



NICO LIFE INSURANCE COMPANY LIMITED

P.O. BOX 3044,
BLANTYRE

SAVINGS PROTECTION ASSURANCE PROPOSAL FORM

1. LIFE ASSURED

SURNAMEMAIDEN NAME.....

FORENAMES

TITLE (TICK) HON. PROF. DR REV. MR. MISS. MRS.

MARITAL STATUS (TICK) MARRIED SINGLE WIDOWED DIVORCED SEPARATED

DATE OF BIRTHPLACE OF BIRTHANB

POSTAL ADDRESS.....

TEL NO (O)TEL NO (H).....CELL NO.....

E-MAIL ADDRESS

HOME ADDRESS.....

2. PROPOSER (Complete only if other than life assured)

SURNAMEMAIDEN NAME

FORENAMES

TITLE (TICK) HON. PROF. DR. REV. MR. MISS. MRS.

MARITAL STATUS (TICK) MARRIED SINGLE WIDOWED DIVORCED SEPARATED

RELATIONSHIP TO LIFE ASSURED: MOTHER FATHER WIFE HUSBAND EMPLOYER

DATE OF BIRTHPLACE OF BIRTHANB

POSTAL ADDRESS

TEL NO. (O)TEL NO (H).....CELL NO.....

E-MAIL ADDRESS

HOME ADDRESS.....

3. DESCRIPTION OF ASSURANCE

Sum Assured K.....Premium.....Policy Term.....

Mode of Payment (Tick) Monthly Quarterly Half Yearly Yearly

(Monthly Payment should be made through Standing Order Only) ESO BSO

TYPE OF STANDING ORDER.....

Premium Increase at every policy anniversary (Optional) 5% 10% 15% 20% 25%

4. OCCUPATION AND ACTIVITIES OF LIFE ASSURED/PROPOSER

Occupation
Employer
Full description of duties.....

5. HEALTH OF LIFE ASSURED

Are you in good health?.....
If your answer is NO to the above question, please give details
.....

6. OTHER ASSURANCES

- 5.1 Do you already have a life policy with this company or any other company?
- 5.2 Has a proposal for life assurance ever been declined, postponed or withdrawn,
by any company?
- 5.3 Is any other proposal pending on your life?
- 5.4 Is this proposal to replace any other proposal to this Company?
- 5.5 If the answer to any of the questions is yes, please give full particulars below, including policy number dates and **NAMES OF COMPANIES**

QUESTION No.	PARTICULARS
.....
.....

7. DECLARATION

- 7.1 I HEREBY DECLARE THAT THE STATEMENTS MADE IN THIS PROPOSAL AND IN ALL OTHER DOCUMENTS SUBMITTED TO NICO LIFE IN CONNECTION WITH IT, WHETHER IN MY HANDWRITING OR NOT, ARE TRUE, CORRECT AND COMPLETE AND FORM THE BASIS OF THE PROPOSED CONTRACT**
- 7.2. I agree that if a representative of the company or broker completes the proposal form or other documents submitted in connection there-with he/she does so as my agent and not an agent for the Company.
- 7.3. I further agree that if anything contrary to the truth be stated or if any information which ought to be made known to the company with reference to the proposed assurance be withheld, or concealed, any policy which may be granted in pursuance of this Proposal shall be null and void.

DATED at.....**on**

.....
Signature of life assured

.....
Signature of proposer

.....
Signature of guardian (if proposer is under 18)

8.1 INTRODUCER’S REPORT

Give below any special report on the assured and proposers’ (e.g.) source of income.

.....
.....

Name of the introducer **Code**..... **Signature**



NICO LIFE INSURANCE COMPANY LIMITED
P O BOX 3044, BLANTYRE

**ACKNOWLEDGEMENT FOR SAVINGS PROTECTION (INVESTMENT)
POLICY**

I do hereby acknowledge that I have been informed that the Savings Protection Policy that I have proposed for in terms of my proposal dated is a pure investment Policy and that the benefits structure under the policy do not include death cover.

I have been made aware that at maturity (expiry of the policy term) the benefit payable will be the basic Sum Assured plus bonuses, while as in the event of my earlier death, the benefit payable will be a refund of premiums paid plus 4% Compound Interest.

