CB Life Insurance Company Ltd.
စီဘီအသက်အာမခံကုမ္ပဏီလီမိတက်

# Smart Saving Plus 5/3 Life Insurance Proposal

**Proposal No.** ---------- **Agent Name & Code** ----------

**1. Insured**

Insured's Name - ----------

Father Name - ----------

NRC / FRC No/Passport number - ----------

**(Please include a copy of the NRC/FRC/Passport)**

Date of Birth - (----------) Day, (----------) Month, (----------) Year

Age of Next Birthday - (----------) Years

Occupation - ----------

Address - ----------

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Phone No. - ----------

Email Address - ----------

**2. Initial Sum Assured** - ----------

**3. Premium** - ---------- **Term of Insurance- (5) Years**

**4. Mode of Payment** - ☐ Monthly ☐ Quarterly ☐ Semi-Annual ☐ Annual

**Premium Payer Information:**

Occupation - ----------

Company name - ----------

Industry sector - ----------

Income - ----------

**If the insured and premium payer are not the same person, payer details are;**

Name: - ----------

Relationship to the Insured: - ----------

NRC/FRC/Passport number: - ----------

Address: - ----------

**5. Friend of at least one year with the insured (To contact)**

Name - ----------

Relationship - ----------

Years of friendship - ----------

Address - ----------

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Phone No. - ----------

Email Address - ----------

**6. Are there any other current Life Insurance policies in the name of the insured?**

**Please describe in the following table.**

| Company Name | Type of Product & Policy No. | Sum Assured | Policy Start Date & Current Conditions | Normal Premium Rate (or) Additional Rate | Full Year (or) Reduced Year | Date, if the Policy has Lapsed |
|---|---|---|---|---|---|---|
| | | | | | | |

**7. Beneficiary and Percentage of Transferred Benefit**

| No. | Name | NRC Number (Self/Guardian) | Relationship | Percentage |
|---|---|---|---|---|
| | | | | |
| | | | | |
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| | | | | |

The above statements and answers are hereby declared correct. On Payment of the required premium and acceptance of the policy terms and conditions, I agree that the insurance contract is in place. I understand that if any of the material facts I have provided are untrue, then the policy can be made null and void.

---------- Township, ---------- Place, ---------- Year,

---------- Month, ---------- Day, signed.

Insured's Signature ----------

**Witness**

Signature - ----------

Name - ----------

Phone No. - ----------

Date - ----------

**Witness**

Signature - ----------

Name - ----------

Phone No. - ----------

Date - ----------