



VANGUARD LIFE ASSURANCE COMPANY LIMITED

Annuity KYC Form

Titles: Mr./Mrs./Miss/Dr/Rev/Prof./Hon *(Please circle one)*

First Name; _____

Middle Name; _____

Surname; _____

Nee; _____

Date of Birth; _____

Gender; _____

Identity Number; _____

Information extracted from: *(Please select one and attach copy of Identity)*

- Passport;
- Driving license ;
- National Identification card;

Email; _____

Telephone Number; _____

Postal Address; _____

Residence; _____

Proof of Residence *(Please tick one)*; Water Bill Electricity Bill Letter from TA

(Please draw sketch map of residential address at the back of this form and attach a copy of proof of residence)

Previous Employer; _____

Pension Fund Administrator; _____

Date of Retirement; _____

Next of kin; _____ **Relationship;** _____

Contact details; _____

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform Vanguard Life Assurance Company Limited of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.

Signature of applicant; _____ **Date;** _____

Witness Name; _____ **Witness Signature;** _____

Date; _____