

**PART G : BANK DETAILS AND PAYMENT METHOD**

Proceeds of your savings will be paid into this bank account. No payments will be made to a third party's bank account. (Please attach a photocopy of a recent bank statement or a copy of void cheque or a copy of an ATM card as proof of the bank account details entered in the section below).

Account Holder  Account No.

Bank Name  Branch Name

Preferred Payment Method of maturity proceeds : (Please tick)

Cheque  Direct Cash/Cheque Deposit  EFT/R TGS  M-PESA /Airtel Money

**PART H : FREE COVER LIMITS AND MEDICAL QUESTIONNAIRE**

1. All eligible members are required to declare past and current medical conditions described here below. Kindly declare by filling the 'Medical Condition' fields in Part A and C above with code(s) A, B, C, D, E, F, G, H, I and /or J where the answer to any of the following questions is a YES.

Have you ever:

- A. Had recurrent or persistent fever or skin disorder?
- B. Had persistent night sweats?
- C. Had significant weight loss?
- D. Had infections or swollen glands?
- E. Had chronic or frequent diarrhoea?
- F. Had persistent cough?
- G. Had Hepatitis B or any sexually transmitted disease including genital sores or discharges?
- H. Been refused as a blood donor?
- I. Received any blood transfusions within the last 5 years?
- J. Been told you had a positive blood test for antibodies to the AIDS virus (Human Immune Deficiency Virus)?

Geminia Insurance Company reserves the right to request for additional information and further requirements

2. Further medical examination will be required for members whose sum assured exceeds Kshs 500,000.

3. In the event of failure to notify the company of any change in member's health or habit before this proposal is accepted by the company or payment of first premium, whichever is later, the company will be entitled to repudiate this contract.

**PART I : DECLARATION**

I warrant that all the above details are correct and will advise Geminia Insurance Co. Ltd of any changes to the above details contained in this proposal form:

Principal Member Signature: ..... Date .....

Policy Owner Signature: ..... Date .....  
(Where applicable)

Dated at \_\_\_\_\_ on \_\_\_\_\_

Agency Name \_\_\_\_\_



## TWINSAVE SAVINGS AND LAST RESPECT POLICY

### PROPOSAL FORM

#### PRODUCT OVERVIEW

**SAVINGS BENEFIT:** Guaranteed return of Principal amount saved and high annual interest income.

**FUNERAL BENEFIT:** On the death of any Life covered, a fixed cash amount will be paid. The benefit is intended to cover the cost of funeral expenses.

IMPORTANT: Please complete this form in BLOCK LETTERS .

**PART A: PRINCIPAL MEMBER DETAILS**

Title: Mr  Mrs  Ms  Other  Surname

First Name(s)  Middle name

Date of Birth  ID/ Passport Number   
(Please attach photocopy )

PIN Number  Country of Residence

Postal Address  Post Code  City/Town

Place of Work  Occupation

Physical Address  Mobile

E-mail

Medical Condition (Refer to PART H for guidance in filling.)

**PART B: BENEFICIARY AND NEXT OF KIN DETAILS**

I nominate the person below to receive the benefits to be paid in terms of this policy in the event of my death or mental incapacitation.

Title: Mr  Mrs  Ms  Other  Surname

First Name(s)  Middle name

ID/ Passport Number   
(Please attach photocopy )

Relation to Principal

Postal Address  Post Code  City/Town

Physical Address  Mobile

E-mail

**PART C: LAST RESPECT COVER MEMBER DETAILS**

Details of additional members to be covered under the Last Respect cover

\*(Refer to PART H for guidance in filling the Medical Condition column.)

Spouse And Children Details:

Relationship	Surname	Other Names	ID/ Passport No.	Date of birth	Gender	Mobile no.	Medical Condition*
Spouse							
Child							
Child							
Child							
Child							
Child							
Child							

Parents Details:

Relationship	Surname	Other Names	ID/ Passport No.	Date of birth	Mobile no.	Medical Condition*
Father						
Mother						
Father in law						
Mother in law						

**PREMIUM RATINGS PER MEMBER**

Select the funeral product applicable to the principal member and other members (other members will enjoy similar sum assured ). (Please note that other members can not enjoy a superior sum assured than the principal member .)

PRODUCT NAME	SUM ASSURED	AGE						SELECTION (Tick where applicable)	
		18-44	45-59	60-65	66-70	71-75	76-80	Principal	Other Members
Budget	100,000	900	3,200	5,500	30,000	40,000	50,000		
Premier	250,000	2,250	8,000	13,750	0	0	0		
Bronze	500,000	4,500	16,000	27,500	0	0	0		
Silver	1,000,000	9,000	32,000	55,000	0	0	0		
Gold	3,000,000	27,000	96,000	165,000	0	0	0		
Platinum	5,000,000	45,000	160,000	275,000	0	0	0		

**PART D: SAVINGS BENEFIT**

The objective of the Savings Benefit is to guarantee a return on Principal savings amount and generate high return through investing in long-term and short-term fixed income instruments in the Kenyan market while providing the most conservative risk exposure to investors.

Saving Frequency	Amount (Kshs)	Policy Term (Years)	Preferred Mode Of Saving (Please Tick)	
			Cash*	Direct Bank Deposit
Single Deposit				
Monthly				
Quarterly				
Half Yearly				
Annually				

\*Cash payment must NOT exceed Kshs 500,000

**PART E: SOURCE OF FUNDS**

The funds for this investment are from: (please tick)

Employment / profession  Sale of property  Insurance policy benefit

Personal Savings  Inheritance/ Gift  Investment proceeds

Borrowing  Business Proceeds  \_\_\_\_\_  
(Please give type of business)

Annual Average Net Income (Please Tick)

Below Kshs 480,000	
Kshs 480,001 – Kshs 1,200,000	
Kshs 1,200,001 – Kshs 3,600,000	
Kshs 3,600,001 – Kshs 6,000,000	
Over Kshs 6,000,000	

Geminia Insurance Co. Ltd reserves the right to seek further information/documentation on the source of funds to be invested.

**PART F : POLICY OWNER**

This part is to be filled if the Principal Member for the Funeral Benefit is different from the investor under the Savings Benefit. The Policy Owner must have insurable interest on the Principal Member and other members covered and all benefits under this policy are to be paid to the Policy Owner.

Title: Mr  Mrs  Ms  Other  Surname

First Name(s)  Middle name

ID/ Passport Number   
(Please attach photocopy )

Relation to Principal

PIN Number  Mobile

Postal Address  Post Code  City/Town

E-mail