



LIBERTY

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Individual Plan Application Form

NEW APPLICATION AMENDMENT POLICY NUMBER (For Amendments)

PRODUCT INDICATOR (Please indicate with a (✓) the product (s) you are making an application or amendment for)

Simple Life Plan Critical Illness Plan Personal Accident Plan
Education Protector Funeral Plan

POLICYHOLDER DETAILS (Always complete this section. This individual is the owner and the principal life assured under the policy terms and conditions. This individual is entitled to receive all benefits ascribed to this policy.)

Surname First names ID/Passport number Telephone Email address Postal address Occupation
Date of birth Gender M F
Mobile number Postal code

BENEFICIARY/NEXT OF KIN DETAILS (In the event of the Policyholder becoming deceased, these are persons nominated by the Policyholder to receive payment of benefits. Please ensure that %share adds up to 100% across all beneficiaries)

Table with 5 columns: FIRST NAME, SURNAME, CONTACT NUMBER, RELATIONSHIP, % SHARE

PAYMENT DETAILS (Always complete this section for new applications, and complete for amendment if relevant. The Policyholder and Premium payer must be the same person. Please indicate with a (✓) the selected payment method)

Bank debit order Mobile Money Salary deduction
Mcash Cash

BANK DEBIT ORDER PAYMENT DETAILS (Complete if Bank Debit Order Payment is selected)

Name of account holder Name of bank Branch name Account number
Branch code Debit order date 03rd 20th 25th 30th

I, the undersigned authorize to, in terms of the agreement, deduct the premium for the amount as specified in this form, including any applicable premium increases I have selected or any increases that Liberty may apply as agreed with me, from my salary and remit it to Liberty on a monthly basis, with effect from / / until such time as I cancel this authority in writing or I substitute this with a new authority.

INSURE INVEST HEALTH

Liberty Group Limited - an Authorised Financial Services Provider in terms of the FAIS Act (Licence no 2409)

Accountholder's full name and surname

Accountholder's signature Date - -

SALARY DEDUCTION DETAILS (Complete if Salary Deduction Payment is selected)

(Please attach a copy of the latest salary slip - must not be older than 3 months, or confirmation of employment from the Policyholder's Employer on the Employer's letterhead.)

Name of employer

Employee salary reference

Gross monthly pay

Net monthly pay

Current insurance deductions

I, the undersigned authorize _____ to, in terms of the agreement, deduct the premium for the amount as specified in this form, including any applicable premium increases I have selected or any increases that Liberty may apply as agreed with me, from my salary and remit it to Liberty on a monthly basis, with effect from _____ / _____ / _____ until such time as I cancel this authority in writing or I substitute this with a new authority.

Policyholder's full name and surname

Policyholder's signature Date - -

DECLARATION BY THE AUTHORISED REPRESENTATIVE (Always complete this section)

By submitting an application, I declare that I have explained all material terms and conditions of the policy to the policyholder. I also confirm that I have verified the identity of the policyholder in accordance with the regulations set out in the related legislation, regulations or guidelines. I have loaded copies of all required documents on the Liberty system.

Brokerage / Agency name

City / Town

Intermediary full name and surname

Intermediary signature (if applicable) Date - -

DECLARATION BY THE AUTHORISED REPRESENTATIVE (Always complete this section)

This declaration contains guarantees and undertakings that I, as the Policyholder and the Principal Life Assured agree to.

I confirm that I understand the product and policy:

- I confirm that I understand the nature of the product and that the authorised representative has explained the product rules, Terms and Conditions, and relevant marketing material.
- I confirm that Terms and Conditions have been explained and issued to me by the authorised representative.

I guarantee that I am giving information correctly:

- All information given to the Underwriter in respect of any transaction is true and accurate and can be relied on for contracting.
- Where any material information is not fully disclosed, or is found to be untrue, the Underwriter will declare the Policy invalid from the outset and will not pay any claim or benefits.

I guarantee to keep my details up to date:

- I undertake to keep the Underwriter informed of any changes to the information supplied on this application, which includes but is not limited to my contact details to enable the Underwriter to communicate with me.

I authorise the Underwriter and the authorised representative:

- To collect and process certain personal and financial information from me if relevant to my policy.

I authorize the Underwriter to collect and share information:

I accept that with this authorisation I am limiting my right to privacy. However to assess the insurance risk, I irreversibly authorize the Underwriter to:

- a. Obtain from any person, whom I hereby permit and request to give any information which the Underwriter needs, and
- b. Share with other insurers that information and any information in this application or any related source at any time, in a form approved by the Underwriter or the Regulator.

