

## Life Choices

**PART 1** BENEFICIARY'S INFORMATION

First Name \_\_\_\_\_ Middle Name(s) \_\_\_\_\_

Last Name \_\_\_\_\_ Maiden Name \_\_\_\_\_ Title \_\_\_\_\_

Date of Birth (DD/MM/YY) \_\_\_\_\_ Gender \_\_\_\_\_ Marital Status \_\_\_\_\_

Nationality \_\_\_\_\_ Place of Birth \_\_\_\_\_

License  Passport ID No. \_\_\_\_\_ Country of Issue \_\_\_\_\_ Date of Expiry \_\_\_\_\_

Mailing Address \_\_\_\_\_

Residential Address: House Name/No. and Street \_\_\_\_\_

Parish/District \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Home Tel. No. \_\_\_\_\_ Cellular No. \_\_\_\_\_ Work No. \_\_\_\_\_

Fax No. \_\_\_\_\_ Email Address \_\_\_\_\_

Employment Status \_\_\_\_\_ Occupation \_\_\_\_\_

Employer Name \_\_\_\_\_ Years of Employment \_\_\_\_\_ Annual Income \_\_\_\_\_

Employer Address: Number & Street \_\_\_\_\_

Parish/District \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

If self-employed, provide details and nature of business \_\_\_\_\_

If retired, provide details of your most recent occupation \_\_\_\_\_

Please detail the source(s) of the funds that will be directed to your account(s):

- Salary/Bonus                       Savings                               Inheritance                               Bank Loan
- Maturity/surrender of Life Insurance Policy                       Death Benefit - Beneficiary                       Pension
- Other (specify): \_\_\_\_\_

Please explain the source(s) of the wealth/net worth that may be directed to your account(s):

- Savings from salary                       Inheritance                               Sale of investment
- Sale of Property                       Death benefit payment                       Dividends or Profits from Company
- Other (specify): \_\_\_\_\_

The term "**Politically Exposed Person**" applies to someone who currently has, or has had, a position of public trust (e.g., government official, senior executive of government corporations, politician, important political party official, etc.) or an individual who is closely related to/associated with such a person.

**Does this description apply to you?**  Yes  No

If Yes, please explain: \_\_\_\_\_

\_\_\_\_\_

### Life Choices

What other Coralisle Products do you have?

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Home Contents Insurance | <input type="checkbox"/> Motor Insurance        | <input type="checkbox"/> Home Building Insurance     |
| <input type="checkbox"/> Medical Insurance       | <input type="checkbox"/> Travel Insurance       | <input type="checkbox"/> Business Insurance          |
| <input type="checkbox"/> Pension                 | <input type="checkbox"/> Life Insurance (Group) | <input type="checkbox"/> Life Insurance (Individual) |
|  | <input type="checkbox"/> Other _____            |  |

**PART 2** BENEFICIARY'S DECLARATION

I hereby declare that the information provided above is complete and accurate. I agree to advise the Company of any changes to my status that could affect the operation of the plan and subsequently, our relationship.

Signature \_\_\_\_\_ Date Completed (DD/MM/YY) \_\_\_\_\_