



## Funeral Support Plan Application Form

Underwritten by Enterprise Life Assurance Company Limited for Standard Chartered Bank Ghana Limited.

AGENCY CODE  BRANCH  POLICY NUMBER

### PLAN HOLDER DETAILS

TITLE  SURNAME  FIRST NAMES

DATE OF BIRTH (YYYY-MM-DD)  AGE-Next Birthday  GENDER

#### MARITAL STATUS

Married  Single  Divorced  Separated

### CONTACT DETAILS

#### ADDRESS

P. O. Box.

#### EMPLOYER

#### SALARY RANGE

Below GH¢ 100  GH¢ 100 - 499  GH¢ 500 - 999  GH¢ 1000 - 1499  GH¢ 1500 and above

#### TELEPHONE

Work  Home  Mobile  Email

### PREMIUM DETAILS (Monthly)

Cover Available: Please tick the preferred option.

OPTIONS	FAMILY	FAMILY + 1 PARENT
Classic ..... GH¢ 1000	GH¢ 7.2 <input type="checkbox"/>	GH¢ 10.6 <input type="checkbox"/>
Gold..... GH¢ 1500	GH¢ 9.8 <input type="checkbox"/>	GH¢ 14.3 <input type="checkbox"/>
Platinum..... GH¢ 2000	GH¢ 12.6 <input type="checkbox"/>	GH¢ 18.3 <input type="checkbox"/>

OPTIONS	FAMILY + 2 PARENTS	FAMILY + 3 PARENTS
Classic ..... GH¢ 1000	GH¢ 13.9 <input type="checkbox"/>	GH¢ 17.2 <input type="checkbox"/>
Gold..... GH¢ 1500	GH¢ 18.9 <input type="checkbox"/>	GH¢ 23.4 <input type="checkbox"/>
Platinum..... GH¢ 2000	GH¢ 24.1 <input type="checkbox"/>	GH¢ 29.9 <input type="checkbox"/>

OPTIONS	FAMILY + 4 PARENTS
Classic ..... GH¢ 1000	GH¢ 20.6 <input type="checkbox"/>
Gold..... GH¢ 1500	GH¢ 27.9 <input type="checkbox"/>
Platinum..... GH¢ 2000	GH¢ 35.6 <input type="checkbox"/>

**Update** (please tick):  Please increase my premium by 10% on the anniversary of the policy each year. By selecting this option the value of your benefits will increase by 7.5% each year.

TOTAL PREMIUM :

## SPOUSE DETAILS

TITLE	SURNAME	FIRST NAMES
_____	_____	_____
DATE OF BIRTH (YYYY-MM-DD)	AGE-Next Birthday	GENDER
_____	_____	_____

## PARENTS DETAILS

TITLE	SURNAME	FIRST NAMES	
_____	_____	_____	
DATE OF BIRTH (YYYY-MM-DD)	AGE-Next Birthday	GENDER	RELATIONSHIP
_____	_____	_____	_____

TITLE	SURNAME	FIRST NAMES	
_____	_____	_____	
DATE OF BIRTH (YYYY-MM-DD)	AGE-Next Birthday	GENDER	RELATIONSHIP
_____	_____	_____	_____

TITLE	SURNAME	FIRST NAMES	
_____	_____	_____	
DATE OF BIRTH (YYYY-MM-DD)	AGE-Next Birthday	GENDER	RELATIONSHIP
_____	_____	_____	_____

TITLE	SURNAME	FIRST NAMES	
_____	_____	_____	
DATE OF BIRTH (YYYY-MM-DD)	AGE-Next Birthday	GENDER	RELATIONSHIP
_____	_____	_____	_____

## CHILDREN DETAILS

SURNAME	FIRST NAMES		
_____	_____		
DATE OF BIRTH (YYYY-MM-DD)	AGE-Next Birthday	GENDER	RELATIONSHIP
_____	_____	_____	_____

SURNAME	FIRST NAMES		
_____	_____		
DATE OF BIRTH (YYYY-MM-DD)	AGE-Next Birthday	GENDER	RELATIONSHIP
_____	_____	_____	_____

SURNAME	FIRST NAMES		
_____	_____		
DATE OF BIRTH (YYYY-MM-DD)	AGE-Next Birthday	GENDER	RELATIONSHIP
_____	_____	_____	_____

SURNAME	FIRST NAMES		
_____	_____		
DATE OF BIRTH (YYYY-MM-DD)	AGE-Next Birthday	GENDER	RELATIONSHIP
_____	_____	_____	_____

SURNAME	FIRST NAMES		
_____	_____		
DATE OF BIRTH (YYYY-MM-DD)	AGE-Next Birthday	GENDER	RELATIONSHIP
_____	_____	_____	_____

SURNAME	FIRST NAMES		
_____	_____		
DATE OF BIRTH (YYYY-MM-DD)	AGE-Next Birthday	GENDER	RELATIONSHIP
_____	_____	_____	_____

**TRUSTEE DETAILS**

TITLE	SURNAME	FIRST NAMES
_____	_____	_____
DATE OF BIRTH	TELEPHONE NUMBER	RELATIONSHIP
_____	_____	_____

**EXISTING POLICIES**

Do you have existing, or are you presently applying (excluding this application), for life assurance with this assurance company?

