally satisfied with the financial standing of the Proposer /s ? | | |
| 10. | Whether the insurance proposed is justified with the financial standing of the Proposer/s ? | | |
| 11. | What is the source of funds being used for payment of premiums of this proposal? | | |
| 12. | Are you aware of any intention of the Proposer/s of assigning the policy within 12 months of taking the policy for any reason other than for security against personal loan from bank or financial institution? | | |
| 13. | Whether all KYC/AML norms have been fulfilled for the Proposer /s and life assured? | | |
| 14. | Are you satisfied that the Life to be Assured and/ or Proposer /s are not connected with any terrorist activities? | | |
| 15. | What is the general state of health of the Proposer? | | |
| 16. | Do the Proposer/s / LA has any deformity, impaired sight or hearing, amputation? | | |
| 17. | Did you discuss with the Proposer/s if any proposal on his/her or on life to be assured's life was deferred, declined, dropped or accepted at terms other than those proposed? | | |
| 18. | Do you have knowledge of any unfavorable information about the health, habits, character, financial/ social position, occupation, hospitalization of the Proposer/s / LA? If "yes" give details | | |
| 19. | Have you explained fully the terms and conditions of the plan to the Proposer/s? | | |
| 20. | Do you recommend the acceptance of the proposal? | | |
| 21. | Kindly mention the height and weight of the Life to be Assured | | Height _____ Cms<br>Weight _____ Kgs |

I hereby confirm that proposal form is filled and signed by the proposer/s after discussions on relevant aspects concerning the proposal, anti-money laundering legislations, know your customer regulations (KYC). I am satisfied with the client's identity and he/she is not engaged in any activity considered as illegal under anti-money laundering legislations and regulations and the funds deposited as proposal deposit towards the life insurance proposal are the proceeds of legal and legitimate transactions. I hereby declare that the forgoing statements are true and correct to the best of my knowledge and belief. I have also personally verified the particulars and checked the physical measurements of the life to be assured mentioned in the personal statements and I confirm the same to be correct.

Date :

Place :

_____

Signature of Consultant

**MDRT/ COT/ TOT/ Other**

No of years standing: _____



x