

*** Part 9. 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.

I agree that all communications from Prudential Life Insurance to me shall be via Email

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

Branch:

Surname:

First Name(s):

* Signature: Date:

*** Part 11. 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	Ultimate Premier Farewell 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 Prudential Life Insurance Ghana Limited will make available to me/us or beneficiary(ies), Benefits as stated in the Policy Schedule if the policy is active at the time the insured event occurs.
- 2 I/We understand that if I/we terminate the policy at any time before maturity, the policy will not provide any cash value as per product terms and conditions.
- 3 I/We understand that premiums are payable for the entire policy term. The policy may ONLY lapse in the first year of the policy term for the event of non-payment of any premium due. Policies beyond the first year will never lapse.
- 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