Yes   
No

**OFFICE USE ONLY**

Contract ID	Signed Date	Role on Contract	Sum Assured
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**DECLARATION**

I agree to the following conditions: 1. I have read this application, made my selection and understand the claim procedure. 2. I accept this insurance and understand that I am bound by the terms and conditions in the policy conditions folder. 3. All the information supplied in this application form is true and complete and will form the basis of the plan. 4. The cover will commence once the first premium is received. 5. No representations undertaken except as stated in this plan are binding on either Enterprise Life Or Standard Chartered Bank Ghana Limited. 6. No Standard Chartered Bank Ghana Limited representative has made any recommendation that influenced my decision.

SIGNATURE	DATE
_____	_____

**STANDARD CHARTERED BANK GHANA LIMITED OFFICE USE ONLY****AGENT DETAILS**

AGENT ID	SURNAME	FIRST NAMES
_____	_____	_____
TELEPHONE NUMBER	BRANCH NAME	
_____	_____	
SIGNATURE	DATE	
_____	_____	

**BUSINESS TYPE**

Direct Sales  PFC  CRM  CSO  CSR   
Referral  Referral ID: \_\_\_\_\_

**SPOT CHECK**

Done By	SIGNATURE	DATE
_____	_____	_____
MANAGER'S AUTHORISATION COMMENTS	SIGNATURE	DATE
_____	_____	_____
_____		
_____		

**ELAC OFFICE USE ONLY**

UNDERWRITER'S COMMENTS	UNDERWRITER'S INITIALS	DATE
_____	_____	_____
_____		
_____		

---

**BANCASSURANCE STANDING INSTRUCTIONS**

BRANCH

New Amend 

DATE

Delete 

---

**DETAILS OF FIRST PAYMENT**

BRANCH

TYPE : Internal Transfer 

I authorise Standard Chartered Bank Ghana Limited to debit my account with the first payment when my policy is accepted

CURRENCY AND AMOUNT

For subsequent payments refer to details below

ACCOUNT NAME

DEBIT ACCOUNT NUMBER

CURRENCY AND AMOUNT

FREQUENCY OF PAYMENTS

Monthly

TYPE : Internal Transfer 

SUBSEQUENT PAYMENTS DATE

POLICY NO

Until further notice 

REACTIVATION DATE: (For amendments only)

NEXT PAYMENT AMOUNT

---

**DETAILS OF BENEFICIARY (For office use only)**

ACCOUNT NUMBER

NAME

01001 031372 01

ELAC

ADDRESS

Accra Central

**BENEFICIARY BANK DETAILS**

BANK NAME

BRANCH

CITY

Standard Chartered Bank

High Street Branch

Accra

---

I/We understand that the payment will be effected on the effective date specified above (or the following business day in the event of a holiday). I/We hereby authorize Standard Chartered Bank Ghana Limited to make the payments, from my/our account in your book, and a cheque in support of such debit will not be necessary. I/We hereby also undertake to keep my/our account in sufficient funds to enable you to carry out this instruction.

CUSTOMER SIGNATURE (S)

1. \_\_\_\_\_ 2. \_\_\_\_\_

---

**NARRATION : FFS PREMIUM -**

---

## NEW BUSINESS CHECK LIST

### PROPOSAL FORM

1 Are the life assured's personal details fully completed?

2 If married is the spouse details section fully completed?

3 Are all covered lives accepted or insurable by ELAC?

4 Are all covered lives details fully completed?

5 Has a trustee been nominated with all details completed?

6 Has a plan and an option been selected?

7 Is the declaration signed and dated by the proposer and agent?

8 Are all erasures counter signed by the proposer?

9 Are agent details complete?

10 Has the Sales manager checked and signed?

---

### BANK DEBIT

1 Are the premium payer's details fully completed?

2 Has the monthly premium payable been clearly indicated?

3 Has the bank branch been clearly indicated?

4 Is the account number complete?

5 Has the mandate been signed and dated by the premium payer?





---

**BANCASSURANCE STANDING INSTRUCTIONS**

BRANCH \_\_\_\_\_ New  Amend  DATE \_\_\_\_\_  
Delete

---

**DETAILS OF FIRST PAYMENT**

BRANCH \_\_\_\_\_ TYPE : Internal Transfer

I authorise Standard Chartered Bank Ghana Limited to debit my account with the first payment when my policy is accepted

**CURRENCY AND AMOUNT**  
\_\_\_\_\_

For subsequent payments refer to details below

---

ACCOUNT NAME _____	DEBIT ACCOUNT NUMBER _____
CURRENCY AND AMOUNT _____	FREQUENCY OF PAYMENTS Monthly TYPE : Internal Transfer <input type="checkbox"/>
SUBSEQUENT PAYMENTS DATE _____	POLICY NO _____ Until further notice <input type="checkbox"/>
REACTIVATION DATE: (For amendments only) _____	NEXT PAYMENT AMOUNT _____

---

**DETAILS OF BENEFICIARY (For office use only)**

ACCOUNT NUMBER 01001 031372 01	NAME ELAC
ADDRESS Accra Central	

**BENEFICIARY BANK DETAILS**

BANK NAME Standard Chartered Bank	BRANCH High Street Branch	CITY Accra
--------------------------------------	------------------------------	---------------

---

I/We understand that the payment will be effected on the effective date specified above (or the following business day in the event of a holiday). I/We hereby authorize Standard Chartered Bank Ghana Limited to make the payments, from my/our account in your book, and a cheque in support of such debit will not be necessary. I/We hereby also undertake to keep my/our account in sufficient funds to enable you to carry out this instruction.

**CUSTOMER SIGNATURE (S)**

1. \_\_\_\_\_ 2. \_\_\_\_\_

---

NARRATION : FFS PREMIUM -

