Liberty Life Assurance Kenya Limited
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csc@libertylife.co.ke
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LIBERTY | Heritage Insurance Company A member of LIBERTY

APPLICATION FOR SOMA PLAN

USE BLOCK LETTERS

Policy No.

Please complete in DARK INK; Changes and corrections must be initialed by the applicant.
Please answer all questions.

PRINCIPAL LIFE ASSURED

Applicant's Full Name					
Date of Birth			Gender		
ID/Passport No.			PIN		
Postal Address		Code	Town		
Telephone No.			Email		
Residential address	Road		Estate		House No.
Preferred Mode of Communication (tick)	SMS/telephone ☐	Postal Address ☐	Email ☐		
Register me for (tick)	Mobile Services ☐	Internet Services ☐			
Source of funds/wealth,					
Occupation					
Qualification		Annual Income (Kshs.)			
Employer, if applicable		Employer address			
Years in employment		Payroll No.			

SECOND LIFE ASSURED (To be completed where there is a joint applicant)

Full Name			
Date of Birth			
ID/Passport No.			
PIN No.			
Occupation			
Employer, if applicable			
Postal Address			
Telephone No.		Email	
Source of wealth			

PREMIUM PAYMENT METHOD AND FREQUENCY

PLEASE TICK ONE:

Frequency	Annual ☐	Semi-Annual ☐	Quarterly ☐	Monthly ☐
Mode of Payment	Cash/cheque ☐	Check-off	Bankers Order ☐	Direct Debit ☐
Other (specify)				

Cash/Cheque payments ONLY allowed for the first/deposit premium and for payment frequencies of Quarterly, Semi-Annual & Annual

BANKERS ORDER OR DIRECT DEBIT

Account Name		Account Number	
Bank		Branch	
Type of Account		Total initial premium paid with this application Kshs.	

TO BE COMPLETED BY THE LIFE ASSURED

Type of Cover (single/Joint):		Policy Term (Years):		Commencement Date:	
COVER BENEFITS		**SUM ASSURED (KSHS.)**		**PREMIUM (KSHS.)**	
Sum Assured Life I					
Sum Assured Life II					
Basic Cover for Death					
Partial Maturity		YES ☐	NO ☐		
Riders (if any)					
Waiver of Premium (WP) on retrenchment (tick)		YES ☐	NO ☐		
Critical Illness (tick)		YES ☐	NO ☐		
Permanent Disability (tick)		YES ☐	NO ☐		
Accidental Death		YES ☐	NO ☐		
Waiver of Premium on Disability		YES ☐	NO ☐		
Sub-Total Premium					
PHCF Levy					
Joint Life Premium					
Total Premium					

OPTIONAL: PREMIUM ESCALATION (Increases Sum Assured and corresponding premium annually on Anniversary Date)

By what percentage would you like the sum assured/premium escalated on an annual basis? Please select the percentage.

Sum Assured:	0%	☐	2.5%	☐	3.75%	☐	5%	☐	7.5%	☐	10% ☐
Premium:	0%	☐	5%	☐	7.5%	☐	10%	☐	15%	☐	20% ☐

NOMINATED BENEFICIARIES/CHILDREN

Provide last expense cover for

(Kindly note that Birth certificate must be provided if last expense is opted for)

	Beneficiary/Child Name	Relationship	Date of Birth	ID Number	Telephone Number	Share %	Provide last expense cover for the child	
							Yes	No
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								

If any of the above mentioned is a minor (not attained 18 years), please provide details of the guardian below. The guardian should not either be the Life assured or a minor (below 18 years)

	Name of Guardian	Relationship	Date of Birth	ID Number	Telephone
1.					
2.					

ANY SPECIAL INSTRUCTIONS FROM THE APPLICANT

DECLARATION AND AUTHORIZATION

It is hereby declared and agreed that:

a.) This application for insurance is hereby made to LIBERTY LIFE ASSURANCE LIMITED

b.) The answers in this application are complete and true.

c.) The statements made in this application and in any other documentation submitted in connection with this application form the basis of the policy applied for and shall constitute all representations made as a basis for the said policy.

d.) Where any material information is not fully disclosed or is found to be untrue, we may decide to cancel the policy and/or not to pay any claims or benefits.

e.) I understand the nature of the product and that it meets my financial planning needs and that my agent has explained the product rules, terms and conditions, and relevant marketing material.

f.) Information regarding my insurability will be treated as confidential. The Company or its reinsurers may, however, release information in its file to other life insurance companies to whom I have applied for life or health insurance, or to whom a claim for benefits has been submitted.

g.) If the policy is in force after the first anniversary, and remains in arrears for the next three consecutive months then the policy shall become paid up.

h.) I understand that this policy is subject to six months waiting period(except for accident cases) and that I may be required by the insurance company to undergo medical examination before cover is issued.

I hereby authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company, or other organizations, institutions or person, that has any records or knowledge of the Life Proposed, to give to the Company or its reinsurers any such information all to the extent permitted by law and I agree that a photographic copy of this authorization shall be as valid as the original for this purpose.

I/we hereby authorize the Company to recover any expenses incurred if I/We terminate the application for insurance before contract is completed.

It is further agreed, that unless otherwise provided by a receipt which has been issued in connection with this application, the said policy shall only take effect if:

1. The first premium is paid in full to the Company.
2. The Life or Lives assured are in good health and insurable subsequent to the completion of this application.
3. I confirm that the Policy Document will be sent to me through the email address indicated above.

DATA PRIVACY CONSENT/DELARATION

I/We consent to Liberty Life Assurance Kenya Limited:

a.) Collecting, using, disclosing and/or processing and/or storing my/our personal data for purposes that are relevant to my policy and as permitted by law;

b.) Collecting and sharing my personal data in accordance with the privacy statement on its website (https://www.liberty.co.ke/);

c.) Transferring my/our personal data to their reinsurers and affiliated companies for the purposes of insurance and as permitted by law;

d.) And/or its contracted Third parties contacting me via email/phone-call/SMS/post in regard to insurance products and/or services.

I/We hereby declare the truth and correctness of the above statements and agree that this Declaration shall be held to be promissory and the basis of the contract between me/ us and Liberty Life Assurance Kenya Limited.

I/We hereby declare the truth and correctness of all the statements and particulars entered in this request and that I have not withheld any material information, and that my/our answers herein are in my/our full knowledge and have been written by me/us or with my/our full authority.

I/WE ACKNOWLEDGE THAT I/WE HAVE READ AND UNDERSTOOD THESE DECLARATIONS

Signature of the Principal Assured/Premium Payer: _____ Date: _____

☐ I consent to processing of my personal data as per the Privacy Policy.

☐ I consent to Marketing Messages

Signature of the second Life Assured: _____ Date: _____

☐ I consent to processing of my personal data as per the Privacy Policy.

☐ I consent to Marketing Messages

DETAILS OF AGENCY SALES REPRESENTATIVE

Name: _____ Sales Code: _____

Signature: _____ Date: _____

UNDERWRITING DECISION:

Underwritten By:

Name: _____

Signature: _____

Date: _____

Approved By:

Name: _____

Signature: _____

Date: _____