

PRUDENTIAL ZENITH LIFE INSURANCE LIMITED

13th Floor, Civic Towers, Ozumba Mbadiwe Road, Victoria – Island, Lagos.

Tel: +234-1-278-4555 , +234-1-292-455
 customercare@prudentialzenith.com;

APPLICATION FORM FOR CHILDREN'S EDUCATION SAVINGS PLAN

"An Insurance agent who assists an applicant to complete an application or proposal form for Insurance shall be deemed to have done so as the agent of the applicant"

PARENTS/GUARDIAN/SPONSOR DETAILS

NAME (SURNAME FIRST): _____

TITLE: _____

NATIONALITY: _____

MARITAL STATUS: SINGLE MARRIED DIVORCED WIDOWED SEPARATED

GENDER: MALE FEMALE MAIDEN NAME: _____

ADDRESS RESIDENTIAL: _____

ADDRESS POSTAL: _____

TELEPHONE MOBILE: _____

HOME: _____

E-MAIL ADDRESS: _____

PLACE OF BIRTH: _____

DATE OF BIRTH: / /

HEIGHT: FT INCH

WEIGHT: KG

DETAILS OF ASSURANCE

COMMENCEMENT DATE: / /20

DURATION: YEARS

SUM ASSURED: ₦

MONTHLY PAYMENT: ₦

FREQUENCY OF PAYMENT: YEARLY HALF YEARLY MONTHLY QUARTERLY

ADDITIONAL BENEFIT (ATTRACTS ADDITIONAL PREMIUM): ACCIDENTAL DEATH BENEFIT PERSONAL ACCIDENT BENEFIT

MODE OF PAYMENT

(No Cash transactions)

DIRECT DEBIT: ZENITH BANK OTHER BANKS PLEASE SPECIFY _____

DIRECT DEPOSIT: CHEQUE ONLINE TRANSFER WEBSITE BANK DRAFT

NIBSS E-BILLS PAY

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OTHER ASSURANCES

NAME OF COMPANY: _____

TYPE OF ASSURANCE: _____

FREQUENCY OF PAYMENT: YEARLY HALF YEARLY MONTHLY QUARTERLY

MODE OF PAYMENT: CHEQUE ONLINE TRANSFER BANK DRAFT DIRECT DEBIT

WAS PROPOSAL ONCE MADE ON YOUR LIFE TO THE FOLLOWING LIFE INSURANCE COMPANY

ACCEPTED SPECIAL TERMS POSTPONED DECLINED

MEDICAL RECORD

NAME OF HOSPITAL: _____

NAME OF DOCTOR: _____ LAST ATTENDED: / /

REASON: CHECK UP TREATMENT OPERATION

OCCUPATIONAL DETAILS

NAME OF EMPLOYER: _____

NATURE OF OCCUPATION: _____

IF SELF EMPLOYED, NATURE OF ACTIVITIES: _____

TRAVEL DETAILS

DO YOU TRAVEL IN NON SCHEDULED PRIVATE FLIGHT: YES NO

HOW OFTEN DO YOU TRAVEL? WITHIN THE COUNTRY: _____ ABROAD: _____

BENEFICIARY DETAILS

	NAME	AGE	RELATIONSHIP	ADDRESS	PROPORTION
Primary Beneficiary 1					
Primary Beneficiary 2					
Primary Beneficiary 3 (if applicable)					
Primary Beneficiary 4 (if applicable)					
Contingent beneficiary (beneficiary to pay if primary beneficiaries aren't available or up to age)					

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WITNESS DETAILS

SURNAME (STATE TITLE):

OTHER NAMES:

OFFICE ADDRESS:

TELEPHONE (MOBILE):

TELEPHONE (HOME):

E-MAIL:

DECLARATION: I

declare and warrant that the above information in this application, and in all documents submitted to **Prudential Zenith Life Insurance Limited** in connection with this application, whether in own handwriting or not, is true, correct and complete and will form the basis of the proposed contract.

I agree that if any material information concerning the risk on the life/lives insured has not been fully disclosed, or if I have given any untrue, incorrect or incomplete answer, **Prudential Zenith Life Insurance Limited** reserves the right to cancel my cover and I shall forfeit all premiums paid. I irrevocably authorize and request any doctor or other person who may at any time has attended to me and/or be in possession of, or hereafter acquire any information concerning my health and/or information from any insurance company to disclose such information to **Prudential Zenith Life Insurance Limited**.

APPLICANT

SIGN:

DATE:

/

/20

RELATIONSHIP MANAGER

SIGN:

DATE:

/

/20

RELATIONSHIP MANAGER

SIGN:

DATE:

/

/20

OFFICIAL USE ONLY

UNIT/AGENCY:

NO:

BRANCH:

SIGN:

DATE:

/

/20

REMARKS:

CLASSIFICATION OF RISK AND PROFILING

LOW

MEDIUM

HIGH

(should be selected after completing the risk assessment form)

(Important: Please attach a copy of valid means of ID and utility bill)
Authorised and regulated by the National Insurance Commission (RIC-090 (L))