

APPLICATION FOR:

# Dynamic Financial Plan

**METROPOLITAN**  
LIFE KENYA



Please write clearly using BLOCK letters and tick appropriate blocks

<input type="text"/> Contract number	<input type="checkbox"/> New business	<input type="checkbox"/> Addition of Funeral Benefit
<input type="checkbox"/> Replacement of an existing contract	<input type="checkbox"/> Addition of Death Premium Waiver Benefit	<input type="checkbox"/> Addition of Accident Benefit
<input type="checkbox"/> Replacement of a lapsed contract	<input type="checkbox"/> Addition of Disability Premium Waiver Benefit	<input type="checkbox"/> Addition of Cash Withdrawal Benefit
<input type="checkbox"/> Contract alteration	<input type="checkbox"/> Addition of Lump Sum Disability Benefit	<input type="checkbox"/> Change of Premium Payer

## 1. Policy Owner, Life Insured and Premium Payer

**Personal particulars**

Title  Surname

First names  Maiden name

Gender  Male  Female Marital status  Single  Married  Divorced  Widowed

Date of birth           Place of birth

**Individual profile**

Occupation  Employer\*  Nationality

\*If operating your own business, indicate industry/type of business

National identity document  Passport  No.

PIN No.  No.  **MANDATORY: Attach copy of Identification Document & PIN.**

**Addresses**

Postal: (if workplace address, specify branch or department below)

Branch/Department

PO Box

Town

Code

Email

Residential:

Building/Village

Street/Location

Town/District

**Telephone numbers**

Work  Home

Mobile  Fax

### 1.1 Premium Payer (Complete only if the Premium Payer is not the Policy Owner)

Surname <input type="text"/>	Title <input type="text"/>	Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	
First names <input type="text"/>	Marital status	Married <input type="checkbox"/>	Divorced <input type="checkbox"/>	Single <input type="checkbox"/>	Widowed <input type="checkbox"/>
Maiden name <input type="text"/>	<input type="checkbox"/> National identity document	<input type="checkbox"/> Passport	<input type="checkbox"/> PIN No.		
Occupation <input type="text"/>	No. <input type="text"/>	Attach copy of Identification Document			
Home address <input type="text"/>	Date of birth (dd mm yyyy)	<input type="text"/>			
Town/District <input type="text"/>	Place of birth <input type="text"/>				
Tel. no. (h) <input type="text"/> (w) <input type="text"/>	Postal address: PO Box <input type="text"/>				
Fax no. <input type="text"/> (Cell) <input type="text"/>	Town <input type="text"/>	Code <input type="text"/>			
Email <input type="text"/>	Relationship to Insured Life	Spouse <input type="checkbox"/>	Blood relation	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Define relationship	<input type="text"/>			



## 2. Method of Premium Payment

### Please indicate method of payment:

- Salary deduction  (Please complete salary deduction form)
- Bank debit order  (Please complete relevant bankers order form)
- Standing order  (Please complete relevant standing order form)
- Cash

### Salary deduction (latest salary slip compulsory, please complete salary deduction form)

I hereby authorise my Employer mentioned below to deduct the premium for this contract and to remit it to Metropolitan. This authorisation must be kept in force until such time as I cancel this authority or submit a replacement authority in writing.

Name of employer	<input type="text"/>	Employee's ref. number	<input type="text"/>
Date of first deduction	<input type="text"/> y y y y m m d d	Date employment started	<input type="text"/> y y y y m m d d
Employment terms	<input type="checkbox"/> Temporary <input type="checkbox"/> Permanent <input type="checkbox"/> Contract	Job title	<input type="text"/>
Signature of premium payer	<input type="text"/>	Date	<input type="text"/> y y y y m m d d

### Bank details (the bankers order/standing order form should also be completed)

#### Bank account information

Bank	<input type="text"/>	Branch name	<input type="text"/>
Account type	<input type="checkbox"/> Current <input type="checkbox"/> Savings	Other	<input type="text"/>
Account holder	<input type="text"/>	Account no.	<input type="text"/>
Signature of account holder	<input type="text"/>	Date	<input type="text"/> y y y y m m d d

### Cash deposit(s) NOTE: We do not receive cash in the office

#### Kindly pay your initial premiums via:

- Initial premium can be deposited at Equity Bank, Moi Avenue branch, A/C No **047 029 313 9292**.
- Deposit in Cooperative Bank, Aga Khan Walk branch, account number **011363 057 046 00** (account name Metropolitan Life Insurance). Attach deposit slip to the application form.
- M-PESA paybill no. **808900** (indicate ID as account number and M-PESA code on the application form).

