

APPLICATION FOR A **RESTASSURED** POLICY

POLICY NO.

	MARITAL STATUS					SEX		DATE OF BIRTH		
	Single	Married	Widowed	Divorced	Separated	Male	Female	Day	Month	Year
Life Insured's Name:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Address:	ANB:	<input type="checkbox"/>
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Owner's Name:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Home Address:	ANB:	<input type="checkbox"/>
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Mailing Address (If different from home address):
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Payor's Name:	Occupation:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Address:

Beneficiary's Name:	Relationship to Life Insured:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Address:

Trustees Under the Married Persons Act: Owner &	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Address:

Coverage Requested: \$	Payment Method: <input type="checkbox"/> Banker's Order <input type="checkbox"/> Salary Deduction <input type="checkbox"/> Cheque
	Payment Mode: <input type="checkbox"/> Annually <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Monthly

Premium: \$

Eff. Date of Risk:

I hereby declare that I understand all the terms and conditions as outlined in the brochure. If the policy applied for has been issued but not accepted by me, Tatil Life Assurance Limited may deduct all its costs incidental to the issuing from any monies that might be refunded to me in the circumstances.

Insured's Signature	Witness' Signature	Date
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Owner's Signature	Witness' Signature	Date
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Agent's Name/ Unit/No:

Amount Paid: \$

