



LIBERTY
In it with you

Individual Plan Application Form.

Liberty Life Assurance Uganda Limited - Reg.No. 75913

Mariba Building, 3rd Floor, Plot 17, Golf Course Road,
Kololo Kampala, Uganda

PO Box 22938, Kampala, Uganda

t +256 414 233 794 f +256 414 232 903

w www.liberty.co.ug

☐ NEW APPLICATION

☐ AMENDMENT

POLICY NUMBER (For Amendments)

Product indicator

(Please indicate the product(s) you are making an application or amendment for)

☐ Simple Life Plan

☐ Critical Illness Plan

☐ Personal Accident Plan

☐ Education Protector

☐ Funeral Plan

Policyholder details

(Always complete this section. This Individual Is the Owner and the Principal Lie Assured under the Policy terms and conditions. This individual is entitled to receive all Benefits ascribed to this Policy.)

Surname

First name(s)

Gender ☐ M ☐ F

ID / Passport number

Date of Birth

Telephone number

Mobile number

Email address

Postal address

Postal Code

Occupation

Beneficiary / next of kin details

(In the event of the Policyholder becoming deceased, these are persons nominated by the Policyholder to receive payment of benefits. Please ensure that %share adds up to 100% across all beneficiaries)

Name and surname	ID number	Date of birth	Contact number	Relationship	% Share

Payment details

(Always complete this section for new applications, and complete for amendment if relevant. The Policyholder and Premium payer must be the same person. Please indicate the selected payment method)

Payment Method

☐ Bank debit order

☐ Mobile Money

☐ Salary deduction

☐ Mcash

☐ Cash

Debit order payment details (Complete if Debit Order Payment is selected)

(Please attach a copy of the latest bank statement - must not be older than 3 months, or confirmation of account details from the Policyholder's Bank on the Bank's letterhead.)

Name of account holder

Name of bank

Account number

Branch name

Branch code

Debit order date

☐ 15th ☐ 20th ☐ 25th ☐ Last day of the month

I, the undersigned authorise Liberty to, in terms of the agreement, deduct the premium for the amount as specified in this form, from this account, including any applicable premium increases I have selected or any increases that Liberty may apply as agreed with me, until the due premium on this policy is paid.

Account holder's full name and surname

Account holder's signature

Date

Salary deduction details ((Complete if Salary Deduction Payment is selected))

(Please attach a copy of the latest salary slip - must not be older than 3 months, or confirmation of employment from the Policyholder's Employer on the Employer's letterhead.)

Name of employer

Employee salary reference

Gross monthly pay

Net monthly pay

Current insurance deductions

I, the undersigned authorise _____ to, in terms of the agreement, deduct the premium for the amount as specified in this form, including any applicable premium increases I have selected or any increases that Liberty may apply as agreed with me, from my salary and remit it to Liberty on a monthly basis, with effect from ____/____/____ until such time as I cancel this authority in writing or I substitute this with a new authority.

Policyholder's full name and surname

Policyholder's signature

Date

Declaration by the policyholder

(Always complete this section)

This declaration contains guarantees and undertakings that I, as the Policyholder and the Principal Life Assured agree to.

I confirm that I understand the product and policy:

☐ I confirm that I understand the nature of the product and that the authorised representative has explained the product rules, Terms and Conditions, and relevant marketing material.

☐ I confirm that Terms and Conditions have been explained and issued to me by the authorised representative.

I guarantee that I am giving information correctly:

☐ All information given to the Underwriter in respect of any transaction is true and accurate and can be relied on for contracting.

☐ Where any material information is not fully disclosed, or is found to be untrue, the Underwriter will declare the Policy invalid from the outset and will not pay any claim or benefits.

I guarantee to keep my details up to date:

☐ I undertake to keep the Underwriter informed of any changes to the information supplied on this application, which includes but is not limited to my contact details to enable the Underwriter to communicate with me.

Data Privacy and Marketing consent

You hereby authorise us, our intermediaries, the owner of the policy (if different to the Assured), and our service providers (which may also be located outside of Uganda as long as required and potentially after your death, to:

- Collect any personal, medical, financial, policy, and product information, including sensitive personal data, and to process it internally
- Contact you for and send you marketing information

I confirm that the above details are true and correct. I have applied for this policy free of choice. Please tick box if you agree to:

☐ Liberty Group sharing your personal information within the Liberty Group for marketing purposes and Liberty Group then marketing its products, services and special offers to you. If you in future do not want us to market to you anymore please notify us.