I agree that this acknowledgement should be an integral part of the policy in the event of my proposal for the policy being accepted by the company.

Signature of Life Assured

NICO LIFE INSURANCE COMPANY LTD. - CREATING WEALTH FOR ALL



NICO LIFE INSURANCE COMPANY LIMITED
P O BOX 3044, BLANTYRE

CHIDZIWITSO CHOFUNIKA KWAMBIRI
VERY IMPORTANT NOTICE

Fomu iyi ndi yoyenera kuwerengedwa ndi kusayinidwa ndi munthu aliyense amene ali ndi chidwi chotenga inshulansi. Ndipo onetsetsani kuti mwawerenganso m'munsimu pa (c) ndi (d).

Chonde werengani ndi kumvetsa bwino lomwe musanasaine chirichonse ngakhale kulemba pa mapepala a inshulansiwa.

- (a) Chonde onetsetsani kuti ndalama zimene muzipereka ndi zimene mungathe kupereka mwezi ndi mwezi popanda chobvuta.
- (b) Malipiro anga apa mwezi ndi K.....t ndipo ndingathe kulipira kuchokera pa malipiro anga.
- (c) Kutenga inshulansi sikulingana ndi kusunga ndalama kubank kapena ku Positi Ofesi kumene mungatenge makobidi anu onse potseka buku lanu. Pamene inshulansi ingakubwezereni gawo la ndalama zimene mwapereka mu zaka ziwiri mosalumphitsa ngati mutafuna kusiya kulipira ndalama za inshulansi yanu pa zifukwa zina nthawi isanakwane.
- (d) Ngati mwasiya inshulansi yanu pasanathe zaka ziwiri simudzabwezeledwa gawo lililonse la ndalama zimene munapereka.
- (e) Ndasayina nditatha kuwerenga zonse bwino lomwe.

Sayini _____
 Keyala yanu _____

 Tsiku: _____

This form must be read and signed by the proposer and particular reference made to (c) and (d).

Please read this carefully before you sign the proposal and Stop Order.

- (a) Please make sure that the periodical premium is within your paying capacity.
- (b) My monthly salary is K..... and I am in a position to pay the premium from my salary after meeting my commitments.
- (c) **Paying a life assurance is not like depositing money into a bank account. You can get back all the money deposited on closing a bank account whereas you cannot get back all the money paid as premium on cancellation of policy, what you will get back is the surrender value of the policy if you have paid at least 2 full years premiums. It will only be a small percentage of the premiums paid by you.**
- (d) **If you have not paid at least two full years premiums under the policy on cancellation, all premiums paid prior to the date will be forfeited.**
- (e) I have signed the proposal after reading this notice.

Signature _____
 Address _____

 Date _____



NICO LIFE INSURANCE COMPANY LIMITED
P O BOX 3044, BLANTYRE

EXTRACT OF SERVICE RECORD SHOWING DATE OF BIRTH

Full Name of Employee _____

Designation _____

Official Number (if any) _____

Date of Birth - as recorded in the Service record:

In figures _____

In words _____

Certified that the above information was extracted from the Service records kept in this office.

Signature: _____

Place: _____

Name of Official: _____

Date: _____

Designation: _____

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P O BOX 3044, BLANTYRE

STANDING ORDER

1. Policy No:.....
2. Surname:.....Maiden Name:.....
3. First Names:.....
4. Employee/Force No:.....
5. Section Code:.....
6. Department Code:.....
7. Station:.....
8. Employer:.....
9. Amount: K.....
10. Type of Deduction: Insurance Premium
11. To Whom Payable: Nico Life Insurance Company Limited
12. Commencement Date:.....
13. New deduction/replacement of existing deduction (delete where inapplicable).
14. This instruction is given on the strict understanding that neither I nor my heirs nor assigns shall have any claim against my employers for damages in the event of the payments herein stipulated not being made by the due date for the reason whatsoever, including negligence. It being further understood that the employer undertakes this service solely on a non-committal and non-liability basis.

Dated:.....

Signed:.....

To:

.....

.....

.....