



Life Insurance Corporation (International) B.S.C.(c)

For Office use only

Agents Name & Code No	
Chief Agent Name & Code	
Broker / Bank Name & Code	
Inward No & Date	
Proposal Number	

Proposal Form

Unit Linked Life Insurance

Please complete this form using black or blue ink. Write in BLOCK LETTERS and tick the relevant items. If your application is incomplete, it might cause a delay. Kindly ensure that you submit a fully filled form together with the signed illustration. The proposed life assured and policy owner are required to disclose all information requested. Please retain a copy of this proposal form and other correspondences with us for your future reference.

1. Details of Proposer / Life to be Assured

A.	Full Name	First name	Last name	Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Ms. <input type="checkbox"/>										
B.	Father Name	First name	Last name	Male <input type="checkbox"/>	Female <input type="checkbox"/>											
C.	Nationality		Place of Birth													
D.	Date of Birth	D	D	M	M	Y	Y	Y	Y	Age		years				
E.	Emirates ID Number		Issue Date	D	D	M	M	Y	Y	Expiry Date	D	D	M	M	Y	Y
F.	Passport Number		Issue Date	D	D	M	M	Y	Y	Expiry Date	D	D	M	M	Y	Y
G.	Qualification		Annual Income													
H.	Marital Status	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Widow <input type="checkbox"/>	Divorced <input type="checkbox"/>											
I.	Email Address															
Address																
J.	Residential	Building:														
		Street:														
		PO Box:				City:			Country:							
	Mobile					Telephone										
K.	Office	Building:														
		Street:														
		PO Box:				City:			Country:							
	Mobile					Telephone										
L.	Home Country	Building:														
		Street:														
		PO Box:				City:			Country:							
	Mobile					Telephone										
M.	Correspondence Address	Residential <input type="checkbox"/>	Office <input type="checkbox"/>													
N.	Occupation	Salaried <input type="checkbox"/>	Business <input type="checkbox"/>	Self Employed <input type="checkbox"/>	Other <input type="checkbox"/>											
O.	Job Title								Length of Service	Years						
P.	Company Name															
Q.	Nature of Business															
R.	Physical Measurements	Height (In Cms)								Weight (In Kgs)						
S.	Are you a Politically Exposed Person*?	Yes <input type="checkbox"/>			No <input type="checkbox"/>											

* A Politically Exposed Person is a natural person, who is currently in public office or who left public office within the last two years, such as, heads of state or government; senior government, judicial, legislative, or military officials; seniorexecutives of state-owned corporations; high ranking politicians; and important political officials at the national level.

2. Details of Life to be Assured (Applicable if different from the Proposer)																					
A.	Full Name	First name				Last name				Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Ms. <input type="checkbox"/>									
B.	Father Name	First name				Last name				Male <input type="checkbox"/>	Female <input type="checkbox"/>										
C.	Nationality					Place of Birth															
D.	Date of Birth	D	D	M	M	Y	Y	Y	Y	Age		years									
E.	Emirates ID Number					Issue Date		D	D	M	M	Y	Y	Expiry Date		D	D	M	M	Y	Y
F.	Passport Number					Issue Date		D	D	M	M	Y	Y	Expiry Date		D	D	M	M	Y	Y
G.	Qualification					Annual Income															
H.	Marital Status	Single <input type="checkbox"/>		Married <input type="checkbox"/>		Widow <input type="checkbox"/>		Divorced <input type="checkbox"/>													
I.	Relation with Proposer																				
J.	Email																				
Address (if different from Proposed Life Assured)																					
K.	Residential	Building:																			
		Street:																			
		PO Box:				City:		Country:													
	Mobile					Telephone															
L.	Office	Building:																			
		Street:																			
		PO Box:				City:		Country:													
	Mobile					Telephone															
M.	Home Country	Building:																			
		Street:																			
		PO Box:				City:		Country:													
	Mobile					Telephone															
N.	Correspondence Address	Residential <input type="checkbox"/> Office <input type="checkbox"/>																			
O.	Occupation	Salaried <input type="checkbox"/>		Business <input type="checkbox"/>		Self Employed <input type="checkbox"/>		Others <input type="checkbox"/>													
P.	Job Title							Length of Service		Years											
Q.	Company Name																				
R.	Nature of Business																				
S.	Physical Measurements	Height (In Cms)							Weight (In Kgs)												
T.	Are you a Politically Exposed Person*?	Yes <input type="checkbox"/>			No <input type="checkbox"/>																

