



Life Choices

PART 1 BENEFICIARY'S INFORMATION

First Name _____ Middle Name(s) _____

Last Name _____ Maiden Name _____ Title _____

Date of Birth (DD/MM/YY) _____ Gender _____ Marital Status _____

Nationality _____ Place of Birth _____

☐ License ☐ Passport ID No. _____ Country of Issue _____ Date of Expiry _____

Mailing Address _____

Residential Address: House Name/No. and Street _____

Parish/District _____ Zip Code _____ Country _____

Home Tel. No. _____ Cellular No. _____ Work No. _____

Fax No. _____ Email Address _____

Employment Status _____ Occupation _____

Employer Name _____ Years of Employment _____ Annual Income _____

Employer Address: Number & Street _____

Parish/District _____ Zip Code _____ Country _____

If self-employed, provide details and nature of business _____

If retired, provide details of your most recent occupation _____

Please detail the source(s) of the funds that will be directed to your account(s):

☐ Salary/Bonus ☐ Savings ☐ Inheritance ☐ Bank Loan

☐ Maturity/surrender of Life Insurance Policy ☐ Death Benefit - Beneficiary ☐ Pension

☐ Other (specify): _____

Please explain the source(s) of the wealth/net worth that may be directed to your account(s):

☐ Savings from salary ☐ Inheritance ☐ Sale of investment

☐ Sale of Property ☐ Death benefit payment ☐ Dividends or Profits from Company

☐ Other (specify): _____

The term "**Politically Exposed Person**" applies to someone who currently has, or has had, a position of public trust (e.g., government official, senior executive of government corporations, politician, important political party official, etc.) or an individual who is closely related to/associated with such a person.

Does this description apply to you?

☐ Yes ☐ No

If Yes, please explain: _____

Life Choices

What other CG Products do you have?

- | | | |
|--|---|--|
| ☐ Home Contents Insurance | ☐ Motor Insurance | ☐ Home Building Insurance |
| ☐ Medical Insurance | ☐ Travel Insurance | ☐ Business Insurance |
| ☐ Pension | ☐ Life Insurance (Group) | ☐ Life Insurance (Individual) |
| | ☐ Other _____ | |

PART 2 BENEFICIARY'S DECLARATION

I hereby declare that the information provided above is complete and accurate. I agree to advise the Company of any changes to my status that could affect the operation of the plan and subsequently, our relationship.

I agree that any of the communications the Company provides to me, or that I sign or agree to at their request, may be in electronic form (i.e., email, online portal, etc.). My consent will apply to this transaction and all documents related to this transaction, as well as all future transactions with the Company regarding this policy.

Data Protection Declaration:

By signing this form, I confirm/understand that:

- In order to administer the policy and plan CG Atlantic Medical & Life Insurance Ltd may process any and all of the personal data provided.
- I consent to CG Atlantic Medical & Life Insurance Ltd processing my personal data, in accordance with CG Atlantic Medical & Life Insurance Ltd's Privacy Policy (<https://international.cgcoralisle.com/privacy-policy/>). For additional information on your rights and how to exercise them, please access or request this Policy.
- I confirm that any personal data I provide to CG Atlantic Medical & Life Insurance Ltd. in respect of any third party, is done with that third party's consent and knowledge of CG Atlantic Medical & Life Insurance Ltd. processing of their personal data.
- I have the right for my personal data to be processed in accordance with the rights of Data Subjects under the relevant jurisdictional privacy legislation.
- I understand that this form shall be incorporated into and shall constitute a part of the policy contract between me/us and the Company.

Name _____ Signature _____ Date _____