## 3. Contract details

Payment frequency	AIM (Tick one)	Sum Assured	Rider benefits	Premium
(cannot be changed after policy issue)	<input type="checkbox"/> 0%	<input type="text"/>	<input type="checkbox"/> Accident Benefit* (minimum 100 000)	<input type="text"/>
<input type="checkbox"/> Monthly	<input type="checkbox"/> 5%	<input type="text"/>	<input type="checkbox"/> Lump Sum Disability Benefit*	<input type="text"/>
<input type="checkbox"/> Quarterly	<input type="checkbox"/> 10%	<input type="text"/>	<input type="checkbox"/> Funeral Benefit* (50 000, 100 000, 150 000, 200 000, 250 000)	<input type="text"/>
<input type="checkbox"/> Half-yearly	<input type="checkbox"/> 15%	<input type="text"/>	<input type="checkbox"/> Death Premium Waiver Benefit**	<input type="text"/>
<input type="checkbox"/> Annually			<input type="checkbox"/> Disability Premium Waiver Benefit*	<input type="text"/>
<input type="checkbox"/> Single premium (Premium required before issue)			<input type="checkbox"/> Cash Withdrawal Benefit (minimum	<input type="text"/>
Term <input type="text"/> years (Minimum 8 years)				
Basic premium (A)	<input type="text"/>		Total Rider benefits premium (B)	<input type="text"/>
Total premium (A + B)	<input type="text"/>		(*Insurability questions will need to be completed if this rider benefit is selected.)	
			(**Only if the Premium Payer is different from the Policy Owner)	



**4.1 Insurability questions** (Complete if any of the rider benefits with stars are selected)

1.	Is the Life Insured currently engaged in any of the following:	Yes	No
	1.1 Flying other than as a fare-paying passenger of a recognised airline on a scheduled route?	<input type="checkbox"/>	<input type="checkbox"/>
	1.2 Any hazardous sport, pursuit or occupation such as boxing, diving, motor-racing, hang gliding or handling of explosives?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Has any application for insurance in respect of the Life Insured ever been declined, postponed, withdrawn or accepted on special terms by any life insurer?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Has there been any application for insurance, or application for reinstatement of a lapsed contract, in respect of the Life Insured with Metropolitan or any other life insurer during the past 12 months? If "yes", please furnish the name of the insurer, entry/amended date and sum insured in section below.	<input type="checkbox"/>	<input type="checkbox"/>
4.	Does the Life Insured consume alcohol?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Does the Life Insured smoke?	<input type="checkbox"/>	<input type="checkbox"/>
6.	Height <input type="text"/> <input type="text"/> <input type="text"/> feet      Weight <input type="text"/> <input type="text"/> <input type="text"/> kilograms		
7.	Is the Life Insured on any permanent medication or has he/she seen a medical practitioner, gone to a medical facility or institution regarding health problems or habits affecting his/her health, either physically or mentally during the past 5 years (excluding minor ailments and surgery)?	<input type="checkbox"/>	<input type="checkbox"/>
8.	Is the Life Insured suffering from any illness, deformity or disability of whatever nature or is the Life Insured in poor physical or mental health?	<input type="checkbox"/>	<input type="checkbox"/>

If the answers to the above questions, except for questions 4 to 6 are "yes", please complete below:

Question	Particulars
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Signature of Life Insured

**4.2 Insurability questions** (Complete only if a Premium Waiver Benefit is added and the Life Insured is not the Premium Payer)

1.	Is the Premium Payer currently engaged in any of the following:	Yes	No
	1.1 Flying other than as a fare-paying passenger of a recognised airline on a scheduled route?	<input type="checkbox"/>	<input type="checkbox"/>
	1.2 Any hazardous sport, pursuit or occupation such as boxing, diving, motor-racing, hang gliding or handling of explosives?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Has any application for insurance in respect of the Premium Payer ever been declined, postponed, withdrawn or accepted on special terms by any life insurer?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Has there been any application for insurance, or application for reinstatement of a lapsed contract, in respect of the Premium Payer with Metropolitan or any other life insurer during the past 12 months? If "yes", please furnish the name of the insurer, entry/amended date and sum insured in section below.	<input type="checkbox"/>	<input type="checkbox"/>
4.	Does the Premium Payer consume alcohol?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Does the Premium Payer smoke?	<input type="checkbox"/>	<input type="checkbox"/>
6.	Height <input type="text"/> <input type="text"/> <input type="text"/> feet      Weight <input type="text"/> <input type="text"/> <input type="text"/> kilograms		
7.	Is the Premium Payer on any permanent medication or has he/she seen a medical practitioner, gone to a medical facility or institution regarding health problems or habits affecting his/her health, either physically or mentally during the past 5 years (excluding minor ailments and surgery)?	<input type="checkbox"/>	<input type="checkbox"/>
8.	Is the Premium Payer suffering from any illness, deformity or disability of whatever nature or is the Life Insured/Premium Payer in poor physical or mental health?	<input type="checkbox"/>	<input type="checkbox"/>

