



Fidelity Ultimate Premier Farewell Plan (FUPFP) Policy Application Form

* Means compulsory fields

* Part 1. Personal Details

Title: Date of Birth: (18 to 59 Yrs) Gender:

First Name(s):

Surname:

Nationality: Other Nationality (if dual):

Marital Status: Ghana Card No.:

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. Plan Benefits: Basic Benefits

Minimum of GHc 20,000 Maximum of GHc 100,000

Sum Assured GHc:

* Part 5. Trustee Details

Trustee Name:

Trustee Date of Birth: Mobile No: Trustee Email Address:

* Part 6. Insured Lives

Name	Sex (M/F)	Date of Birth	Relationship	Premium (GHc)

* Part 7. Premium Information

Payment Frequency: Monthly Quarterly Bi-Annually Annually

Sum Assured (GHc):

Premium (GHc):

Policy Fee (GHc): Total (GHc):

Inflation Protector: 0% 5% 10% 15% 20%
 25% 30%

* Part 8. Agreement and Authorization Relating to this Application and Premium Deduction

- 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.
 - 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).

Branch:

Account Type: Current Savings

Account Name:

Account Number:

Total Premium GHc:

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

Branch:

MIS Code:

Surname:

First Name(s):

Referrer's Name:

* Signature: Date:

*** Part 10. BSSM/BOS/DSE Team Leader/Supervisor's (For Bank's Use Only)**

Surname:

First Name(s):

* Signature: Date:

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