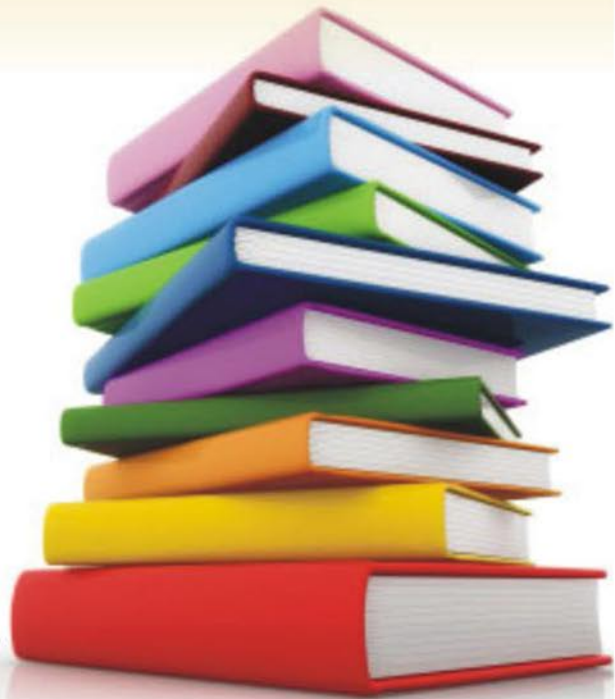



PROPOSAL FOR EDUCATIONAL SAVINGS PLAN

"the pen is mightier than the sword"

Edward Bulwer-Lytton 1839
Richardson, Or the Conspiracy



Education makes
Less **more**

Educational Savings Plan 

Corporate Office:
121/123 Funso Williams Avenue, Iponri,
Lagos.

Registered Office:
NN 28/29 Constitution Road,
Kaduna.

General Line: (01) 2700700
Customer Service Line: (01) 2800700
G.P.O. Box 6437 Marina, Lagos
E-mail: insure@leadway.com
Website: www.leadway.com

1. PERSONAL INFORMATION

(a) Surname

(b) First Name

(c) Middle Name

(d) Title

(e) Business/Home Address

State

(g) Occupation

(h) Email

(i) Date of Birth D D M M Y Y Y Y **(j) Gender** Male Female

(j) Telephone Number

(k) Marital Status Married Single Widow Widower Divorced Separated

(l) Nationality

(m) Are you a Nigerian Resident? Yes No

(n) How do you want us to communicate with you? Please tick as appropriate
 Email SMS Post Agent

2. COVER PLAN

(A) Contribution

(B) Life Cover (If required)
(Min=N=1M)

(C) Critical Illness (If required)

(D) Personal Accident Cover (If required)
(Accidental Total and Permanent Disablement)

3. COMMENCEMENT PLAN

(a) Frequency of Payment Yearly Half Yearly Quarterly Monthly Single Premium

(b) Commencement Date D D M M Y Y Y Y

(c) Policy Duration Years
(Minimum 5 Years)

(d) Future Premium Payable by Cash Cheque Electronic Fund Transfer Direct Debit
(At Leadway office only)

4. ACCOUNT DETAILS

(f) Account Name

(g) Account Number

(h) Bank Name

(I) Bank Address

(j) Bank Sort Code

5. MEDICAL QUESTIONNAIRE

(a) With respect to the following, please respond to the questions below:

| | | | | | | | | | |
|-------------------------|--------------------------|---|--------------------------|-------------------|--------------------------|--------------------|--------------------------|-----------------------------------|--------------------------|
| Epilepsy | <input type="checkbox"/> | Diabetes | <input type="checkbox"/> | Stroke | <input type="checkbox"/> | Tuberculosis | <input type="checkbox"/> | Any Heart Related Disease | <input type="checkbox"/> |
| Persistent Cough | <input type="checkbox"/> | Porphyria | <input type="checkbox"/> | Hemophilia | <input type="checkbox"/> | Glandular Fever | <input type="checkbox"/> | Any Recurring Ailment | <input type="checkbox"/> |
| Swollen Glands | <input type="checkbox"/> | Insanity | <input type="checkbox"/> | Hepatitis B | <input type="checkbox"/> | HIV | <input type="checkbox"/> | High/low blood pressure | <input type="checkbox"/> |
| Jaundice | <input type="checkbox"/> | Pneumonia | <input type="checkbox"/> | Arthritis | <input type="checkbox"/> | Recurrent Headache | <input type="checkbox"/> | Cancer or Tumor on any part/organ | <input type="checkbox"/> |
| Recurrent backache/pain | <input type="checkbox"/> | Asthma or any respiratory disorder or disease | <input type="checkbox"/> | Blood Transfusion | <input type="checkbox"/> | Retinis Pigmentosa | <input type="checkbox"/> | Sexually Transmitted Disease | <input type="checkbox"/> |

APPLICANT**RELATIVE**

Have you or any relatives been hospitalized for 1 day or more in the last 4 year for any ailments?

Yes No Yes No

Have you or any relatives consulted with a doctor regarding any of the ailments in the last 4 years? If yes, give details below

Yes No Yes No

Are you currently taking any medication or is there any foreseeable need in the future to take medication in respect of any of the ailments? If yes, give details below.

Yes No Yes No

Have you or your parents, husband, wife, brother, sisters suffered or is suffering from or died of the above? If yes, give details below

Yes No Yes No

Is there any other chronic ailment for which you have consulted a doctor, taken medication or been hospitalized for other than those above?

Yes No Yes No

Do you intend seeking medical advice in the next 8 weeks?

Yes No Yes No

If Yes, in any of the above questions, underline the ailment(s) and give details _____

(b) Have you ever been refused as a blood donor?

Yes No

(c) Has any insurance on your life ever been declined, postpone or accepted?

Yes No (d) What is your Height? MetersWhat is your Weight? Kg

(e) Please state your daily consumption of the following:

Alcohol: bottles Narcotics Tobacco: sticks Hard Drugs

(Note: You are required to notify Leadway Assurance Company Ltd. Should there be a change in your consumption of any of the following.)

6. BENEFICIARIES AND NEXT OF KIN

| Beneficiary Name | Relationship | Mobile phone | Email address | |
|------------------|---------------------|---------------|---------------|---|
| | | | | % |
| | | | | % |
| | | | | % |
| | | | | % |
| Next of kin | Relationship | Mobile phone | Email address | |
| | | | | |
| Legal Guardian | Mobile Phone Number | Email Address | | |
| | | | | |

7. DECLARATION

I declare to the best of my knowledge and belief that the above information is true and complete and shall be the basis of the policy issued thereon. I confirm that I am in good health and consent to Leadway seeking medical information from any doctor who at anytime has attended to me concerning anything which affects my physical or mental health and waive all provisions of law forbidding the disclosure of such knowledge or information. I further agree that if any untrue statement be contained in this proposal, all monies which shall have been paid on account of the said assurance shall be forfeited and assurance shall be absolutely null and void.

IMPORTANT NOTICE**'DO NOT MAKE CASH PAYMENTS THROUGH AN AGENT !**

There are surrender penalties on the interest earned. Surrender in Year 1 will attract 100% loss of interest, 75% loss of interest for surrender in year 2 and 50% for surrender afterwards.

SIGNATURE _____

DATE _____

Important Notice: The policy could be invalidated if you fail to disclose any fact which could influence our assessment and the acceptance of your proposal. If in doubt as to whether certain facts are material or relevant, or there are changes to the information given before the policy commences, you should disclose them to us in writing.