If the answers to the above questions, except for questions 4 to 6 are "yes", please complete below:

Question	Particulars
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Signature of Premium Payer

## 5. Particulars of doctor

Name of doctor or clinic			
Address			
		Town	Postal code
Telephone	( )	Fax	( )

## 6. Beneficiary (If more than one beneficiary is nominated, please complete Beneficiary Nomination Form.)

**Personal Details**

Title  Surname

First names  Maiden name

Gender  Male  Female Relationship to Life Insured  Benefit  %

National identity document  Passport No.

Date of birth         Place of birth

y y y y m m d d

Attach copy of Identification Document.

**Addresses**

Postal: (if workplace address, specify branch or department below)

Branch/Department

PO Box

Town

Code

Email

Residential:

Building/Village

Street/Location

Town/District

**Telephone numbers**

Work ( ) Home ( )

## 7. Needs analysis Kindly complete the mandatory Financial Needs Analysis form

## 8. Declaration

1. I warrant that the information in this application and in all documents submitted to Metropolitan Life Insurance Kenya Ltd (hereafter referred to as Metropolitan) in connection with it, whether in my handwriting or not, is true, correct and complete and will form the basis of the proposed contract.

2. In order to facilitate the assessment of the risk, and for the consideration of any claim, I irrevocably authorise Metropolitan:

(a) to obtain from any person, any information which Metropolitan deems necessary, and

(b) to share with other insurers that information and any information contained in this proposal or in any related contract or other document, either directly or through a database operated by or for insurers as a group, at any time (even after my death) and in such detailed, abbreviated or coded form as may from time to time be decided by Metropolitan or by the operators of such database.

I understand and accept that my right to privacy may be infringed to the extent permitted by me in this authorisation and I waive my right to privacy to that extent.

Signature of policy owner   
(Please see checklist overleaf)

3. I agree that if any material information concerning the risk on the Premium Payer has not been fully disclosed, or if I have given any untrue, incorrect or incomplete answers, Metropolitan reserves the right to cancel my cover and I shall forfeit all premiums paid.

4. I understand that I am entitled to cancel this application within 30 days of the date of the commencement date of the contract issued by Metropolitan. I agree that there will be a refund of all premiums paid, less the cost of any cover or investment enjoyed by me.

I understand that this right applies also to any application to increase the premium on an existing contract and that any refund refers to the difference between an old and new premium.

5. **Replacement of contract:** I understand that it is not in my best interest to replace an existing contract with a new contract.

6. I agree that Metropolitan will deduct any premium debt or arrear premiums from the benefit amount if there is no investment component on the policy.

Date

y y y y m m d d



## 9. Information to be completed by Intermediary

<b>Intermediary:</b> Name <input style="width: 90%;" type="text"/> Level code <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="K"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  <div style="border: 1px solid black; height: 20px; width: 100%;"></div> Signature Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> y y y y m m d d	<b>Sales manager/Broker consultant:</b> Name <input style="width: 90%;" type="text"/> Level code <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="K"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  <div style="border: 1px solid black; height: 20px; width: 100%;"></div> Signature Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> y y y y m m d d
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## 10. Agent Disclosure checklist

The contract owner has the right to the following information. Kindly confirm that this has been provided.

**AGENT STATUS** (indicate with a tick in the yes or no box)

1. Have you provided the following information to the contract owner:

- a) Your full name and title?
- b) Office details (physical and postal address)?
- c) Telephone and email contact details?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

**ADVICE**

2. a) Have you taken the circumstances of the contract owner into account to satisfy their financial needs?

- b) Have you done a sufficient needs analysis?

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

3. Have you disclosed the following information to the contract owner:

- a) Name and type of policy?
- b) The premium?
- c) Type, extent and limitations of benefits?
- d) That commission is payable on this policy and answered any commission related questions?
- e) The 30-day cooling off period?
- f) Claims notification procedure?
- g) Cancellation procedure and surrender?

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

**APPLICATION STAGE**

- 4. Is the contract owner satisfied with the advice and disclosure that you have given?
- 5. Has the policyholder completed and signed the application form?
- 6. Have you, the agent signed the application form?

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Signature of Policy Owner

y y y y m m d d

Signature of Intermediary

y y y y m m d d

## FOR OFFICE USE ONLY

**AUTHORISATION AND CHECK BY MANAGER**

Accept Application which is:

Complete   
  Not able to be spot checked   
  Spot checked

Signature

Date          
           y y y y m m d d

**NEW BUSINESS**

**UNDERWRITER'S COMMENTS**