3. Declaration			
<p>I/We hereby declare that I/We am/are in good health and not suffering from any physical or mental or psychiatric diseases. I/We do not suffer from cancer or tumor, disease of heart, lungs, kidneys, liver, stomach, or intestines. Further, I/We also confirm that I/We have never participated nor intend to participate in any hazardous sports or activities. The statements above are complete and true. I/We accept that this declaration shall constitute part of my application for the life insurance linked to my investment. I/We acknowledge that failure to disclose any material health information known to me on the date of signing this declaration shall invalidate the contract from its inception. Life Insurance Corporation (International) B.S.C.(c) shall not be liable for the claim on account of my death, the cause of which was known prior to my/our signing this application for the life insurance cover.</p>			
Date Place		Signature	Proposer
			Life to be Assured

4. Beneficiaries (shared equally unless otherwise stated)

	Primary Beneficiaries	Details of Nominee 1	Details of Nominees 2	Details of Appointee (In case of Nominee is minor)
A.	Name/s			
B.	Gender / Nationality			
C.	Date of Birth / Age			
D.	Relationship / % Share			
E.	Passport No. / Emirates ID			
F.	Mobile No. / Telephone No.			
G.	Email Address			
H.	Address			
				Signature of Appointee

5. Other Proposal / Previous Policies Details

A.	Is your life now being proposed for another assurance?	Yes / No	If YES give details			
B.	Is there any application for revival of policy on your life under consideration?	Yes / No	If YES give details			
C.	Has a proposal or revival of policy on your life made to the company ever been Withdrawn / deferred / dropped / declined / Accepted with Extra Premium /lien / on terms otherwise	Yes / No	If YES give details			
D. Previous Policies Details						
	Policy No	Sum Assured	Plan & Term	DOC	Medical/Non-Med	Status / Date of Last Premium Paid / Surrendered
for more policies attach separate sheet						

6. Health details of Life to be Assured

Personal History		Answer Yes or No	If Yes give full Details
A.	During last 5 years have you consulted a Medical Practitioner for any ailment requiring treatment for more than a week?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
B.	Have you ever been admitted to any hospital for treatment or operation?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
C.	Have you remained absent from place of work on health grounds during the last 5 years?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
D.	Are you suffering from or have you ever suffered from High/low Blood Pressure, Rheumatic fever, Chest Pain, Breathing, Palpitation, Heart diseases, Lungs, Brain, or Nervous system?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
E.	Are you suffering from or have you ever suffered from Diabetes, TB, Cancer, Gout, enlarged glands or Tumors, Epilepsy, Hernia, Leprosy or any other disease of Stomach, Liver, Spleen, Gall Bladder, Pancreas, Kidney, Prostate, Urinary system?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
F.	Are you suffering from or have you ever suffered from Hydrocele, Fistula, Varicose Veins, Skin eruption, Filariasis, Goiter, Gonorrhoea, Syphilis or any other venereal disease?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
G.	Are you suffering from or have you ever suffered from any disease of ear, nose throat or eyes including defective sight or hearing and discharge from ears?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
H.	Do you use or ever used Alcohol / Narcotics / Tobacco / any other drugs?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
I.	Have you ever received advice/treatment for Hepatitis B or AIDS condition?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
J.	Has any of your relations, living or dead suffered from any hereditary or infectious disease like diabetes, insanity, epilepsy, gout, asthma, cancer, tuberculosis, leprosy etc.?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
K.	Have you any bodily defect or deformity? If so, give details,	Yes <input type="checkbox"/> No <input type="checkbox"/>	
L.	Did you ever have any operation, accident, or injury?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
M.	Have you ever had ECG, X-Ray, Screening blood/urine/stool examination?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
N.	Has your weight changed in the past year? If yes state with reason	Yes <input type="checkbox"/> No <input type="checkbox"/>	
O.	What has been your usual state of Health?		

