



## 5. Declaration for and on behalf of the proposed Key Individual(s)

On behalf of the proposed Key Individual(s), I/we hereby apply for cover provided by Keyman Cover Provider from UBA Metropolitan Life Insurance Limited (herein referred to as UBA Metropolitan Life).

- I/We warrant that the information in this application and in all documents submitted to UBA Metropolitan Life in connection with it, whether in my/our handwriting or not, is true, correct and complete and will form the basis of the proposed contract.
- In order to facilitate the assessment of the risk, and for the consideration of any claim, I/we irrevocably authorise UBA Metropolitan Life:
  - to obtain from any person, any information which UBA Metropolitan Life deems necessary, and
  - to share with other insurers that information and any information contained in this proposal or in any related contract or other document, either directly or through a database operated by or for insurers as a group, at any time (even after the Insured Life/Lives death) and in such detailed, abbreviated or coded form as may from time to time be decided by UBA Metropolitan Life or by the operators of such database. I/We understand and accept that my/our right of privacy may be infringed to the extent permitted by me/us in this authorisation and I/we waive my/our right to privacy to that extent.

- I/We agree that if any material information concerning the risk on the Insured Life/Lives has not been fully disclosed, or if I/we have given any untrue, incorrect or incomplete answers, UBA Metropolitan Life reserves the right to cancel the cover applied for and I/we shall forfeit all premiums paid.
- I/We understand that I/we am/are entitled to cancel this application within 30 days of the date of the letter of acceptance issued by UBA Metropolitan Life. I/We agree that there will be a refund of all premiums paid, less the cost of any cover or investment (if applicable) enjoyed by me. I/We understand that this right applies also to any application to increase the life cover on an existing contract and that any refund refers to the difference between old and new premium.
- Replacement of contract:** I/We understand that it is not in my/our best interest to replace an existing contract with a new contract.

All benefits provided are dependent on the correctness of the statements contained in this application and in any other documents submitted to UBA Metropolitan Life in connection with Keyman Cover Provider now or in the future, by any officer or employee of the business, or intermediary acting on behalf of the business.

Date

1. Signature of authorised official

2. Signature of authorised official

## 6. Reason for taking cover **Note:** Only complete the relevant section. (either 6.1 or 6.2 or 6.3)

### 6.1 Commercial Loan

Reason for loan:

Amount of loan:  Term of loan  (years)

Is the loan conditional on issuing of the policy? Yes  No  Will an immediate cession be arranged? Yes  No

Name of Lending/Financial Institution:

### 6.2 Key Individual(s)

On what basis has the cover/sum insured been calculated Multiple of salary  State multiple  Multiple of profit  State multiple

Any other basis

Has the company effected, or does it intend to effect, policies on the lives of other key individuals? Yes  No

### 6.3 Share Purchase and Partnership Insurance

What value has been placed on the business?  Has the valuation been conducted by a professional advisor? Yes  No

How many partners/shareholders in the business? Partners:  Shareholders:

Is this policy being effected on the lives of all shareholders/partners? Yes  No  (If no, please state reason below)

Is the policy to be written in trust for the remaining partners/shareholders? Yes  No  (If no, please state reason below)

Is there a "Double Option" or "Buy and Sell" agreement? Yes  No  (If "Yes", please give details of the obligations/options that exist on death)

(If "No", what obligations exists that gives rise to the need for insurance)

## 7. Agent Declaration

I hereby declare that I have explained the policy to the proposer (official acting on behalf of the corporate entity/business), the meaning and implications of replacements to the proposer and that I am fully aware of the possible detrimental consequences of the replacement of any insurance policy. I declare that all the information contained in this proposal was obtained from the proposer and was completed in his/her/their presence. I also declare that I have seen satisfactory evidence of the relevant documents to be submitted by the proposer.

Signature  Date

## 8. For Office use only

<b>SALES MANAGER (Checked by Manager)</b>	
Check was a <input type="checkbox"/> personal <input type="checkbox"/> Telephone check	
Result <input type="text"/>	
Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<b>Authorisation by Manager</b>	
Accept Application which is complete <input type="checkbox"/> Not able to be spot checked <input type="checkbox"/>	
Sales Manager's name <input type="text"/>	
Signature <input type="text"/>	Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

<b>NEW BUSINESS</b>	
<b>Underwriters Comments</b>	Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/>	
<b>Document Checklist</b>	
Proposal form (Section 1) <input type="checkbox"/>	Quotation <input type="checkbox"/> Board Resolution <input type="checkbox"/>
Proposal form (Section 2) <input type="checkbox"/>	
Captured by <input type="text"/>	Capture date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>