

APPLICATION FOR:

Dynamic Financial Plan (VG)

METROPOLITAN
LIFE KENYA


Please write clearly using BLOCK letters and tick appropriate blocks

<input type="text" value="Contract number"/>	<input type="checkbox"/> Replacement of an existing contract	<input type="checkbox"/> Addition of Cash Withdrawal Benefit
<input type="checkbox"/> New business	<input type="checkbox"/> Contract alteration	<input type="checkbox"/> Replacement of a lapsed contract

Personal particulars

Title	<input type="text"/>	Surname	<input type="text"/>
First names	<input type="text"/>	Maiden name	<input type="text"/>
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Marital status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Date of birth	<input type="text" value="y y y y m m d d"/>	Place of birth	<input type="text"/>

Individual profile

Occupation	<input type="text"/>	Employer*	<input type="text"/>	Nationality	<input type="text"/>
*If operating your own business, indicate industry/type of business <input type="text"/>					
National identity document	<input type="checkbox"/> Passport <input type="checkbox"/>	No.	<input type="text"/>		
PIN No.	<input type="checkbox"/>	No.	<input type="text"/>		

MANDATORY: Attach copy of Identification Document & PIN.

Addresses

Postal: (if workplace address, specify branch or department below)	Residential:
Branch/	Building/ Village
PO Box	Street/
Town	Town/
Code	
Email	

Telephone numbers

Work	()	Home	()
Mobile		Fax	()

2. Method of Premium Payment

Salary deduction

I hereby authorise my Employer mentioned below to deduct the premium for this contract and to remit it to Metropolitan Life Insurance Kenya Ltd. 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" value="y y y y m m d d"/>	Date employment started	<input type="text" value="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" value="y y y y m m d d"/>

3. Contract details

Payment frequency (cannot be changed after policy issue)	AIM (Tick one)	Rider benefits	Term
<input type="checkbox"/> Monthly <input type="checkbox"/> Half-yearly	<input type="checkbox"/> 0% <input type="checkbox"/> 10%	<input type="checkbox"/> Cash Withdrawal Benefit	<input type="text" value=""/> years
<input type="checkbox"/> Quarterly <input type="checkbox"/> Annually	<input type="checkbox"/> 5% <input type="checkbox"/> 15%		(Minimum 8 years)
Basic premium	(A) KShs	<input type="text"/>	
Cash Withdrawal Benefit premium (B)	KShs	<input type="text"/>	
Total premium	(A + B) KShs	<input type="text"/>	(including rider benefits)