I, the undersigned, confirm that the information supplied on this form is to the best of my knowledge true and correct. I further acknowledge that the Underwriter and the authorised representatives accept no responsibility or liability for the accuracy of the information provided by myself.

Policyholder's full name and surname

Policyholder's signature Date - -

Guardian's full name and surname

Guardian's signature Date - -

PRODUCT AND BENEFIT APPLICATION DETAILS *(Always complete this section)*

SIMPLE LIFE PLAN

Occupation

Sum assured selected Premium

OPTIONAL SIMPLE LIFE BENEFITS (Please indicate with a (✓) the optional benefit(s) selected). Additional premium is payable for optional benefits.

<input type="checkbox"/> Permanent disability	Sum assured selected*	<input type="text"/>	Premium	<input type="text"/>
<input type="checkbox"/> Critical illness	Sum assured selected*	<input type="text"/>	Premium	<input type="text"/>
<input type="checkbox"/> Physical impairment	Sum assured selected*	<input type="text"/>	Premium	<input type="text"/>
<input type="checkbox"/> Accidental death**			Premium	<input type="text"/>
<input type="checkbox"/> Funeral benefit***			Premium	<input type="text"/>

*Sum assured amount cannot be higher than Simple Life sum assured selected
 **Simple Life sum assured selected is increased by 25%
 ***A fixed benefit to cover funeral expenses

Total premium payable for Simple Life Plan (incl. Optional benefits)****

****Please note that premiums indicated are inclusive of all charges applicable within the regulatory framework. For a detailed breakdown, please contact your financial advisor.

Annual benefit increase (ABI) for Simple Life Plan 0% 5% 10%

ABI does not apply to Funeral benefit

Policyholder's full name and surname

Policyholder's signature Date - -

CRITICAL ILLNESS PLAN

Sum assured selected Premium

Optional Funeral benefit Premium

Total premium payable for Critical Illness Plan*

* Please note that premiums indicated are inclusive of all charges applicable within the regulatory framework. For a detailed breakdown, please contact your financial advisor.

Annual benefit increase (ABI) for Critical Illness Plan 0% 5% 10%

ABI does not apply to Funeral benefit

Policyholder's full name and surname

Policyholder's signature Date - -

PERSONAL ACCIDENT PLAN

Sum assured selected Premium

Optional Funeral benefit Premium

Total premium payable for Personal Accident Plan*

* Please note that premiums indicated are inclusive of all charges applicable within the regulatory framework. For a detailed breakdown, please contact your financial advisor.

Policyholder's full name and surname

Policyholder's signature Date - -

EDUCATION PROTECTOR

Plan Option Details 3,000,000 6,000,000 9,000,000

CHILDREN'S DETAILS

FIRST NAME	SURNAME	GENDER	DATE OF BIRTH	CURRENT AGE *	MONTHLY PREMIUM
Total sum assured and premium payable for Education Protector**					

*Current age is based on year of birth regardless of the month the dependant was born in (i.e. current year - year of birth).

**Please note that premiums indicated are inclusive of all fees charged within the regulatory requirements. For a detailed breakdown, please contact your financial advisor.

Policyholder's full name and surname

Policyholder's signature Date - -

FUNERAL PLAN

Please select lives to be covered:

Individual Family

Please select type of cover required:

Basic cover* Comprehensive cover**

Sum assured selected

Premium

*Includes Funeral, Premium Waiver and Double Accidental Death benefits

**Includes Funeral, Premium Waiver, Tombstone and Family Support benefits

OPTIONAL BENEFITS ON FUNERAL PLAN (Please indicate with a (✓) the optional benefit selected)

BENEFIT TYPE	NUMBER OF DEPENDANTS TO BE COVERED	SUM ASSURED PER DEPENDANT	PREMIUM PER DEPENDANT	TOTAL PREMIUM FOR ALL DEPENDANTS
Parents and Parents in law*				
Extended Family**				

*All parents and parents in law added to the funeral product will each have the same level of cover as selected here

**All extended family members added to the funeral product will each have the same level of cover as selected here

DEPENDANTS DETAILS (Complete if family or parents and parents in law or extended family benefit is selected)

FIRST NAME	SURNAME	DATE OF BIRTH	RELATIONSHIP	GENDER

Total premium payable for Funeral Plan (incl. Optional benefits)***

***Please note that premiums indicated are inclusive of all fees charged within the regulatory requirements. For a detailed breakdown, please contact your financial advisor.

Policyholder's full name and surname

Policyholder's signature Date - -