

*** Part 7. Beneficiary(ies) Details**

Name	Date of Birth	Relationship	Share %

*** Part 8. Plan Benefits (Cover Options)**

Silver: Policyholder Only **Gold:** Policyholder and 50% Cover for Spouse

Diamond: Policyholder and 100% Cover for Spouse

Sum Assured (Minimum of GHC 100,000 – Maximum is UNLIMITED):

Policy Term: 5 Years 8 Years 10 Years 12 Years 15 Years

Premium (GHC): Main Life: Spouse:

Policy Fee (GHC): **Total Premium (GHC):**

Payment Frequency: Monthly Quarterly Bi-Annually Annually

Inflation Protector: 0% 5% 10% 15% 20% 25% 30%

*** Part 9. Personal Details of Spouse (If Applicable)**

Title: Date of Birth: (18 to 55 Yrs) Gender:

First Name(s):

Surname:

*** Part 10. Tax Residency Self Certification Declaration Form**

1. Place of Birth:

2. Are you a resident for tax purposes anywhere other than Ghana? Yes No
If Yes, please complete the rest of this part 10. **If No**, then please tick the declaration below.

3. Permanent residential address:

4. Please list the non-Ghana country or countries in which you are resident for tax purposes, together with any Tax Identification Number(s) ("TIN"), if you have one.

Country / countries of tax residency	TIN
1	1
2	2
3	3

5. If no TIN has been filled out above and if it is because the country of tax residence doesn't issue TINs to its residents; please tick this box.

6. If there is any other reason why a TIN is not available, please state the reason below:

Declaration:

I confirm that the details given in this form are correct and complete. If the information provided above becomes invalid, I agree to advise Prudential Life and provide an updated declaration form within 90 days of such change occurring.

Please read the information below:

The Government of Ghana has a number of inter-government agreements to share tax information (where applicable), with the tax authorities in other jurisdictions. Ghanaian legislation requires us to collect certain information about our customers tax 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 11. Bank 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:

*** Part 12. Agreement and Authorization Relating to this Application**

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:

(By signing this Document, I agree that my personal information given to the Bank for my banking relationship can be shared with Prudential Life Insurance Company for the purpose of this transaction).

*** Part 13. Sales Staff Information (For Bank's Use Only)**

Branch:

Sales ID:

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	PruWealth 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 understand that Prudential Life Insurance Ghana Limited will make available to me or beneficiary(ies) Benefits as stated in the Policy Schedule if the policy is active at the time that the insured event occurs. Allocated Benefit is paid minus All outstanding premium plus compounded interest (at Government of Ghana 91 days Treasury Bill rate) if any.
- 2** I understand that if I terminate/cancel the policy at any time before maturity, a surrender charge will be deducted from the policy cash value. If policy is terminated/canceled in the first two years, I will not get any refund at all.
- 3** I understand that the premiums are payable for the entire policy term and my policy may lapse/expire 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 Thirty (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 acknowledge that the product is underwritten by Prudential Life Insurance Ghana Limited, which bears full and exclusive responsibility for the settlement and payment of all valid claims arising from the risks covered under this Policy.

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.

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