



Fidelity Platinum Endowment Plan (FPEP) Policy Application Form

* Means compulsory fields

* Part 1. Personal Details

Title: Date of Birth: (18 to 55 Yrs) Gender:

First Name(s):

Surname:

Nationality: Other Nationality (if dual):

Marital Status: Ghana Card No.:

Type of National ID:

ID No.: ID Date of Expiry:

Tax Compliance FATCA (complete if you are a permanent citizen of USA)

Are you a citizen of USA? Yes No

Do you hold a resident Green Card? Yes No

Social Security Number:

EU Residence? Yes No

PEP STATUS: Are you a;

Politically Exposed Person (PEP)? Yes No

Family member or a known close associate of a PEP? Yes No

* Part 2. Contact Information

Primary Phone Number:

WhatsApp Phone Number:

Email:

Residential Address:

..... GPS Address:

* Part 3. Employment Information

Employer:

Occupation:

* Part 4. Medical Information

4a) List diseases and disabilities that you currently suffer/suffered in the last 10 years:

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.....

4b) List medications you are currently taking and their dosage:

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.....

4c) Please provide the details of your usual hospital:

Hospital Name:

Town:

Region:

4d) Any close blood relative suffering from diabetes, heart disease, raised cholesterol, mental illness, any hereditary disease? Yes No

4e) How many cigarettes do you smoke per day?

4f) Do you take alcohol? Yes No Quantity per day:

Declaration:

I, the life assured, declare that all the statement made in the declaration of health are true and complete and are in my own handwriting. I agree that this declaration of health shall be the basis of any insurance granted under the said policy and that if any material information is withheld, the insurance policy will be forfeited.

I hereby irrevocably authorize any doctor, hospital, medical institution or other professional person who may be in possession of, or hereafter acquire, any information concerning my health, including the results of any blood tests, to disclose, on request, such information to the company.

I agree that this authority shall remain in force after my death as well as prior there to.

* Part 5. Occupation

Do you in the course of your occupation perform duties that are not clerical or administrative, provide details:

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* Part 6. Trustee Details

Trustee Name:

Trustee Date of Birth: Mobile No:

Trustee Email Address:

* Part 7. Beneficiary(ies) Details

Name	Date of Birth	Relationship	Share %

* Part 8. Plan Benefits (Cover Options)

Silver: Policyholder Only **Gold:** Policyholder and 50% Cover for Spouse

Diamond: Policyholder and 100% Cover for Spouse

Sum Assured (Minimum of GHC 100,000 - Maximum is UNLIMITED):

Policy Term: 10 Years 12 Years 15 Years

Premium (GHC): Main Life Spouse

Policy Fee (GHC): **Total Premium (GHC):**

* Part 9. Personal Details of Spouse (If Applicable)

Title: Date of Birth: (18 to 55 Yrs) Gender:

First Name(s):

Surname:

Payment Frequency: Monthly Quarterly Bi-Annually Annually

Inflation Protector: 0% 10% 15% 20% 25% 30%

* Part 10. Tax Residency Self Certification Declaration Form

1. Place of Birth:

2. Are you a resident for tax purposes anywhere other than Ghana? Yes No
If Yes, please complete the rest of this part 10. If No, then please tick the declaration below.

3. Permanent residential address:

.....

.....

4. Please list the non-Ghana country or countries in which you are resident for tax purposes, together with any Tax Identification Number(s) ("TIN"), if you have one.

Country / countries of tax residency	TIN
1	1
2	2
3	3

5. If no TIN has been filled out above and if it is because the country of tax residence doesn't issue TINs to its residents; please tick this box.

6. If there is any other reason why a TIN is not available, please state the reason below:

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- You have **received, carefully read** and **accepted** all the Terms and Conditions under the policy.
- The terms and conditions of the policy have been explained to you in a language you understand.
- I agree that all communications from Prudential Life Insurance to me shall be via Email, from customerservice@prumail.com & bancassurance@prudential.com.gh.

* Signature: Date:

(By signing this Document, I agree that my personal information given to the Bank for my banking relationship can be shared with Prudential Life Insurance Company for the purpose of this transaction).

*** Part 11. Bank Deduction**

Branch:

Account Type: Current Savings

Account Name:

Account Number:

I authorize the above amount and any further updates to be deducted from my bank account for the payment of this insurance policy.

* Signature: Date:

*** Part 12. Agreement and Authorization Relating to this Application**

By signing below, you agree that;

- This application and all other documents that we require form the basis of the insurance we issue for you. This includes any written statements and answers provided in this application and all other information given by you to any authorized person representing the company.
- You have read the statements and answers written in the application and confirm they are true and complete.

*** Part 13. Sales Staff Information (For Bank's Use Only)**

Branch:

MIS Code:

Surname:

First Name(s):

Referrer's Name:

* Signature: Date:

*** Part 14. BSSM/BOS/DSE Team Leader/Supervisor's (For Bank's Use Only)**

Surname:

First Name(s):

* Signature: Date:

Declaration:

I confirm that the details given in this form are correct and complete. If the information provided above becomes invalid, I agree to advise Prudential Life and provide an updated declaration form within 90 days of such change occurring.

Please read the information below:

The Ghana Government has a number of inter-government agreements to share tax information (where applicable), with the tax authorities in other jurisdictions. Ghanaian legislation requires us to collect certain information about our customers tax residency. We are asking for your tax residency and tax ID numbers (where applicable) and we will retain a record of this. We will only pass this information to GRA if and when we are required to under Ghana law. GRA might pass this information to the government of another jurisdiction under an inter-governmental agreement.

Your tax residence is the country in which you live for more than 6 months. There are special circumstances which might mean you are a resident elsewhere or in more than

one country (dual residency) such as studying abroad, working overseas, or extended travel. The country/countries in which you pay income tax is/are likely to be your country/countries of tax residence.

If you are a US citizen or hold a US passport or green card, you will also be considered tax resident in the US even if you live outside the US.

The declaration note may be given by the plan owner or by someone with legal authority to sign on their behalf e.g. through a power of attorney.

Addendum

*** Part 10. Financial Affordability**

Currency	(A) Average Monthly Income	(B) Average Monthly Expense	Affordability Per Month: 70% x Net Inflow (A - B)
GHC			

*Affordability for modal premiums = Number of Months x Affordability Per Month

NB: Requested policy premium amount must be less than or equal to Affordability Per Month