

## MADISON MONEY MAX PLUS PROPOSAL FORM

 Proposal No. 

 Agent Tel: No. 

### IMPORTANT

**Serial No.: 500001**

1. Please complete this proposal form in BLOCK LETTERS.
2. Attach a copy of your ID or PASSPORT or BIRTH CERTIFICATE, a copy of your PIN CERTIFICATE and ATM CARD copy.
3. Answer all questions in the proposal form. All fields are **mandatory**.
4. In case of a wrong entry, cross it with a straight line and countersign. Erasing or use of whiteout is not accepted.
5. No abbreviations should be used.
6. This proposal form contains five sections: Applicant's details, Beneficiaries details, Cover details, Premium payment details and a disclaimer.

### Section 1: Applicants Details

Personal Details												
Title	Mr.		Mrs.		Miss		Ms.		Dr.		Prof.	
Surname												
Other names												
I.D Number					PIN Number							
Date of Birth					Age							
Occupation					Gender	M		F				
Contact Details												
Mobile Number (Main)					(Alternative)							
Email Address												
Postal Address					Postcode							
City / Town												
Employer Details												
Name												
Telephone Number												
Postal Address					Postcode							
City / Town												

### Section 2: Beneficiaries Details

Beneficiaries					
Name	Relationship	I.D Number	Mobile No.	Date of Birth	% Split
Guardian(s)					
Name	Relationship	I.D Number	Mobile No.	Date of Birth	% Split

Section 3: Cover Details ☐ option 1 ☐ option 2

Policy Term (years).....(Applicable terms: 8-15 years)Commencement date...../...../..... (Format: dd/mm/yyyy)

Benefits and Premiums			
	Sum Assured (Kshs)		Premiums (Kshs)
1. Mandatory Benefits			
Investment Cover	*	Investment	
Life Cover		Life Cover	
2.Optional Benefits			
Permanent and total disability		Disability	
Funeral Cash		Funeral	
3. Fees and Levies			
Policy Fee		Policy Fee	
TOTAL SA/Premiums			

\*Indicates the guaranteed investment fund value at maturity

Section 4: Details of premium payment

Mode of payment: NOTE: NO CASH PAYMENTS ACCEPTED

1. Cheque ☐

2. Mobile Money: MPESA (Paybill No. 600800) ☐ Airtel Money (Business name: MADISONL) ☐

3. Bank Account details for future payment. The company shall pay you all policy benefits through your bank account provided. If you change your account you should notify the company immediately.

Direct Debit <input type="checkbox"/>	Bank	
	Town	
	Branch	
	Account Number	
Check off <input type="checkbox"/>	Department	
	Payroll Number	

Frequency of payment

Monthly ☐ Quarterly ☐ Semi-annual ☐ Annual ☐ Single ☐

Section 5: Disclaimers

1. I have read and understood this proposal document.
  2. I understand that it is my decision to enter into and conclude this transaction.
  3. Madison Life Assurance Kenya Ltd (MLAK) Reserves the Right too seek evidence to comply with the applicable money anti-laundering regulation. In case of failure to provide satisfactory information, The Company may take such action as it deems fit.
  4. I, the undersigned confirm that I have read this declaration and understood its implications.
- "I, the person by whom the assurance investment is to be effected, declare that foregoing answers/statements are true and complete. I consent to the company seeking medical information or any other relevant information about me.
- I agree that these and all other statements made or to be made shall be the basis of the contract between me and the Company

Applicants signature..... Date...../...../.....

In the presence of:

Agent Name		Branch		Agency Code		Signature	
Agent Contacts	Tel			Email			
Unit Manager			Signature and Stamp				
Agency Manager			Signature and Stamp				