

## Life Choices

### PART 1 BENEFICIARY'S INFORMATION

First Name \_\_\_\_\_ Middle Name(s) \_\_\_\_\_

Last Name \_\_\_\_\_ Maiden Name \_\_\_\_\_ Title \_\_\_\_\_

Date of Birth (DD/MM/YY) \_\_\_\_\_ Gender \_\_\_\_\_ Marital Status \_\_\_\_\_

Nationality \_\_\_\_\_ Place of Birth \_\_\_\_\_

License  Passport ID No. \_\_\_\_\_ Country of Issue \_\_\_\_\_ Date of Expiry \_\_\_\_\_

Mailing Address \_\_\_\_\_

Residential Address: House Name/No. and Street \_\_\_\_\_

Parish/District \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Home Tel. No. \_\_\_\_\_ Cellular No. \_\_\_\_\_ Work No. \_\_\_\_\_

Fax No. \_\_\_\_\_ Email Address \_\_\_\_\_

Employment Status \_\_\_\_\_ Occupation \_\_\_\_\_

Employer Name \_\_\_\_\_ Years of Employment \_\_\_\_\_ Annual Income \_\_\_\_\_

Employer Address: No. and Street \_\_\_\_\_

Parish/District \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

If self-employed, provide details and nature of business \_\_\_\_\_

If retired, provide details of your most recent occupation \_\_\_\_\_

Please detail the source(s) of the funds that will be directed to your account(s):

- |  |  |                                      |                                    |
|--|--|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Salary/Bonus                                | <input type="checkbox"/> Savings                     | <input type="checkbox"/> Inheritance | <input type="checkbox"/> Bank Loan |
| <input type="checkbox"/> Maturity/surrender of Life Insurance Policy | <input type="checkbox"/> Death Benefit - Beneficiary | <input type="checkbox"/> Pension     |                                    |
| <input type="checkbox"/> Other (specify): _____                      |  |                                      |                                    |

Please explain the source(s) of the wealth/net worth that may be directed to your account(s):

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Savings from salary    | <input type="checkbox"/> Inheritance           | <input type="checkbox"/> Sale of investment                |
| <input type="checkbox"/> Sale of Property       | <input type="checkbox"/> Death benefit payment | <input type="checkbox"/> Dividends or Profits from Company |
| <input type="checkbox"/> Other (specify): _____ |  |  |

The term "**Politically Exposed Person**" applies to someone who currently has, or has had, a position of public trust (e.g., government official, senior executive of government corporations, politician, important political party official, etc.) or an individual who is closely related to/associated with such a person.

Does this description apply to you?  Yes  No

If Yes, please explain: \_\_\_\_\_

### Life Choices

What other Coralisle Products do you have?

- Home Contents Insurance
- Medical Insurance
- Pension
- Motor Insurance
- Travel Insurance
- Life Insurance (Group)
- Other \_\_\_\_\_
- Home Building Insurance
- Business Insurance
- Life Insurance (Individual)

### **PART 2** BENEFICIARY'S DECLARATION

I hereby declare that the information provided above is complete and accurate. I agree to advise the Company of any changes to my status that could affect the operation of the plan and subsequently, our relationship.

Signature \_\_\_\_\_ Date Completed (DD/MM/YY) \_\_\_\_\_