

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: _____

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What other Coralisle Products do you have?

- | | | |
|--|---|--|
| <input type="checkbox"/> Home Contents Insurance | <input type="checkbox"/> Motor Insurance | <input type="checkbox"/> Home Building Insurance |
| <input type="checkbox"/> Medical Insurance | <input type="checkbox"/> Travel Insurance | <input type="checkbox"/> Business Insurance |
| <input type="checkbox"/> Pension | <input type="checkbox"/> Life Insurance (Group) | <input type="checkbox"/> Life Insurance (Individual) |
| | <input type="checkbox"/> Other _____ | |

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) _____