# LIFE INSURANCE APPLICATION FORM

REGENCY for expats

## Policy Holder's Information

| | | | |
|---|---|---|---|
| Name | Title | First Name(s) | Last Name |
| Telephone (at least one required) | Area Code / Business No. | Area Code / Home No. | Area Code / Mobile No. |
| Address | | | |
| Country of Residence | | | |
| Email | | | |
| Nationality | | Passport/I.D. No. | |
| Gender | Male | Female | Date of Birth (dd / mm / yyyy) |

## Insured Person Details (if different to Policy Holder)

| | | | |
|---|---|---|---|
| Name | Title | First Name(s) | Last Name |
| Address | | | |

Telephone No. (at least one required)

| | | |
|---|---|---|
| Home Number | Work Number | Mobile Number |

| | | | |
|---|---|---|---|
| Nationality | | Country of Residence | |
| Passport / I.D. No. | | Date of Birth | dd / mm / yyyy |
| Relationship to Beneficiary | | | |
| Gender | Male | Female | |

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## Additional Information

| | | | | | |
|---|---|---|---|---|---|
| Occupation | Leave blank | Annual Income | Leave blank | Total Net Worth | Leave blank |
| Nature of Business | Leave blank | Length of time employed | Leave blank | | |
| Name & Address of Employer | Leave blank | | | | |

Have you ever used tobacco or nicotine products? Yes ☐ No ☐

| | Date Used | Frequency / Amount |
|---|---|---|
| Cigarettes | | |
| Cigars | | |
| Other | | |

## Beneficiary Information

| | | | |
|---|---|---|---|
| Beneficiary Name | Title | First Name(s) | Last Name |
| Address | | | |

Telephone No. (at least one required)

| | | |
|---|---|---|
| Home Number | Work Number | Mobile Number |

| | | | |
|---|---|---|---|
| Nationality | | Country of Residence | |
| Passport / I.D. No. | | Date of Birth | dd / mm / yyyy |
| Relationship to insured | | | |
| Gender | Male ☐ | Female ☐ | |



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## Protection Benefits Details

| Start Date | | Amount of Insurance | |
|---|---|---|---|

dd / mm / yyyy

## Choose Your Payment Options

Please select your payment frequency

| Annual (No surcharge) | | Semi-Annual (5% surcharge) | | Quarterly (7% surcharge) | | Monthly (10% surcharge) | |
|---|---|---|---|---|---|---|---|

## Credit Card Details

Please select how you want to pay Visa MasterCard

| Credit Card Number | | Expiry | |
|---|---|---|---|
| Name on Card | | CVC | |

## Other Information

- Have you ever had an application for life or private health insurance refused, modified or agreed but with a reduced benefit amount? (If yes, please provide details in the Notes section)

- Will this life insurance policy replace an existing policy or annuity? If yes, you may need provide additional information.

- Has anyone offered an inducement, fee or any other type of compensation as an incentive for you to take out this life insurance policy?

- Have you been convicted of driving whilst intoxicated or impaired whilst under the influence of alcohol or drugs? (If yes, please provide details in the Notes section).

**Leave blank**

- Are you a member or intend to join the armed forces?

**Leave blank**

- Do you hold a pilot licence, or have flown within the last 5 years other than as a passenger in any type of aircraft?

**Leave blank**

- Have you over the last 5 years (or plan to) taken part in hang gliding, parachuting, hot air ballooning, rock climbing, base or cliff jumping, motor cycle racing, motor racing, scuba or sky diving or any other sport considered dangerous? (If yes, please provide details in the Notes section below)

**Leave blank**

## Declaration

I/We have read and accept the policy including its terms, conditions, definitions and exclusions and declare that all information provided in this application form, including this declaration and any supporting documentation is complete and true to the best of my/our knowledge and belief.

I/We understand that I/We have the right to cancel and obtain a refund of any premium under the terms of the "Cooling-Off" period.

I/We understand that in the event of any doubt about the content of any documents provided by Regency for Expats or the terms of any insurance provided by Regency for Expats I/We should obtain independent professional advice prior to the completion of this application form.

AUTHORISATION TO OBTAIN AND DISCLOSE INFORMATION
I hereby authorise any physician, medical professional, hospital, clinic or medical care facility; insurance or reinsurance company; consumer reporting agency or my employer to provide Regency for Expats and its legal representatives, all information they may have pertaining to: medical consultations; treatments and periods of hospitalisation for physical and/or mental conditions, use of drugs or alcohol or any other information relevant to this policy and/or any claim pertaining to this policy. Other information could include items such as insurance history; personal finances; hazardous pass times and habits; motor vehicle records; court records or foreign travel.

I understand that the information obtained will be used by the Company to determine my eligibility for life insurance. I authorise that any information garnered to support my application or claim may be disclosed to: reinsurers, other persons or organisations performing business or legal services in connection with my application or claim.

| | | | |
|---|---|---|---|
| Name | | | |
| | First Name(s) | | Last Name |
| Signature | | Date | |
| | | | dd / mm / yyyy |

## Your Broker Details

| | | | |
|---|---|---|---|
| Website | healthinsurance.travel | Logo | HEALTH INSURANCE.TRAVEL |
| Email | info@healthinsurance.travel | | |