

# UNIT LINKED LIFE INSURANCE

## PROPOSAL FORM

Please complete this form using black or blue ink. Write in BLOCK LETTERS and tick the relevant items. If your application is incomplete it might cause a delay. Kindly ensure that you submit a fully filled form together with the signed illustration. The proposed life assured and policy owner are required to disclose all information requested. Please retain a copy of this proposal form and other correspondences with us for your future reference.

1. Details of Proposed Life Assured																
1. Name	<table border="1"> <tr> <td>First Name:</td> <td><input type="checkbox"/> Ms.</td> <td><input type="checkbox"/> Mrs.</td> <td><input type="checkbox"/> Mr.</td> </tr> <tr> <td>Family Name:</td> <td><input type="checkbox"/> Male</td> <td><input type="checkbox"/> Female</td> <td></td> </tr> </table>	First Name:	<input type="checkbox"/> Ms.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Mr.	Family Name:	<input type="checkbox"/> Male	<input type="checkbox"/> Female								
First Name:	<input type="checkbox"/> Ms.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Mr.													
Family Name:	<input type="checkbox"/> Male	<input type="checkbox"/> Female														
2. Nationality	Place of Birth															
3. Date of Birth	Age <input type="text"/> Years <input type="text"/>															
4. Emirates ID Number (if applicable)	Expiry Date <input type="text"/>															
5. Passport Number	<input type="text"/>															
6. Issue Date	Expiry Date <input type="text"/>															
7. Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow <input type="checkbox"/> Divorced															
8. Email	<input type="text"/>															
<b>Address</b>																
9. Address (Residential)	<table border="1"> <tr><td>Building:</td><td colspan="2"><input type="text"/></td></tr> <tr><td>Street:</td><td colspan="2"><input type="text"/></td></tr> <tr><td>PO Box:</td><td>City:</td><td>Country:</td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Mobile</td><td>Telephone</td><td><input type="text"/></td></tr> </table>	Building:	<input type="text"/>		Street:	<input type="text"/>		PO Box:	City:	Country:	<input type="text"/>	<input type="text"/>	<input type="text"/>	Mobile	Telephone	<input type="text"/>
Building:	<input type="text"/>															
Street:	<input type="text"/>															
PO Box:	City:	Country:														
<input type="text"/>	<input type="text"/>	<input type="text"/>														
Mobile	Telephone	<input type="text"/>														
10. Address (Office)	<table border="1"> <tr><td>Building:</td><td colspan="2"><input type="text"/></td></tr> <tr><td>Street:</td><td colspan="2"><input type="text"/></td></tr> <tr><td>PO Box:</td><td>City:</td><td>Country:</td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>Mobile</td><td>Telephone</td><td><input type="text"/></td></tr> </table>	Building:	<input type="text"/>		Street:	<input type="text"/>		PO Box:	City:	Country:	<input type="text"/>	<input type="text"/>	<input type="text"/>	Mobile	Telephone	<input type="text"/>
Building:	<input type="text"/>															
Street:	<input type="text"/>															
PO Box:	City:	Country:														
<input type="text"/>	<input type="text"/>	<input type="text"/>														
Mobile	Telephone	<input type="text"/>														



### 1. Details of Proposed Life Assured (continued)

**Address**

11. Address (Home Country)

Building:		
Street:		
PO Box:	City:	Country:

Mobile Telephone

12. Correspondence Address  Residential  Office

**13. Occupation**  Salaried  Self-Employed  Other

14. Job Title

15. Company Name

16. Nature of Business

17. Are you a Politically Exposed Person\*?  Yes  No

\* A Politically Exposed Person is a natural person, who is currently in public office or who left public office within the last two years, such as, heads of state or government; senior government, judicial, legislative or military officials; senior executives of state owned corporations; high ranking politicians; and important political officials at the national level.

### 2. Details of Policy Owner (if other than the Proposed Life Assured)

1. Name

First Name:	<input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr.
Family Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female