Declaration by the authorised representative

(Always complete this section)

By submitting an application, I declare that I have explained all material terms and conditions of the policy to the policyholder. I also confirm that I have verified the identity of the policyholder in accordance with the regulations set out in the related legislation, regulations or guidelines. I have loaded copies of all required documents on the Liberty system.

Brokerage / Agency name

City / Town

Intermediary full name and surname

Intermediary signature

Date

Guardian's signature

Date

Product and Benefit application details

(Always complete this section)

Simple Life Plan

Occupation

Sum assured selected

Premium

Optional Simple Life Plan benefits

((Please indicate the optional benefits) selected). Additional premium is payable for optional benefits.)

<input type="checkbox"/>	Permanent disability	Sum assured selected	<input type="text"/>	Premium	<input type="text"/>
<input type="checkbox"/>	Critical illness	Sum assured selected	<input type="text"/>	Premium	<input type="text"/>
<input type="checkbox"/>	Physical impairment	Sum assured selected	<input type="text"/>	Premium	<input type="text"/>
<input type="checkbox"/>	Accidental death**			Premium	<input type="text"/>
<input type="checkbox"/>	Funeral benefit***			Premium	<input type="text"/>

* Sum assured amount cannot be higher than Simple Life sum assured selected

** Simple Life sum assured selected is increased by 25%

*** A fixed benefit to cover funeral expenses

Total premium payable for Simple Life Plan (incl. Optional benefits)****

****Please note that premiums indicated are inclusive of all charges applicable within the regulatory framework. For a detailed breakdown, please contact your financial advisor.

Annual Benefit Increase (ABI) for Simple Life Plan

☐ 0% ☐ 5% ☐ 10%

ABI does not apply to Funeral benefit

Policyholder name and surname

Policyholder's signature

Date

Critical Illness Plan

Sum assured selected

Premium

☐ Optional Funeral benefit

Premium

Total premium payable for Critical Illness Plan*

*Please note that premiums indicated are inclusive of all charges applicable within the regulatory framework. For a detailed breakdown, please contact your financial advisor.

Annual Benefit Increase (ABI) for Simple Life Plan

☐ 0% ☐ 5% ☐ 10%

ABI does not apply to Funeral benefit

Policyholder name and surname

Policyholder's signature

Date

Personal Accident Plan

Sum assured selected

Premium

☐ Optional Funeral benefit

Premium

Total premium payable for Personal Accident Plan*

*Please note that premiums indicated are inclusive of all charges applicable within the regulatory framework. For a detailed breakdown, please contact your financial advisor.

Policyholder name and surname

Policyholder's signature

Date

Education Protector

Plan Option Details

3 000 000

6 000 000

9 000 000

Children's details

	First Name	Surname	Gender	Date of Birth	Current Age *	Monthly Premium
1						
2						
3						
4						
Total sum assured and premium payable for Education Protector**						

* Current age is based on year of birth regardless of the month the dependant was born in (i.e. current year – year of birth).

***Please note that premiums indicated are inclusive of all fees charged within the regulatory requirements. For a detailed breakdown, please contact your financial advisor.

Policyholder name and surname

Policyholder's signature

Date

Funeral Plan

Please select type of cover required:

Basic Cover *

Comprehensive Cover **

Please select lives to be covered:

Individual

Family

Sum assured selected

Premium

* Includes Funeral, Premium Waiver and Double Accidental Death benefits

** Includes Funeral, Premium Waiver, Tombstone and Family Support benefits

Optional benefits on funeral plan

Benefit type	Number of dependents covered	Sum assured per dependent	Premium per dependent	Total premium for all dependents
Parents and Parents in law*				
Extended Family**				

* All parents and parents in law added to the funeral product will each have the same level of cover as selected here

** All extended family members added to the funeral product will each have the same level of cover as selected here

Dependants details

(Complete if family or parents and parents in law or extended family benefit is selected)

	First Name	Surname	Date of Birth	Relationship	Gender
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Total premium payable for Funeral Plan (incl Optional benefits)***

***Please note that premiums indicated are inclusive of all fees charged within the regulatory requirements. For a detailed breakdown, please contact your financial advisor.

Policyholder name and surname

Policyholder's signature

Date