

## Life Choices

- ☐ Policy Owner      ☐ Payor  
☐ Life Assured      ☐ Beneficiary

**PART 1** CLIENT INFORMATION

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

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

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

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

Dual Nationality? ☐ Yes ☐ No      If Yes, please specify: \_\_\_\_\_☐ License ☐ Passport ☐ Other: \_\_\_\_\_ 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):

- ☐ Salary/Bonus      ☐ Savings      ☐ Inheritance      ☐ Bank Loan  
☐ Maturity/surrender of Life Insurance Policy      ☐ Pension  
☐ Other (specify): \_\_\_\_\_

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

- ☐ Savings from salary      ☐ Inheritance      ☐ Sale of investment  
☐ Sale of Property      ☐ Death benefit payment      ☐ Dividends or Profits from Company  
☐ Other (specify): \_\_\_\_\_

## Life Choices

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: \_\_\_\_\_

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 POLICY HOLDER'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.

#### Data Protection Declaration:

By signing this form, I confirm/understand that:

- In order to administer the policy and plan Coralisle Life Assurance Company Ltd. may process any and all of the personal data provided.
- I consent to Coralisle Life Assurance Company Ltd. processing my personal data, in accordance with Coralisle Life Assurance Company Ltd.'s Privacy Policy (<https://international.cgcoralisle.com/privacy-policy/>). For additional information on your rights and how to exercise them, please access or request this Policy.
- I confirm that any personal data I provide to Coralisle Life Assurance Company Ltd. in respect of any third party, is done with that third party's consent and knowledge of Coralisle Life Assurance Company Ltd. processing of their personal data.
- I have the right for my personal data to be processed in accordance with the rights of Data Subjects under the relevant jurisdictional privacy legislation.
- I understand that this form shall be incorporated into and shall constitute a part of the policy contract between me/us and the Company.

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Coralisle Life Assurance Company Ltd.** Jardine House, 33-35 Reid Street, Hamilton HM 12, Bermuda  
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Life Assurance and Personal Investments

**INSURANCE | HEALTH | PENSIONS | LIFE**

A member of Coralisle Group Ltd.

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