

ALLIANCE LIFE ASSURANCE LIMITED

GROUP CREDIT LIFE INSURANCE PROPOSAL FORM

Name of Bank	
Physical Address	
Postal Address	
Fax Number	
Telephone Number	
Name of Contact Person	

Scheme Details

Proposed Name of Scheme							
Eligibility conditions							
Proposed Commencement Date							
Maximum age of entry							

Declaration

We hereby propose to set up a Group Credit Life Insurance Scheme with Alliance Life Assurance Limited on the terms and conditions as agreed and based on the above information and which will be set out in the Policy to be issued by them.

Name of Authorised Signatory:	Signature:								
Date of Proposal:	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		
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Company Stamp									

Broker Details

Name of Authorised Officer	
Signature & Date	

