



For Office use only	
Agents Name & Code No	
Chief Agent Name & Code	
Broker / Bank Name & Code	

Additional Investment Form

Unit Linked Life Insurance

Please complete this form, if you want to pay Additional Investment or Top-up on your existing policy.

1. Policy and Investment Details			
A. Policy Number			
B. Plan Name		Plan No	
C. Investment Amount	In Words	USD (In figures)	\$

2. Proposer / Life Assured Details					
A. Full Name (P/LA)	First name	Last name	Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Ms. <input type="checkbox"/>
B. Full Name (P)	First name	Last name	Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Ms. <input type="checkbox"/>
C. Nationality		Do you hold nationality in another country?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
D. If yes, Please confirm		If US Citizen / Tax payer fill FATCA form, for other countries fill CRS form			
E. Email Address					
F. Residential Address	Building:				
	Street:				
	PO Box:	City:	Country:		
	Mobile	Telephone			
G. Office Address	Building:				
	Street:				
	PO Box:	City:	Country:		
	Mobile	Telephone			

3. Premium Payment Details			
B. Who will pay Premium?	Proposer <input type="checkbox"/>	Life to be Assured <input type="checkbox"/>	
C. Premium Currency	USD <input type="checkbox"/>	AED <input type="checkbox"/>	BD <input type="checkbox"/>
D. Payment Method / Details			

4. Payment Bank Details / Source of Funds			
A. Name of Bank			
Bank Branch & Address			
B. Account Name			
Account Number			
C. IBAN Number (23 Digits)			
How long is the Account held for	Year(s)		Month(s)

5. Fund Details			
Please use additional sheet in case of more No. of fund details.			
S.No.	ISIN	Fund Name	% Of Allocation
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
Total			100 %

6. Source of Income (Where the source is from, give a breakdown of your annual earnings from all sources for the last 3 years)

	Earned Income	Investment Income	Other Income	Currency of Income
A. Current year's income to date				
B. Last year				
C. Previous year				

7. Source of Wealth (Origin of wealth acquired)

	Proposer	Life to be Assured
<input type="checkbox"/> Savings from income /salary /company profits/bonus		
A. Employer's / Company Name		
B. Job Title / Nature of company business		
C. Number of years employed with company / Saving		
D. Annual Income (In USD) / Bonus (In USD)		
<input type="checkbox"/> Other (proceeds from shares / investment holdings / property sale		
E. Please include full details of where funds are from Date, Currency and Amount		

8. Certified Proof of Identity and Proof of Residential Address.

A. Emirates/CPR ID (Photocopy both sides)	Proposer <input type="checkbox"/>	Life to be Assured <input type="checkbox"/>
B. Passport (photocopy with address page)	Proposer <input type="checkbox"/>	Life to be Assured <input type="checkbox"/>
C. Latest Utilities Bill / Telephone Bill	Proposer <input type="checkbox"/>	Life to be Assured <input type="checkbox"/>
D. Others Specify:	Proposer <input type="checkbox"/>	Life to be Assured <input type="checkbox"/>

9. Declaration and Authorization

I/We declare that the answers given to all questions in the form are true and complete in every respect and that I/We have not withheld any material information or suppressed any material fact. I/We hereby authorize Life Insurance Corporation (International) B.S.C.(c) to contact me for obtaining more information about this form. I/We hereby also authorize my/our past/present employer/business associates, medical practitioner(s)/hospitals/laboratories/medical providers, insurance companies, financial institutions to release to Life Insurance Corporation (International) B.S.C(c) all details, records, facts and information (including medical details, KYC records, AML-CTF & FATCA details) as required anytime by Life Insurance Corporation (International) B.S.C(c) for assessment of risk and/or for processing of claims.

I/We declare that I/we have met the Financial Professional in person or virtually and that no third parties have been involved in providing the advice or the collection/certification of my/our due diligence documentation (where applicable) at any stage of the policy application process.

Date			
Place	Signature	Proposer	Life to be Assured

10. Financial Professional's Declaration.

I declare that, to the best of my knowledge and belief, the information given is true and shall form the basis of the additional premium / top-up with Life Insurance Corporation (International) B.S.C(c).

I confirm that I have met the customer whether in person or virtually, and that no third parties have been involved in providing the advice or the collection / certification of the customer due diligence documentation (where applicable) at any stage of the policy application process.

Name of the Consultant:			
Consultant Code No:		CA / Broker / Bank Code:	
Mobile No:		Email Address:	
Place:			
Date:	Signature of the Consultant		