7. Family History

MEMBERS	LIVING		DECEASED		
	PRESENT AGE	STATE OF HEALTH	YEAR OF DEATH	AGE AT DEATH	CAUSE OF DEATH
FATHER					
MOTHER					
BROTHERS					
SISTERS					
WIFE/HUSBAND					
CHILDREN					

8. To be answered if Life to be assured is a female:

A.	Husband's Full Name				
	Husband's Occupation			Annual Income	
B.	Details of Husband's Insurance				
	Policy No	Name of the Insurer / Company	Sum Assured	Plan & Term	Present Status of the Policies
C.	Are you Pregnant now?	Date of last Delivery	Have you had any abortion or miscarriage or Caesarean Section? If so, give details.		Date of last menstruation

9. Plan Details

A.	Plan Name				Plan No	
B.	Policy Term (years)			Payment Term (years)		
C.	Premium Type	Single <input type="checkbox"/>	\$	Top-up <input type="checkbox"/>	\$	Regular <input type="checkbox"/>
D.	Frequency (If regular)	Yearly <input type="checkbox"/>	Half Yearly <input type="checkbox"/>	Quarterly <input type="checkbox"/>	Monthly <input type="checkbox"/>	
E.	Investment Amount	In words:			USD (In figure)	\$

10. 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.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
Total			100 %

Risk Disclaimer: Investments in unit linked plans are subject to various risks including market and investment risks. This product is a unit linked insurance plan. All such risks are borne by the proposed life assured / policy owner. Life Insurance Corporation (International) B.S.C.(c) does not guarantee on the return of the invested funds

11. Premium Payment Details

A.	Object of Insurance Contract?		
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"/>
D.	Payment Method	Bank Transfer Once the application is accepted, our bank details we will be provided through email	

12. Bank Details for all Payment

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)

13. Source of Funds (Same as Bank Details above Yes No – If different, please complete bank details)

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)

14. 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				

15. 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 dates, Currency and Amount		

Please provide the below documentary evidence for Source of Premium / Income / Wealth

Employees: Certified Salary Certificate (or) Last 3 months Bank Statement showing balance

Business / Self Employed / Others: Certified Last 3 months bank statement (or) audited financial accounts.

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

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

17. Declaration and Authorization

I/We understand and agree that notwithstanding this payment, I/We will continue to be responsible for payment of required premiums to the Company within the required premium due-dates and that I/We will not hold Life Insurance Corporation (International) B.S.C.(c) (the "Company") responsible in any manner for any actions initiated by the Company (including lapse/termination of policy) for reasons of any outstanding premium as on such premium due date. I/We confirm that the above filled in details are complete and true and that I/We will not hold the Company responsible in any manner for any premium payment being delayed or not being effected at all. I/We also agree that the Company is not obligated to inform me if any of my premium payment is not realized/received by the Company and that I/We alone will be responsible for consequences of such unpaid premium amounts. In the event of non-realization of first premium deposit, the policy if issued shall be treated as cancelled/void from inception.

I/We declare that I/We have clearly understood the terms and conditions of the product I/we am/are applying for and have clearly understood its features and benefits including the associated risk factors and charges. I/We further declare that I/We have answered all the questions in this proposal form after clearly understanding them and that I/We have duly signed this form at required places. I/We confirm to have fully understood the nature of the questions and the importance of disclosing all information while answering such questions. I/We declare that the answers given by me to all questions in the proposal 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 undertake to notify Life Insurance Corporation (International) B.S.C.(c) ('Company') of any change in any information given by me in this proposal form. I/We confirm that I/We clearly understand that in case of any misstatement, misrepresentation and/or suppression of any data and/or information and/ or where I/We do not inform the Company of any changes in information provided in this proposal form, the Company has the right to repudiate all claim(s) under any policy if issued based on this proposal form and/or at sole discretion of the Company to consider any issued policy based on this proposal form as void. I/We hereby authorize Life Insurance Corporation (International) B.S.C.(c) to contact me anytime and through any medium (phone, email, SMS etc.) for purpose of obtaining more information about this proposal form and/or for keeping me/us informed about their other products and/or promotion activities. 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 if subsequently an insurance policy is issued based on this proposal form. This proposal form shall be a part of the insurance policy in case of its acceptance by the Company.

