"RETIREMENT PLAN INSURANCE PROPOSAL FORM (v2025) N°...¨

1. IDENTIFICATION OF THE LIFE ASSURED

Did you subscribe for Life Insurance with SanlamAllinz Life? YES [ ] NO [ ]

Names: Mr/Mrs/Miss.....Sex: [ ] Male [ ] Female

Marital Status: [ ] Single [ ] Married [ ] Separated [ ] Widowed [ ] Divorced

Nationality.....Date of Birth:...../...../.....

Place of Birth: Village.....Cell: .....

Sector:..... District.....Province.....

If not in Rwanda, state the country:.....

Place of Residence: Village.....Cell: .....

Sector:..... District.....Province.....

If not in Rwanda, state the country:.....

Residence type: [ ]Owner [ ]Tenant Number of dependents: .....

Occupation: .....Id/Passport N° .....

Employer: .....

Economic sub-sector:.....

Related Party: [ ]Director [ ]Management/Senior Officer [ ] Non Related Party [ ]Shareholder/Principal owner/Promoter [ ] Staff [ ]Direct or indirect qualifying holding in your institution [ ]Direct or indirect control by your institution [ ]Spouse, partner, or family member up to the second degree of the related persons in your institution

Relationship type: .....

Tel(1): .....Tel(2):.....Email.....

Education: [ ]Below Primary [ ]Primary School [ ]High School

[ ]School Attendance Below A2 level [ ]Diploma (A2 & A1) [ ]Bachelors Degree

[ ]Masters [ ]PHD

Strategic Business Unit (Vision_SBU)

[ ]Micro Enterprises (Less than 1million FRW) [ ]Small Enterprises (1 to 20 million FRW)

[ ]Medium Enterprises (20 to 500 million FRW)

[ ]Large Enterprises (More than 500 million FRW) [ ]Retail or Individuals

[ ]NGOs, Charity/Welfare organisations [ ]BusinessGroups/Community [ ]Others

2. IDENTIFICATION OF THE POLICYHOLDER

2.1. IF DEFFERENT FROM THE LIFE ASSURED

Names: Mr/Mrs/Miss……..Sex: [ ] Male [ ] Female

Marital Status: [ ] Single [ ] Married [ ] Separated [ ] Widowed [ ] Divorced

Nationality……Date of Birth:……/……/……

Place of Birth: Village……Cell: ……

Sector:…….. District……..Province……

If not in Rwanda, state the country:……..

Place of Residence: Village……Cell: ……

Sector:…….. District……..Province……

If not in Rwanda, state the country:……..

Residence type: [ ]Owner [ ]Tenant Number of dependents: ……..

Occupation: ……..Id/Passport N° ……

Employer: ……

Economic sub-sector:……

Related Party: [ ]Director [ ]Management/Senior Officer [ ] Non Related Party [ ]Shareholder/Principal owner/Promoter [ ] Staff [ ]Direct or indirect qualifying holding in your institution [ ]Direct or indirect control by your institution [ ]Spouse, partner, or family member up to the second degree of the related persons in your institution

Relationship type: ……

Tel(1): ……Tel(2):……Email……

Education: [ ]Below Primary [ ]Primary School [ ]High School

[ ]School Attendance Below A2 level [ ]Diploma (A2 & A1) [ ]Bachelors Degree

[ ]Masters [ ]PHD

Strategic Business Unit (Vision_SBU)

[ ]Micro Enterprises (Less than 1million FRW) [ ]Small Enterprises (1 to 20 million FRW)

[ ]Medium Enterprises (20 to 500 million FRW)

[ ]Large Enterprises (More than 500 million FRW) [ ]Retail or Individuals

[ ]NGOs, Charity/Welfare organisations [ ]BusinessGroups/Community [ ]Others

2.2. IF THE POLICYHOLDER IS A COMPANY OR NON GOVERMENTAL ORGANIZATION (N.G.O.)

COMPANY/NGO's NAME:.....PO. BOX (if an.....
Telephone.....Email .....

