Enhanced Mutual Insurance

PERSONAL LIFE PROPOSAL FORM

Please complete this form in full and return it to your nearest Enhanced Mutual office or adviser. Incomplete forms may delay processing of your application.

1. Applicant Details

Full name	**Date of birth**
National ID / passport number	**Occupation**
Phone number	**Email address**
Residential address	

2. Product Selected

Mimutual Pikin	**Mimutual Super Savings Plus**
Civil Servants Super Savings Endowment Plan	**Shield Savings Endowment**
Monthly contribution amount	**Preferred payment method**

3. Beneficiary Details

Beneficiary full name	**Relationship to applicant**
Beneficiary phone number	**Beneficiary share (%)**

4. Declaration

I declare that the information given in this proposal form is true and complete to the best of my knowledge. I understand that any false or misleading information may affect the validity of my policy.

Applicant signature	**Date**