

### APPLICATION FORM

5 Robins Road, P. O. Box 1625, Blantyre  
 Telephone: +265 887 094 872  
 Email: vanguard@vanguardlifemw.com

POLICY NUMBER: 

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PLEASE USE BLOCK LETTERS IN THE SAME COLOUR INK. DASHES AND N/A ARE NOT ACCEPTABLE.  
 Any amendments made to the application must be signed by the proposer

#### SECTION A. PROPOSER

TITLE (Mr/Mrs/Miss/Dr, etc)  D.O.B.  INITIALS  GENDER  M  F

SURNAME:  Nat. Reg. No.....

FIRST NAMES:  Maiden Name or .....

POSTAL  Former Surname: .....

ADDRESS  Marital Status: .....

PHYSICAL  Mobile No.: .....

ADDRESS:  Telephone: .....

SPOUSE'S FULL NAMES (If married)  Age Next Birthday .....

Nationality.....

Next of Kin..... Relationship..... Contact Details.....

#### SECTION B. EMPLOYMENT BUSINESS DETAILS (Add evidence/proof of earnings)

OCCUPATION:  Date of Employment.....

NAME OF EMPLOYER

ADDRESS OF EMPLOYER

INCOME ..... USD  EURO  RANDES  GBP  PER YEAR  /MONTH  /WEEK

#### SECTION C. POLICY DETAILS

PLAN DESCRIPTION

PLAN TYPE	TERM		LIFE COVER	TARGETED FUND
	Years	Months		
CMY				



MONTHLY PREMIUM

PREMIUM FREQUENCY (M/Q/H/Y)

COMMENCEMENT DATE     
 dd mm yy

#### METHOD OF PREMIUM PAYMENT

POLICY BASIS = FIXED PREMIUM  PR

Bank transfer only to bank details below

**Bank Name : Standard Bank**  
**Branch : Blantyre**  
**Account No. : 9100002093984**  
**Sort Code : 010002**  
**Swift Code : SBICMWMX**

PREMIUM ESCALATION RATE:  00 = 0%, 05 = 5%, 10 = 10%, 15 = 15%, 20 = 20%

**SECTION D. GENERAL:** Please tick **appropriate** box and give details in the space provided.

1. Is your life already assured by Vanguard Life Assurance or any other Assurer? YES  NO

2. If "Yes" state: a) Name of Assurer .....  
 b) Policy Number (s) .....

3. Is this proposal to replace the whole or part of any proposal or your existing Assurance with or any other Assurer (where replacement is to occur immediately or to replace an Assurance discontinued within the past six months or to be discontinued within the next six months)? YES  NO

If "Yes" state: a) Name of Assurer .....  
 b) Policy Number(s) .....

4. (a) Has any application for assurance ever been decided, postponed or accepted on special terms by Vanguard Life or any other Assurer?

If "Yes" state: a) Name of Assurer .....  
 b) Policy Number (s) .....  
 c) Reason for adverse treatment .....

(b) Have you during the past 5 years undergone any medical investigations?

If "Yes" give details.....  
 .....

**SECTION E: NOMINATION OF BENEFICIARY**

	SURNAME	OTHER NAMES	D.O.B	I.D NUMBER	RELATIONSHIP	SHARE %
1						
2						
3						
4						
5						
6						

**SECTION F: DECLARATION**

I....., declare that all statements made herein whether in my handwriting or not are true and I agree that such statements shall be the basis of the proposed contract of Assurance. I understand and agree that any misstatement, omission or nondisclosure herein may lead to this contract being declared null and void by Vanguard Life and that in such an event any premiums paid in respect thereof shall be forfeited to Vanguard Life. The contract will be in the currency of USD and subject to the laws of Malawi.

Signature of the proposer.....Date.....

Signature of Agent/Broker Representative.....Date.....

**SECTION G: AGENT/BROKER DETAILS: To be completed by Agent/Broker**

1. Name: ..... Country .....

Broker Number: .....Agent/Broker Company.....

Signature: .....

**SECTION H: OTHER DETAILS: Office Use Only**

Age Admitted Y/N

Previous Assurance Details: .....

LOA Details: .....

Checked by:..... DATE:.....

New Business Clerk's Signature.....DATE.....

Underwriting Status:

Pending Code

UNDERWRITER'S SIGNATURE ..... DATE .....