2. Nationality

Place of Birth	
----------------	--

3. Date of Birth

Age	Years
-----	-------

4. Emirates ID Number (if applicable)

Expiry Date	
-------------	--

5. Passport Number

6. Issue Date

Expiry Date	
-------------	--

7. Marital Status  Single  Married  Widow  Divorced

8. Relation with Insured

9. Email



**2. Details of Policy Owner (if other than the Proposed Life Assured) - (continued)**

**Address (if different from Proposed Life Assured)**

10. Address (Residential)

Building: \_\_\_\_\_

Street: \_\_\_\_\_

PO Box: \_\_\_\_\_ City: \_\_\_\_\_ Country: \_\_\_\_\_

Mobile \_\_\_\_\_ Telephone \_\_\_\_\_

11. Address (Office)

Building: \_\_\_\_\_

Street: \_\_\_\_\_

PO Box: \_\_\_\_\_ City: \_\_\_\_\_ Country: \_\_\_\_\_

Mobile \_\_\_\_\_ Telephone \_\_\_\_\_

12. Address (Home Country)

Building: \_\_\_\_\_

Street: \_\_\_\_\_

PO Box: \_\_\_\_\_ City: \_\_\_\_\_ Country: \_\_\_\_\_

Mobile \_\_\_\_\_ Telephone \_\_\_\_\_

13. Correspondence Address  Residential  Office

14. Occupation  Salaried  Self-Employed  Other

15. Job Title \_\_\_\_\_

16. Company Name \_\_\_\_\_

17. Nature of Business \_\_\_\_\_

18. Are you a Politically Exposed Person\*?  Yes  No



TM

### 3. Declaration

I hereby declare that I am in good health and not suffering from any physical or mental or psychiatric diseases. I do not suffer from cancer or tumor, disease of heart, lungs, kidneys, liver, stomach or intestines. Further, I also confirm that I have never participated nor intend to participate in any hazardous sports or activities. The statements above are complete and true. I accept that this declaration shall constitute part of my application for the life insurance linked to my investment. I acknowledge that failure to disclose any material health information known to me on the date of signing this declaration shall invalidate the contract from its inception. Oman Insurance Company P.S.C. ("Sukoon") shall not be liable for the claim on account of my death, the cause of which was known prior to my signing this application for the life insurance cover.

Date

Signature

### 4. Beneficiaries (shared equally unless otherwise stated)

#### 1. Primary Beneficiaries

Name	M/F/Legal Entity	Age	% Share	Relation

#### 2. Contingency Beneficiaries

Name	M/F/Legal Entity	Age	% Share	Relation

### 5. Policy Details

1. Product Name

2. Investment Amount

In words:

3. Investment Amount

In figure:

USD

4. Policy Term (years)

Payment Term (years)



TM

## 6. Fund Details

Please use additional sheet in case of more details.

S. No.	Fund Code	Fund Name	% of Allocation

Risk Disclaimer: Investments in unit linked plans are subject to various risks including market and investment risks. This product is a unit linked plan. All such risks are borne by the proposed life assured/policy owner. Oman Insurance Company P.S.C. ("Sukoon") does not guarantee on the return of the invested funds.

## 7. Premium Payment Details

1. Who will pay for this policy?  Policy Owner  Life Assured
2. Premium Type  Single  Regular
3. Payment Frequency (if regular)  Annual  Semi Annual  Quarterly  Monthly
4. Payment Method  Cheque  Credit Card  Direct Debit  Monthly

Please complete the appropriate 'Payment Method' section.  
All cheques must be payable to 'Sukoon'

5. Total Amount (in words)  In figure (USD)



TM

**7. Premium Payment Details (continued)**

**For payment by Cheque**

1. Name of Issuing bank:

2. Cheque No:  Dated

**For payment by Credit Card**

1. Name of Card Holder

2. Credit Card No  Card Expiry Date  /

3. Card Type  Visa  Mastercard

4. Premium Payment  Initial Premium Only  Initial & Renewal Premium

I as the Proposer/Policyholder, hereby agree to make the premium payments to Oman Insurance Company P.S.C. (hereunto referred to as “Sukoon”) and authorize the Sukoon to debit the above mentioned credit card account with the premium amount as applicable and required for the insurance policy if being issued based on this proposal form. I

5. hereby also authorize Sukoon to continue debiting the above mentioned credit card account with the premium amounts as subsequently required during the policy term and to receive credit for the same, till such time this authorization is revoked/cancelled by me. I agree to inform Sukoon if the credit card number as mentioned and authorized herein for debits expires or needs to be changed or stopped.

Date

Signature

**For Direct Debit**

1. Name of Issuing Bank

2. Account Number

3. IBAN (23 digits)\*

I as the Proposer/Policyholder, wish to avail direct debit from my above mentioned bank account number and I hereby authorize my above mentioned bank to debit the premium payment amount as mentioned above from my above

4. mentioned bank account number in favor of Oman Insurance Company P.S.C. (hereinafter referred to as “Sukoon”), and to continue the direct debit from my above bank account for premium amounts as required by Sukoon, till such time this authorization is revoked/cancelled by me.

Date

Signature



TM

## 8. Declaration

I understand and agree that notwithstanding this standing/payment instruction, I will continue to be responsible for payment of required premiums to Oman Insurance Company P.S.C. (hereunto referred to as "Sukoon") within the required premium due-dates and that I will not hold Sukoon responsible in any manner for any actions initiated by Sukoon (including lapse/termination of policy) for reasons of any outstanding premium as on such premium due date. I confirm that the above filled in details are complete and true and that I will not hold Sukoon responsible in any manner for any premium payment being delayed or not being effected at all. I also agree that Sukoon is not obligated to inform me if any of my premium payment is not realized/received by Sukoon and that I alone will be responsible for consequences of such unpaid premium amounts. In the event of non-realization of first premium deposit, the policy if issued shall be treated as cancelled/void from inception.