Registration number.....Registration Date...../...../.....

Business location.....Nature of business .....

Legal representative (Mr/Mrs/Ms.).....Position.....

Date of birth ...../...../..... Residence address.....Nationality.....

Email address ..... Tel: .....

Employer's contribution percentage: ..... %.

3. PREMIUMS (in FRW)

Premium amount.....

Periodicity: [ ]Single Premium [ ]Yearly [ ]Half-yearly [ ]Quarterly [ ]Monthly

Premiums Pay Period (in years): .....

Payment upon maturity: [ ] Single payment

Modalities of payment of premiums: [ ]MoMo [ ]Cheque [ ]Salary Deduction [ ]Bank Deduction Standing Order

Source of income/Premium: [ ]Salary [ ]Business [ ]Will (Testament) [ ]Donation
[ ]Succession [ ]Other source (precise).....

4. BENEFITS PAYMENT (in FRW)

DESCRIPTION	Sum assured
Death/Total Permanent Disability (TPP)	10 X Annual premium
Saving	Interest rate 3.5%

5. BENEFICIARIES

	Names	Date of Birth	Relationship	Percentage
In case of life				
In case of death	1			
	2			
	3			
	4			
	5			
	6			

Only the designated beneficiaries will be allowed to collect the sum assured in the proportions defined above in the event of death of the life assured. In case of disappearance, absence or death of the beneficiaries, the succession will take place in accordance with Rwandan laws.

Ultimate beneficial ownership information declaration

[ ] **In case of life assured benefits**

I, ……., hereby declare that I subscribed for this policy for myself and that I do not stand for or represent any other person, be it premium payment or benefits arising from this policy.

[ ] **In case of another beneficial owner**

I, ……, declare that the payment of the annuity/installments assured under this contract will benefit another person other than me. Here below are his/her identifications:

……

……

Regarding the protection of processing of personal data and information

I authorize SanlamAllianz Life Insurance Plc the right to process, in a manner prescribed by the law, my personal data, as well as that of the insured persons or beneficiaries (both minors and those of legal age) as outlined in this insurance proposal. The insurer has also explained to me that further information regarding the rights and processing of personal data and the privacy notice is available in a document accessible on the website www.rw.sanlamallianz.com.

Names **Date** **Signature**

Questionnaire on the health status of the life assured

The person to be insured shall answer question personally, in a clear manner, without deletions or additions. A simple stroke of the pen is not sufficient.

Tick the appropriate blank box corresponding to the right answer. In case of an affirmative answer, give the required

Precisions using where necessary a separate attached sheet

Questionnaire for the principal insured

1. Height (in cm).....Weight (in kg).....

2. Are you under medical Which one ? .....When did you treatment? [ ]No [ ]Yes start?

3. Have you recently done these tests:

Test	No	Yes	Date (Day/Month/Year)	Results	
				Positive (+)	Negative (-)
Hepatitis (B or C)					
AIDS					
Kidney failure					
Heart diseases					
Diabetes					
Cancer					

4. Have you been operated or will you be operated? [ ]No [ ]Yes Date and reason.....

5. Is there any illness you know you suffer from? [ ]No [ ]Yes Which one?

If it is discovered that the policyholder made a false declaration about his or her health status, the contract is declared null and void, and the premium paid is refunded.

I ----------I hereby certify to have answered sincerely, without reluctance and having hidden nothing about my past and current health, and hereby acknowledge that any reluctance and or false declaration shall lead to the nullity of the contract. I expressly authorize the company to get all information deemed useful and necessary from medical doctors who treated me. I authorize those medical to communicate to the company all information requested. I hereby declare to have received and read the information notice regarding the contract.

Done at .....On.....

Life assured names: .....Signature: .....

For SanlamAllianz Plc use only
Agent .....Code.....Signature.....
Supervisor:..... .....
Particular remarks: .....