Vanguard Life Assurance Company Limited
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Mobile Number :+233 (0) 555 48 4466 / 0302 235 435

APPLICATION FOR ASSURANCE

Proposal form must be completed in block letters

CHILD EDUCATION PLAN

POLICY NO | SERIAL NO. OF FORM

SALES TEAM CODE | CODE OF INTERMEDIARY

DETAILS OF PRINCIPAL LIFE

Title | Others Specify | Surname

Other Names | Date of Birth dd mm yy | Age Next Birthday

Marital Status | Personal Address

Email Address | Home Phone No. | Mobile Phone No.

Address

Postal	Residential	Town	Region

EMPLOYMENT DETAILS

Name of Employer

Office Phone No.

Occupation

Address

Preferred of means of Policy Summary Delivery

Employee No. | Service No.

Staff No. | Payroll No.

Regimental No. | Other Specify

Salary Payment Frequency

PLAN DETAILS

Plan Terms (Years)

Sum Assured(GH₵)

Maturity Benefit Payment Option:

Lump Sum ☐ Annual Payments ☐

PREMIUM PAYMENT

Basic Premium (GH₵)	
Savings Premium (GH₵)	
Policy Fee (GH₵)	
Grand Monthly Premium (GH₵)	

Mode of Premium Payment : Pay Point ☐ Debit Order ☐

AUTOMATIC BENEFIT UPDATE OPTION

Premium Increase	Benefit Increase	Select Option
10%	7.5%	☐
15%	11.25%	☐
20%	15.00%	☐
25%	18.75%	☐
30%	22.50%	☐

BENEFICIARIES

Full Name	Age	Sex	Relationship	(%)	Address

Trustee (If the beneficiary is under 18years)

Full Name	Age	Sex	Relationship	(%)	Date of Birth

Address

Mobile Number

MEDICAL INFORMATION

Are you presentlly in good health, free from any disease, illness or injuries? Yes ☐ No ☐ . Have you during the past five(5) years had any illness, surgical operation, been involved in any accident, examined by a Medical Officer or hospitalized? Yes ☐ No. ☐
If YES, Provide details.

Date of Occurence	Duration	Hospital Attended	Current Condition

During the pas five(5) years, have you undergone any medical investigations such as ECGs, X-ray etc. Are you currently taking any drugs or prescribed medicine? Yes ☐ No. ☐

Does your work involve working with machinery, electricity,climbing frequent road transport or any type of aviation?
Yes ☐ No. ☐ If YES, Provide details:

Do you drink alcohol? Yes ☐ No ☐ If YES, do you averagely drink more than two(2) alcohol in a day
Have you been advised for medical reasons to reduce or stop the intake of alcohol? Yes ☐ No ☐

Do you smoke ? Yes ☐ No ☐ If YES, how many sticks of Cigarettes Cigar do you smoke a day

Have you experienced any of the following medical problems: Please Tick [✓]

Epilepsy or Blackouts	☐	Digestive System	☐	Congenital Abnormalities	☐
Anxiety or Depression	☐	Gall Bladder	☐	Burning Urine Etc.	☐
Diabetes	☐	Pancrease or Liver	☐	Heart Murmurs	☐
Sugar InUrine or Glandular Disorder	☐	Lungs or Respiration Sys.	☐	Chest Pain	☐
	☐	High Blood Pressure	☐	Angina	☐
Tumors	☐	Impaired Blood Circulation	☐	Coronary Thrombosis	☐
Cancers	☐	Stroke	☐	Rheumatic Fever	☐
Blood Disorders	☐	Uninary Track	☐	STD such as Gonorrhea	☐
Syphilis	☐	Penal or Viginal Discharge	☐	Hepatitis B.	☐

Has your father or mother or any member of your family died before the age of 6? Yes ☐ No ☐

Has any member of your family suffered from or suffer from diabetes, high cholesterol, heart disease, cancer, nervous or mental disorder, prophiria etc. Yes ☐ No ☐

Has any Life Assurance Company refused your proposal for life assurance or accepted with an extra premium or special terms?
Yes ☐ No ☐ If YES, State reasons for refusal

Are you currently taking any drugs or prescribed medicine? Yes ☐ No ☐

Your Height in Centimeters(without shoe) ☐ cm Your Weight in Kilograms (indoor clothes) ☐ kg

Is your Weight : Increasing Decreasing Stationary If dicreased or increased more than 5 Kilograms during the past year, please state the reasons.

Provide name and Address of your usual Medical Officer or facility

If Female, are you pregnant? Yes ☐ No ☐ If YES, how many months? ☐

ACCEPTANCE

I _____ apply for assurance with Vanguard Life's usual terms and conditions, declaring that the answer and statements I have provided (whether handwritten or otherwise) are valid and comprehensive, and they are therefore the basis of the contract. I absolutely authorize Vanguard Life to acquire any information it deems essential from any person or persons I hereby authorize. I am fully aware that the benefit under this policy may be cancelled and forfeited at the company's discretion in the event that any information provided or declaration made by me is/are inaccurate. I recognize that vanguard Life has the right to suspend a claim under this policy until all prerequisite requirements are met. I authorize the company to receive the premiums, including any increase in premium arising on the anniversary of the issue of the policy, by bankers order/ Salary deduction as indicated previously in the application. I understand and agree that the cover will commence on the first day of the month following receipt by the company of the first premium.

DECLARATIONS

I, the undersigned, whose life is proposed for assurance declare to the best of my knowledge and belief that, all the answers provided to the questions and the statements I have made whether in my own handwriting or otherwise are true and complete and I agree that, this proposal with the declaration shall form the basis of the contract. I understand that, any medical history known to me about myself and any of the secondary lives not disclosed may invalidate the policy. By this declaration, I authorize Vanguard Life Assurance Company Ltd. to receive premiums including any increases during the lifetime of the policy in line with the premium payment mandate and to obtain any information it deems relevant to this proposal from any person. By signing this declaration, I confirm that, I have read and understood these declarations and acknowledge receipt of the Policy Terms and Conditions attached to my proposed assurance.

Signature

Date: dd mm yy

RTP of Proposer

Name of Intermediary

Signature

INTERMEDIARY INFORMATION

Surname

Other Name

Mobile No.

Signature

OFFICIAL USE ONLY

I have checked and confirm that the proposal form and the premium payment mandate have been completed fully and properly. I hereby authorize the proposal to be sent to New Business Units for acceptance.

Name of Sales Manager

Signature

Date:
dd mm yy

NEW BUSINESS

Date Recieved: dd mm yy

Accessed by

Decision

Date dd mm yy

Captured by

Date dd mm yy

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