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FAREWELL JOURNEY PROPOSAL FORM

PERSONAL DETAILS

OPTION: Standard Champion Executive

Principal Life to be Assured: Surname First Name Other Name(s)

MR/MRS/DR/REV/MS/PROF/MISS Sex: Male Female

Employer's Name: **Personal Address:**

Employer's Address: **Personal E-mail:**

Occupation **Telephone:** (Mobile)

Marital Status: Married Single Widowed Separated Divorced (Please tick)

Date of Birth (dd/mm/yyyy) **Place of Birth**

POLICY DETAILS:

Sum Assured: Premium Amount

Mode of Payment: Cash Cheque Standing Order CAG Direct Debit

Bankers: Account :

Premium Payment Frequency: Monthly Quarterly Semi Annual Annually Single Payment

FUNERAL INSURANCE PLAN RIDERS

Automatic Benefit Update Facility (0%; 7.5%; 10%; 15%; 20%) **Accidental Indemnity Rider:** Yes No

Family Insurance Rider: Yes No If yes, please give details below **Amount:**

Other: specify

Family Members Details

	Name (First, Initial, Surname)	Date of Birth (dd/mm/yy)	Age	Sex M/F	Relationship	Premium Amount
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total Premium

HEALTH INFORMATION

HEALTH DECLARATION: Complete for all plans

If the answer to question #3 is “Yes”, then please provide full details on an attached sheet of paper.

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Have you or any of the nominated lives been diagnosed of cancer? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you or any of the nominated lives been diagnosed of HIV or AIDS? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. At present are you aware of, or have you or any of the nominated lives received advice from a doctor that you or any of the nominated lives are suffering from any illness? If yes, please specify..... | <input type="checkbox"/> | <input type="checkbox"/> |

Has any proposal for life assurance on your life ever been accepted with an extra premium, or any other special terms or declined? If so, when and by which company?.....

Do you have any policy with Phoenix Life Assurance Company Ltd?

When did you last consult a doctor and for what reason?
.....

What is your height?cm . What is your weight?.....kgs (indoor clothes)

Are you in good health?.....

Have you had any illness, surgical operation, met with any accident or undergone any special investigation? If so, please give details:

Illness/Accident	Date	Duration	Attended to by whom
...../...../.....			

OWNERSHIP OF BENEFITS

FULL NAME OF BENEFICIARY	AGE	RELATIONSHIP	%	PHONE NUMBER

TRUSTEE

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DECLARATION

I declare to the best of my knowledge and belief, that all the above statements are true and I agree that they together with any statements made to a medical examiner (in the event of my being medically examined), shall be the basis of the contract between the Company and me to which I have made a proposal for the life assurance and I authorize the giving of such information.

Date:Originating Branch..... Agency Code

Signature/R.T.P. of Proposer.....