Date

Signature



TM

## ANTI-MONEY LAUNDERING FORM

### 1. Policy Details

1. Name of Payer

First Name:

Ms.  Mrs.  Mr.

Family Name:

Male  Female

2. Sum Assured (USD)

3. Do you have previous life (endowment) or fund raising assurance contracts with Sukoon?

Yes  No

If Yes, please provide below details.

Policy Number	Sum Insured	Start Date	Benefits	Policy Term

4. Specify reason for insurance contract.

### 2. Sources of Wealth

1. Net Annual Income

Current Year:

Currency:

Previous Year:

Currency:

Third Year:

Currency:

2. Asset Details

Cash:

Stock/Shares & Bonds:

Properties/Real Estate:

Others:

Total (USD)

3. Liabilities Details

Loans/Debts:

Account Payable (Debit accounts):

Total (USD)





TM

## 2. Sources of Wealth (continued)

4. Sources of funds for Premium payment (Bank account details)

5. Details of other banks policyholder deals with

Bank Name

Account Number

Bank Name	Account Number

6. Source of wealth for premiums

Please provide the below documentary evidence for point F.

**Individuals:** Salary Certificate/Bank Statement showing credits.

**Entities:** Last 3 months bank statement or audited Financial accounts.

## 3. Declaration and Authorization

I declare that I have clearly understood the terms and conditions of the product I am applying for and have clearly understood its features and benefits including the associated risk factors and charges. I further declare that I have answered all the questions in this proposal form after clearly understanding them and that I have duly signed this form at required places. I confirm to have fully understood the nature of the questions and the importance of disclosing all information while answering such questions. I declare that the answers given by me to all questions in the proposal form are true and complete in every respect and that I have not withheld any material information or suppressed any material fact. I undertake to notify Oman Insurance Company P.S.C. (hereunto referred to as "Sukoon") of any change in any information given by me in this proposal form. I confirm that I clearly understand that in case of any misstatement, misrepresentation and/or suppression of any data and/or information and / or where I do not inform Sukoon of any changes in information provided in this proposal form, Sukoon has the right to repudiate any and all claim(s) under any policy if issued based on this proposal form and/or at sole discretion of Sukoon to consider any issued policy based on this proposal form as void. I hereby authorize Sukoon to contact me anytime and through any medium (phone, email, sms etc.) for purpose of obtaining more information about this proposal form and/or for keeping me informed about their other products and/or promotion activities. I hereby also authorize my past/present employer/business associates, medical practitioner(s)/hospitals/laboratories/medical providers, insurance companies, financial institutions to release to Sukoon all details, records, facts and information (including medical details, KYC records, AML-CTF & FATCA details) as required anytime by Sukoon for assessment of risk and/or for processing of claims if subsequently an insurance policy is issued based on this proposal form. I also accept the consequences of any political risks associated with the de-pegging/revaluation of the UAE Dirhams vis-à-vis the US Dollars. This proposal form shall be a part of the insurance policy in case of its acceptance by Sukoon.

Date

Insured's Signature

Date

Policy Owner's Signature



**4. To be filled by Financial Advisor**

1. Name	First Name:		
	Family Name:		
2. Company Name			
Date		Signature	



# FATCA - FOREIGN ACCOUNT TAX COMPLIANCE ACT

## FORM 'A'

The Foreign Account Tax Compliance Act (FATCA) is a United States (US) law aimed at foreign financial institutions and other financial intermediaries to prevent tax evasion by US citizens and residents through use of offshore accounts. The FATCA provisions are applicable to all business issued on or after 1 July 2014, therefore you are required to complete the questions below.

This form is mandatory for all nationalities. The information you give will be used in conjunction with your application form.

### 1. Customers Details

1. Application / Policy #

2. Name

3. Nationality(s)

4. Country of Birth

**If you are a US\* national either by citizenship or residency, please respond to the following questions.**

5. \*The definition of US includes the 50 United States of America, the District of Columbia, Guam, Puerto Rico, US Virgin Islands, American Samoa and the Northern Mariana Islands)

a. Are you a US Tax Payer?  Yes  No

b. Are you a US Citizen?  Yes  No

c. Do you have a US based Telephone number?  Yes  No

6. Where are you Resident for TAX purposes?

7. Country / Countries of Tax Residence:

8. Tax Reference Number(s):

9. If you have answered 'Yes' to any of the above questions please complete requested additional details on Form B. If all the answers are 'No', simply read and sign the declaration below.



TM

## 2. Declaration

I  acknowledge and declare that the above mentioned information is correct and true and complete to the best of my knowledge and belief. I agree to provide supporting evidence and provide updates in case any of the aforementioned information changes. In case Oman Insurance Company P.S.C. (hereunto referred to as "Sukoon") has any reason to believe that the disclosed information is incorrect, Sukoon reserves the right to take suitable action against me.

Date

Signature