

ANNUITY PLAN

A Pension Reform Act Compliant Annuity Plan

PROPOSAL FORM FOR CUSTODIAN LIFE ANNUITY PLAN

An Insurance Agent who assists an applicant to complete an application or proposal form for insurance shall be deemed to have done so as the agent of the applicant in accordance with section 54 (2) of Insurance Act, 2003

The liability of the company does not commence until this application is accepted and the premium is paid in accordance with section 50(1) of Insurance Act, 2003

NOTE: A Minor (below 18 years) cannot enter into a valid insurance contract.
An adult can take the contract and make the minor a beneficiary.

PLEASE NOTE THAT ALL PAYMENTS SHOULD BE MADE DIRECTLY TO CUSTODIAN OR VIA ANY OF OUR AUTOMATED CHANNELS AND NOT INTO ANY AGENT'S/STAFF PERSONAL ACCOUNT.

ATTACH
PASSPORT
PHOTOGRAPH
HERE

CUSTOMER DETAILS

Title:	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.	<input type="checkbox"/> Miss.	<input type="checkbox"/> Others
Full Name:	SURNAME		FIRST NAME		MIDDLE NAME
Date of Birth:	DD / MM / YYYY		Gender:	<input type="checkbox"/> M	<input type="checkbox"/> F
Marital Status:	<input type="checkbox"/> Married	<input type="checkbox"/> Single	<input type="checkbox"/> Widow/ widower	<input type="checkbox"/> Others	
State of Origin:			Nationality:		
Town/ City of Birth:			Country of Birth:		
Residential Address:					
<small>(Please attach Proof of Residence) CONTACT ADDRESS (Not P.O. Box)</small>					
Town:		City:		Country:	
Tax Identification Number (Tin) Of Resident Country:					
Email:					
Telephone:					

EMPLOYMENT HISTORY

Last Position Held:		
Last Monthly Salary:		Source of Fund:

IMMEDIATE ANNUITY

Annuity Amount:		Purchase Value:
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DEFERRED ANNUITY

Deferred period:		Premium Amount:
Commencement Date:	DD / MM / YYYY	RSA PIN:
Payment Frequency:	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Bi-annual <input type="checkbox"/> Annual	
Date of Retirement:		PFA:
Last Employment:		
Address:		
Type of Employment:	<input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Private	

If Annuity is guaranteed, state beneficiaries in the table below:

Note: Please Affix passport photo of beneficiaries (optional)

S/No	Name	Phone Number	Date of Birth	Relationship	Proportion (%)
1					
2					
3					
4					
5					
6					

Guaranteed Period Required: ☐ 10 Years ☐ 5 Years ☐ Nil ☐ Others, please specify

Means of Identification: ☐ Driver's License ☐ Int'l Passport ☐ National ID Card ☐ Voters' Card
(Please attach copy) ☐ Others (specify)

Identification Number: Country:

Issuing Authority: Issue Date: DD / MM / YEAR Expiry Date: DD / MM / YEAR

Resident Permit:
(for Non-Nigerian)

MEDICAL STATUS

How do you rate your health?: ☐ Excellent ☐ Very Good ☐ Good ☐ Poor

BANK DETAILS

Name of the Bank: Account Name:

Account Number: Sort Code: BVN:

Address of Bank:

APPOINTMENT (If Applicable)

I,hereby appointas my Financial Advisor, to transact business on my behalf with Custodian Life Assurance Limited. I understand that by this appointment, the Financial Advisor will act as my agent on this and any other policy purchased through him/her.

Policyholder signature/ Date: Name(s):

Witness signature/ Date: Name(s):

DECLARATION

I,, acknowledge that all answers and information provided in this form are correct, that I have not concealed or withheld any information from Custodian Life Assurance (Custodian) which they ought to be made acquainted with in order to assess my eligibility for the annuity contract.

I give my consent to Custodian to use my data, statements, and information for the purpose of the proposal, policy, and relationship and that I am aware of my right as a data subject as contained in the Privacy policy of the organization.

I agree that the information contained in this form is collected and may be kept for the purpose of automatic exchange of financial account information, and such information regarding the annuitant may be reported by the Custodian to the FEDERAL INLAND REVENUE SERVICE and exchanged with the tax authorities of other jurisdiction(s) in which the annuitant may be resident for tax purposes.

Date: Signature of Person purchasing the Annuity:

Witness: Referred by:

Address of Witness:

Custodian uses the personal data collected from her clients for the intents and purposes for which it was collected.
For more on our data privacy, visit the website link: custodianplc.com.ng/privacy-policy

HOW TO REACH US

Head Office:
Custodian House,
16A, Commercial Avenue,
Sabo, Yaba, Lagos. P.O. Box 2101, Lagos
Tel: (+234) 1 2774000-9, 09139376294 - 7
E-mail: carecentre@custodianinsurance.com
Website: www.custodianplc.com.ng

OFFICES:

Benin
34, Akpakpa Rd, By Igbesamwan Junction,
Benin City, Edo State. Tel: 07066908842

Kano
15, Bank Road, Kano, Kano State.
Tel: 064-895969

Ibadan
9, Onireke Residential Layout,
Onireke, Ibadan, Oyo State.
Tel: 022-918538

Akure
2nd Floor (Left Wing),
Bank of Industry (BOI) Building,
Alagbaka, Akure, Ondo State.
Tel: 07068517931

Onitsha
20, Akwa Road,
Onitsha, Anambra State.
Tel: 09032537339

Owerri
9, Egbu Road,
Owerri, Imo State.
Tel: 083-431158

Calabar
45, Murtala Mohammed
Highway, Calabar,
Cross River State.
Tel: 09095263143

Port Harcourt
222, Aba Road, Port Harcourt,
Rivers State. Tel: 07085000046

Kaduna
3, Kanta Road, P.O. Box 9301,
Kaduna, Kaduna State.
Tel: 09079834130.

Abeokuta
36, Totoro Road, Abeokuta,
Ogun State. Tel: 08166904601

Warri
6, Airport Road, Effurun, Warri
Tel: 09071437012

Osogbo
378, Gbongan, Ibadan Road,
Opp. Fakunle Comprehensive
High School, Osogbo, Osun State.
Tel: 08133587587

Abuja
Plot 273, Samuel Ademulegun St.,
UACN Commercial Complex,
Central Business District, Garki,
Abuja. Tel: 09-2900465

Asaba Agency Office
Suite 3 & 7, Empire House,
339, Nnebisi Road, Asaba,
Delta State

Amuwo Odofin Agency Office
Plot 129, Block 10, Festac Link Bridge,
Amuwo Odofin, Lagos. Tel: 01-2934178

Ikorodu Agency Office
60, Lagos Road, Benson Bus Stop,
Ikorodu, Lagos. Tel: 09069149532

Ikeja Agency Office
8, Obafemi Awolowo way, CBD, Alausa,
Ikeja, Lagos. Tel: 01-4541536

Head Office Annex
27, Commercial Avenue, Sabo,
Yaba, Lagos. Tel: (+234) 1 2774000-9

Apapa Agency Office
Atlantic House
27, Wharf Road,
Apapa, Lagos.
Tel: 09039134310

Tejuosho Agency Office
H4016, Tejuosho Complex,
Yaba, Lagos.

Lekki Agency Office
Gold Crest Plaza,
Lekki-Epe Expressway,
By Mega Chicken,
Ikota, Lagos. Tel: 09095695900