

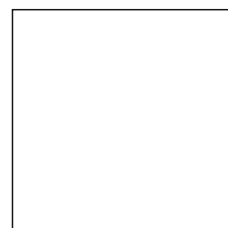
**PRUDENTIAL ZENITH LIFE INSURANCE LIMITED**

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

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

**APPLICATION FORM FOR 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”



**SECTION A: PERSONAL DETAILS**

NAME (SURNAME FIRST):

TITLE: GENDER: DATE OF BIRTH: / / NATIONALITY:

MARITAL STATUS: SINGLE  MARRIED  DIVORCED  WIDOWED  SEPARATED

PRECISE OCCUPATION:

RESIDENTIAL ADDRESS:

CONTACT ADDRESS:

TELEPHONE NUMBER(S):

E-MAIL ADDRESS:

MEANS OF IDENTIFICATION:

**SECTION B**

INVESTMENT VALUE: MONTHLY PAYMENT:

FREQUENCY OF PAYMENT: YEARLY  HALF YEARLY  MONTHLY  QUARTERLY

**Single Premium (two years life cover)**

CATEGORY	MONTHLY	QUARTERLY	TWICE A YEAR	SINGLE PAYMENT	LIFE COVER
SILVER	1,342.00 <input type="checkbox"/>	4,026.00 <input type="checkbox"/>	8,052.00 <input type="checkbox"/>	16,104.00 <input type="checkbox"/>	for 500,000 death benefit
GOLD	2,162.00 <input type="checkbox"/>	6,486.00 <input type="checkbox"/>	12,972.00 <input type="checkbox"/>	25,944.00 <input type="checkbox"/>	for 1,000,000 death benefit
PLATINUM	3,802.00 <input type="checkbox"/>	11406.00 <input type="checkbox"/>	22,812.00 <input type="checkbox"/>	45,624.00 <input type="checkbox"/>	for 2,000,000 death benefit

\*Please note that this premium is paid only in the first year

COMMENCEMENT DATE: TENURE (MINIMUM OF TWO YEARS):

## 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

SOURCE OF FUNDS: \_\_\_\_\_

## SECTION C

NAME & ADDRESS OF YOUR USUAL HOSPITAL: \_\_\_\_\_

HOW LONG HAVE YOU BEEN ATTENDING THE HOSPITAL?: \_\_\_\_\_

WHAT IS YOUR WEIGHT MEASUREMENT?: \_\_\_\_\_

WHAT IS YOUR HEIGHT MEASUREMENT?: \_\_\_\_\_

WHAT IS YOUR DAILY CONSUMPTION OF ALCOHOL? : \_\_\_\_\_

TOBACCO? : \_\_\_\_\_

IF FEMALE ARE YOU PREGNANT? YES/NO: \_\_\_\_\_

IF YES, WHAT IS YOUR EDD? : \_\_\_\_\_

HAVE YOU SUFFERED OR ARE YOU SUFFERING FROM HEART DISEASE : \_\_\_\_\_

TUBERCULOSIS  DIABETES  OBESITY  EPILEPSY  ANY OTHER

## BENEFICIARY DETAILS

NAME	RELATIONSHIP	PROPORTION%

SIGNATURE OF LIFE TO BE ASSURED : \_\_\_\_\_

DATE : \_\_\_\_\_

NAME OF WITNESS : \_\_\_\_\_

SIGNATURE & DATE : \_\_\_\_\_

NAME OF ACCOUNT OFFICER : \_\_\_\_\_

SIGNATURE & DATE : \_\_\_\_\_

## OFFICIAL USE ONLY

## CLASSIFICATION OF RISK AND PROFILING

LOW  MEDIUM  HIGH  (should be selected after completing the risk assessment form)