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

18. Financial Professional's (Consultant's) details and declaration. (To be filled by relevant financial professional)

Consultant's Confidential Report	Proposer	Life to be Assured
Name of the Proposer/Life Assured		
How long do you know the LA/Proposer?		
Are you related to LA/Proposer? If so, how?		
Did you personally see the LA/Proposer?		
Annual Income of LA/Proposer		
Source of Income (Salary / Business / Other)		
What is general state of health of LA/Proposer?		
Do you have knowledge of any risk on health issues?		
Do you have knowledge of any risk on financial issues?		
Declaration:		
I declare that, to the best of my knowledge and belief, the information given is true and shall form the basis of the proposed contract 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	

CRS Self-Certification Form

Please complete and sign this form. For Joint Life Policies, each life assured will have to complete a separate form

Full Name		Date of Birth	DD / MM / YYYY
Place of Birth		Country	
Nationality			

Present Country of Residence

Are you a tax resident in any other country outside UAE? Yes No

(For details on tax residency of a country please refer to OECD site <http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-residency>)

If Yes Please complete the following table indicating: Where the Account Holder is tax resident and the Account Holder's TIN (Tax Identification Number e.g., PAN) for each country/jurisdiction indicated.

If a TIN is unavailable, please provide the appropriate reason **A, B** or **C** were indicated below:

Reason A: The country/jurisdiction where the Account Holder is resident does not issue TINs to its residents,

Reason B: The Account Holder is otherwise unable to obtain a TIN or equivalent number (Please explain)

Reason C: No TIN is required. (Note. Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction.)

	Country / Jurisdiction of Tax Residence	TIN or Equivalent	If no TIN available tick the reason			Please explain in the following boxes why you are unable to obtain a TIN if you selected Reason B above.
			A	B	C	
1			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Declaration:

I hereby confirm the information provided above is true, accurate, and complete. Subject to applicable local laws, I hereby consent for the LIC (International) BSC(C) or any of its affiliates (including branches) (collectively "the Company") to share my information with domestic or overseas regulators or tax authorities where necessary to establish our tax liability in any jurisdiction.

I agree and undertake to notify the Company within 30 calendar days if there is a change in any information which I have provided to the Company.

Date:

Signature of Declarant

FORM "A"

FATCA – Foreign Account Tax Compliance Act

The Foreign Account Tax Compliance Act (FATCA) is a United States (US) law aimed at foreign financial institutions and other financial intermediaries to prevent tax evasion by US citizens and residents through use of offshore accounts. The FATCA provisions are applicable to all business issued on or after 1 July 2014, therefore you are required to complete the questions below.

This form is mandatory for all nationalities. The information you give will be used in conjunction with your application form.

1. Customer Details

A.	Application No / Policy No	
B.	Name	
C.	Nationality (s)	
D.	Country of Birth	
E.	If you are a US* national either by citizenship or residency, please respond to the following questions. *The definition of US includes the 50 United States of America, the District of Columbia, Guam, Puerto Rico, US Virgin Islands, American Samoa, and the Northern Mariana Islands)	
I.	Are you a US Tax Payer?	Yes <input type="checkbox"/> No <input type="checkbox"/>
II.	Are you a US Citizen?	Yes <input type="checkbox"/> No <input type="checkbox"/>
III.	Do you have a US based Telephone No?	Yes <input type="checkbox"/> No <input type="checkbox"/>
F.	Where are you Resident for TAX purposes?	
G.	Country / Countries of Tax Residence:	
H.	Tax Reference Number(s):	
I.	If you have answered 'Yes' to any of the above questions please complete requested additional details on Form B. If all the answers are 'No', simply read and sign the declaration below.	

2. Declaration

I acknowledge and declare that the above-mentioned information is correct and true and complete to the best of my knowledge and belief. I agree to provide supporting evidence and provide updates in case any of the aforementioned information changes. In case Life Insurance Corporation (International) B.S.C© ("the Insurer") has any reason to believe that the disclosed information is incorrect, the Insurer reserves the right to take suitable action against me.

Place:

Date:

Signature of Declarant



Life Insurance Corporation (International) B.S.C.(C) is a company incorporated in Kingdom of Bahrain under Commercial Registration No. 21606 and licensed by the Central Bank of Bahrain as a Life Insurance Company. Life Insurance Corporation (International) B.S.C.(C) is registered (Registration No. 72) under UAE Federal Law Number 6 of 2007, and its activities in the UAE are governed by such law. website: www.licinternational.com.
