



Individual Life Insurance Need Analysis Form

This form should be filled in block capitals by agent in interview with client. All areas of the form as relevant should be filled after which endorsed by both participant parties.

I. PROSPECT DETAILS

(Circle as Appropriate)

TITLE: <i>MR. / MS. / MRS. / DR.</i> SURNAME:	FORENAME:	
OTHERS:	D.O.B.:	
NID NO.:	MOBILE:	TELEPHONE:
E-MAIL:		

POSTAL ADDRESS

STREET ADDRESS 1:
STREET ADDRESS 2:
CITY/ATOLL/ISLAND:

II. FAMILY HEALTH

RELATION	COUNT	AGE	HEALTH CONDITION
FATHER	01		
MOTHER	01		
BROTHERS			
SISTERS			
SPOUSE			
CHILDREN			

III. PERSONAL HEALTH

(Circle as Appropriate)

CURRENT HEALTH STATUS:	<i>POOR / GOOD / V. GOOD / EXCELLENT</i>
ILLNESS CONTRACTED WITHIN THE LAST 4 MONTHS (IF ANY):	
DEFORMITIES (IF ANY):	
OPERATIONS PERFORMED (IF ANY):	
CURRENT MEDICATION (IF ANY):	

IV. OCCUPATIONAL DETAILS

(Circle as Appropriate)

PROSPECTS WORK SPECIFICS		
OCCUPATIONAL CLASS: <i>OCCUPATIONAL CLASS: EMPLOYEE / CONTRACTOR / PROFESSIONAL / ENTREPRENURE / SELF-EMPLOYED</i>		
OCCUPATIONAL FIELD:	DESIGNATION:	LENGTH OF SERVICE:
OCCUPATIONAL INCOME:		
NAME OF COMPANY:		

OTHER EARNINGS DETAILS			
NAME OF EARNER (RELATIONS)	COMPANY / BUSINESS	DESIGNATION / FIELD	INCOME

V. PROSPECT'S IDENTIFIED NEEDS OF INSURANCE**(Tick as Appropriate)**

FINANCIAL OBJECTIVE FOR INSURANCE:

- EDUCATION FUTURE PROVISIONS REGULAR CASHFLOW
 RETIREMENT OTHERS. PLEASE SPECIFY: _____

VI. AGREED INSURANCE COVER**(Tick or Circle as Appropriate)**

ROCOMMENDED INSURANCE PLAN:

- KAMANA SECONDARY SCHOOL EXPENSES PLAN CASHBACK POLICY TERM ASSURANCE MORTGAGE PROTECTION PLAN

SUM ASSURED:

REGULAR PREMIUM:

ASSURED TERM:

PAYMENT MODE: CASH / STANDING-ORDER / BILPAY / SALARY-DEDUCTION / CHEQUE PAYMENT SCHEME: MONTHLY / YEARLY / HALF-YEARLY / QUARTERLY / SINGLE

VII. DECLARATION**A. AGENT DECLARATION**

I, ON BEHALF OF ALLIED INSURANCE HAVE APPROPRIATELY FILLED THE "NEED ANALYSIS FORM" WITH THE PROSPECT INDIVIDUAL. ALL DETAILS PROVIDED IN THIS FORM ARE ASSURED TO HAVE BEEN COMPLETED WITH THE COOPERATION OF BOTH PARTIES. I HAVE CAREFULLY EXPLAINED ALL RELEVANT DETAILS OF RISK ELEMENTS AND OBLIGATIONS TO THE PROSPECT INDIVIDUAL WITHOUT BIAS. RISK ELEMENTS WHICH HAVE BEEN THOROUGHLY EXPLAINED IS;

- GRACE PERIOD UNDER POLICY OFFERED FOR CLIENTS IN DIFFERENT SCHEMES OF PAYMENT.
 POLICY LOCK-IN PERIOD OF 02 YEARS.
 LAPSATION & REVIVAL OF POLICIES, INVOLVED PROCEDURES, CONSEQUENCES & ACTIONS.
 PAID-UP & SURRENDER ACTIONS, PROCEDURES & DETAILS.
 SURVIVAL BENEFITS
 DEATH BENEFIT
 MATURITY BENEFIT
 CRITICAL ILLNESS BENEFIT - RIDER
 TPD DUE TO ACCIDENT - RIDER
 DOUBLE ACCIDENT BENEFIT - RIDER

AGENT NAME:

DATE, SIGNATURE & STAMP:

B. PROSPECT DECLARATION

I, AS THE PROSPECT OF THE LIFE INSURANCE PLAN, ASSURE THAT I HAVE PROVIDED COMPLETELY AND THOROUGHLY ALL INFORMATION AS RELEVANT TO THE FORM AND QUERIES. I HAVE CLEARLY UNDERSTOOD THAT ALL DETAILS RISK ELEMENTS WHICH HAVE BEEN THOROUGHLY EXPLAINED AS STATED ABOVE;

DATE & SIGNATURE: