



INCOME PROTECTION INSURANCE PROPOSAL FORM

Section A: Personal Details

Surname:	Other Names:
ID/Passport No/Registration No.: (attach copy)	Date of Birth:
Email 1:	Email 2:
Mobile 1:	Mobile 2:
Postal Address/Code:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Account Name:	Branch Name:
Account Number:	Pin No: (attach copy)

Section B: Work Details:

Name of Current Employer:	No. of Years with Employer:
Work Address:	Telephone No. (Work)
Occupation:	Employment Sector:
Contract Tenure:	Expiry Date (if any)
Salary received at Commercial Bank of Africa Yes. <input type="checkbox"/> No. <input type="checkbox"/>	Date when salary is received:
Name of previous employer (if less than 3 years with current employer)	No. of years with previous employer
Anticipated retirement age:	Is salary paid direct to the bank by your employer Yes. <input type="checkbox"/> No. <input type="checkbox"/>
Frequency of salary payment: Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Others <input type="checkbox"/> (please specify)	
Please collect my Annual <input type="checkbox"/> or Monthly <input type="checkbox"/> premium from my account number	

	Tick preferred option	Funeral	Retrenchment (Payable 3 Months)	Rent Payment	Annual Premium	Monthly Premium
Option 1		100,000	150,000	150,000	3,300	305
Option 2		150,000	200,000	200,000	4,450	410
Option 3		200,000	250,000	250,000	5,600	515
Option 4		250,000	300,000	300,000	6,750	615
Option 5		300,000	500,000	500,000	11,000	1,000

Note: Member must have been in employment for a minimum 6 months

Summary of Benefits:

- Funeral Benefit:** Payment of a defined benefit as per table above upon death due to illness, accident or natural causes of a member whilst an account holder of Commercial Bank of Africa.
- Retrenchment:** Payment of Three equal instalments as per table. Retrenchment shall mean the insured member suffering a loss of employment as a result of implementation of a staff reduction program, adverse business conditions, the introduction of new technology or the re-organization of the business by the employer which results in the insured member not earning any income for a continued unemployment period of at least 30 (thirty) days. In the event of being declared redundant the policy will pay.
- Rental Payment Benefit:** Payment of a defined benefit as per table above upon retrenchment to cater for rental payment of a member whilst an account holder of Commercial Bank of Africa.

Beneficiary Details

I, _____
(Customers Full Names in Block Letters)

hereby nominate the following persons to be my beneficiary(ies) in connection with all benefits accruing on my death in accordance with the terms and conditions of the Income Protection Policy

No.	Name of Beneficiary	Relationship	ID Number	Mobile Number	Email Address	Proportion
1.						
2.						
3.						
4.						

I understand that if any of the beneficiary(ies) nominated above is under the age of 18 years at the time of my death, any benefits becoming payable to such beneficiary may be paid to a Public Trustee to be held in Trust for such beneficiary and may be distributed as the Public Trustee shall deem fit.

NOTE: For a nominated beneficiary, who is below the age of 18 years, kindly attach a copy of their birth certificate and copies of National IDs or Passport for those above 18 years. A copy of marriage certificate, if available, should also be attached.

If more than one person is nominated, and a sharing proportion is not indicated, any benefits accruing will be divided amongst the persons nominated in equal shares.

Declaration

I, _____ declared that to the best of my knowledge and belief, I am in good health and free from disease or symptoms thereof and this request for insurance has been effected by me voluntarily. I declare that the information provided is true and correct. I am fully aware that my insurance cover may be cancelled and any claim payable declined in the event that any of the declared information is established to be false. I understand that APA Life Assurance Limited reserves the right to decline this application without giving reasons. I acknowledge that I am aware that the Bank's officers, consultants and/or agents may earn a commission/fee from the insurer for the provision of insurance services.

I warrant the above statements and particulars are true. (This application form is deemed to form part of the Proposal Form forming part of the Master Policy issued by APA Life Assurance Limited to Commercial Bank of Africa)

Signed at

this day of

signature