Britam
With you every step of the way

BRITAM LIFE ASSURANCE COMPANY
APPLICATION FOR ANNUITY POLICY

Quotation Number

APPLICANT DETAILS

NAME OF APPLICANT	
NAME OF SPOUSE *(for Joint Life Annuity)*	
APPLICANT'S ID NUMBER	
APPLICANT'S PIN NUMBER	
PURCHASE PRICE	

OCCUPATION | SOURCE OF FUNDS

Applicant's Date of Birth (D D M M Y Y Y Y) | Gender | Spouse's Date of Birth (D D M M Y Y Y Y)

CONTACT DETAILS

MOBILE NUMBER | EMAIL

P.O BOX | POSTAL CODE | TOWN

PHYSICAL ADDRESS/RESIDENCE

ANNUITY DETAILS

SPOUSE REVERSION RATE % | GUARANTEE PERIOD Years | ESCALATION RATE %

PAYMENT FREQUENCY | MONTHLY | QUARTERLY | SEMI ANNUALLY | ANNUALLY

LAST EXPENSE BENEFIT DETAILS *(Optional)*

Would you like to purchase a last expense (funeral) cover? YES NO

Sum Assured

BANK DETAILS

ACCOUNT NAME

NAME OF BANK | BRANCH

ACCOUNT NUMBER

BENEFICIARY NOMINATION

FULL NAME	RELATIONSHIP	AGE	SHARE (%)	TELEPHONE/ADDRESS

Guardian for Beneficiaries under the age of 18 :

Name | Relationship to Beneficiary | Address & Telephone Number

DECLARATION

I declare that the above statements are to my knowledge and belief true and complete, and agree that this application form shall form the basis of the contract between me and the Company.

Applicant's Signature : _____ Date : _____

Name of Intermediary : _____ **Signature of Intermediary :** _____

Intermediary Debit Number : _____ **Branch :** _____

FOR OFFICIAL USE ONLY

Commencement Date (D D M M Y Y Y Y) **Gross Annuity (Kshs)**

Funeral Plan Quotation Number

Funeral Plan Single Premium