

## StarLife PERSONAL PENSION PLAN (ANNUITY PLAN)

Kindly complete this form in BLOCK LETTERS  
(All names should be in full; initials are not accepted)

### a. Personal details of the Proposer

**Surname:**

**First Name:**

**Middle Name:**

**Maiden Name:**

**Title:**

**Date of Birth:**  **Gender:** Male  Female

**Marital Status:** Single  Married  Divorced  Widow(er)  Separated

**ID Type:** National ID  Passport  Drivers'  Voters'  Attestation Letter

**ID Number:**  **Date of Issue:**  **Date of Expiry:**

**Country of Issue:**  **Issuing Authority:**

**Correspondence Address :**  
(Include P. O. Box number where available)

**City:**  **Region/State:**

**Country:**

**Proof of Address:** Utility Bill  Tenancy Agreement  Attestation Letter  Property Rate   
Bank Statement  Others  Please Specify:

**Occupation:**

**Email:**

**Telephone:**  **Mobile :**

**Annual Income(GHC):** Up to 10,000  10,001 – 50,000  50,001 – 100,000  100,000 – 250,000   
Above 250,000

**Retirement Date:**

**SSNIT Number:**

**Nationality:**

**Are you a Ghanaian Resident?** Yes  No

**How do you want us to communicate with you?**  
(Please tick as appropriate) Telephone  Email  SMS  Post   
WhatsApp Number

### PEP STATUS:

- a. Are you a politically exposed Person? Yes  No
- b. Is any family member or known close associate a PEP? Yes  No

### b. Cover Details

**Amount to be Invested/Pension Amount (GHC):**

**Source** Retirement Savings Account  Personal Account

**Annual Escalation on Annuity Payment** 5%  7.5%

**Frequency of Payment** Monthly  Quarterly  Half Yearly  Annually

**Automatic Guaranteed Period (10 years)**

**Withdrawal Option within Guarantee Period** 5%  10%

**Expected time to receive Annuity premium after filling the application form.** 1 month  2 months  3 months  4 month   
5 month  6 months

*The Annuity Amount quoted on the Application may change if premium payment is received after 30 days from the completion and submission of the application form*

**c. Bank Account Details**

Bank Name:

Bank Account Number:

Bank & Branch:

Bank Sort Code:

**d. Beneficiaries and Legal Guardian/Trustee**

	Surname	First Name\	Other Names	Date of Birth	Relationship	%	Contact No.
1							
2							
3							
4							
5							
6							
7							
8							

**Legal Guardian / Trustee**

Surname	First Name	Other Names	Date of Birth	Relationship	Contact No.

*Benefit will be paid to legal guardian/trustee if the beneficiary(ies) is a minor (under 18 years of age)*

**e. How did you get to know StarLife**

Kindly write **F** = Facebook, **L** = LinkedIn, **T** = Twitter, **I** = Instagram, **W** = Website, **R** = Referral, **A** = Agent, **B** = Broker, **C** = Radio, **T** = TV  
**P** = Print/Newspaper, **D** = Billboard, and **O** = Others  (If Others, kindly specify: \_\_\_\_\_)

**f. Declaration**

I declare that every statement in response to questions asked in this application is true and correct to the best of my knowledge. I agree that this application shall serve as the basis and form part of the contract. All the questions have been explained to me in the language I understand by and I have been made to understand that this contract shall not become operative until all the following conditions have been met:

1. This application has been approved by StarLife Assurance Company Limited, the underwriter of the policy.
2. The appropriate premium has been received by StarLife Assurance Company Limited.

Proposer's Signature:  Date:

Branch Manager's Name:

Zonal Manager's Name:

Sales Executive/Broker I.D.:

Sales Executive/Broker Name:

Sales Executive/Broker Signature:  Date:

Sales Manager's Name:

Sales Manager's Signature:  Date:

<b>FOR OFFICIAL USE ONLY</b>	Policy Number:	<input type="text"/>	Approved By:	<input type="text"/>
	Issue Date:	<input type="text"/>	Signature:	<input type="text"/>
	Issue Age:	<input type="text"/>	Date:	<input type="text"/>