

residency. We are asking for your tax residency and tax ID numbers (where applicable) and we will retain a record of this. We will only pass this information to Ghana Revenue Authority (GRA) if and when we are required to under Ghana law. GRA might pass this information to the government of another jurisdiction under an inter-governmental agreement.

Your tax residence is the country in which you live for more than 6 months. There are special circumstances which might mean you are a resident elsewhere or in more than one country (dual residency) such as studying abroad, working overseas, or extended

travel. The country/countries in which you pay income tax is/are likely to be your country/countries of tax residence.

If you are a US citizen or hold a US passport or green card, you will also be considered tax resident in the US even if you live outside the US.

The declaration note may be given by the plan owner or by someone with legal authority to sign on their behalf e.g. through a power of attorney.

*** Part 5. Child(ren) Details**

| Name | Sex (M/F) | Date of Birth | Relationship | % Share |
|------|-----------|---------------|--------------|---------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Children (Maximum of four (4))

Are the Beneficiary(ies) of this policy the same as the child(ren) stated above? Yes No

If 'No', kindly provide your Beneficiary(ies) Details below

If 'Yes', kindly provide % Share for each child above

*** Part 6. Beneficiary(ies) Details**

| Name | Sex (M/F) | Date of Birth | Relationship | % Share |
|------|-----------|---------------|--------------|---------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

*** Part 11. Agreement and Authorization Relating to this Application and Premium Deduction**

Branch:

Account Type: Current Savings

Account Name:

Account Number:

I authorize the above amount and any further updates to be deducted from my bank account for the payment of this insurance policy.

* Signature: Date:

By signing below, you agree that;

- This application and all other documents that we require form the basis of the insurance we issue for you. This includes any written statements and answers provided in this application and all other information given by you to any authorized person representing the company.
- You have read the statements and answers written in the application and confirm they are true and complete.

You have **received, carefully read** and **accepted** all the Terms and Conditions under the policy.

The Terms and Conditions of the policy have been explained to you in a language you understand.

- All communications from Prudential Life Insurance to you shall be via Email, SMS Phone Call and WhatsApp.
- The details given in this form are correct and complete. If the information provided above becomes invalid, you agree to advise Prudential and provide an update declaration form within 90 days of such change occurring.
- This and any other declaration of health shall be the basis of insurance granted under the said policy and that if any material information is withheld, the insurance policy will be forfeited. I hereby irrevocably authorize any doctor, hospital, medical institution or other professional person who may be in possession of, or hereafter acquire, any information concerning my health, including the results of any blood tests, to disclose, on request, such information to the company.
- This authority shall remain in force after my death as well prior thereto.
- By signing this document, I agree to the collection and use of information in accordance with our Privacy Policy: www.prudential.com.gh/privacy-notice/

Signature: Date:

*** Part 12. Sales Staff Information (For Bank's Use Only)**

Branch:

Surname:

First Name(s):

Signature: Date:

*** Part 13. Branch Manager (For Bank's Use Only)**

Branch:

Surname:

First Name(s):

Signature: Date:



Most Important Document (MID)

Product Quick Facts:

| | | | |
|--|---|-------------------------------------|---|
| Name of Insurance Company | Prudential Life Insurance Ghana Limited | Lump Sum Amount | GH¢ <input type="text"/> |
| Product Type | Edu-Shield Plan | Policy Term | <input type="text"/> Year(s) |
| Total Premium Amount | GH¢ <input type="text"/> | Frequency of Premium Payment | <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-Annual <input type="checkbox"/> Annual |
| Tax Identification Number (TIN) | <input type="text"/> | Ghana Card Number | <input type="text"/> |

Dear Valued Customer,

Buying an insurance plan is an important decision and we thank you for your purchase. As part of our commitment to ensure that you fully understand the risks and the benefits for your purchase, please indicate your understanding by acknowledging the following.

- 1 I/We understand that the total investment premium allocated to the Investment Account is guaranteed at maturity by Prudential Life Insurance Ghana Limited. The Cash Value of the investment is the value of the funds paid less policy fees, risk charges and allocation charges.
- 2 I/We understand that if I/We terminate the policy at any time before maturity, a surrender charge will be deducted from the policy cash value as per product terms and conditions. If policy is terminated in the first year, I/we will not get any refund at all.
- 3 I/We understand that premiums are payable for the entire policy term and my policy may lapse in the event of non-payment of any premium due.
- 4 The terms and conditions of the policy have been clearly explained to me in a language I understand.

I have read and understood the following documents:

- Benefit Illustration
 Terms and Conditions / Exclusions
 Application Form / Proposal

I acknowledge that:

I have understood the proposal and have been explained to me in a language I understand including the cancellation / free-look period of 30 days from date of acceptance of contract and the associated risks. Further I acknowledge that this document only sets out a brief summary of some (and NOT ALL) of the features or risks of the policy and that I have reviewed and understood the other relevant features and risks of the policy as set out in the other documents mentioned above.

I understand that Zenith Bank Ghana Limited is a distributor for this product and earns a commission from the Provider for this. I understand I am free to take independent advice if I wish.

.....
Policyholder's Name

.....
Signature

.....
Date

Insurance company information: Prudential Life Insurance Ghana Limited, Head Office, 12th Floor, 335 Place, N1 North Dzorwulu Accra.
Tel.: +233 302 208877 | Email: bancassurance@prumail.com.gh, | www.prudential.com.gh