

TATIL LIFE

*Tatil Life Assurance Limited

11A, Maraval Road,
Port of Spain,
Trinidad and Tobago, W.I
P.O Box 1004



Application for Deferred Annuity

POLICY NO.:

1. OWNER (FIRST NAME) _____ (SURNAME): _____ (MIDDLE NAME) _____
MAILING ADDRESS: _____
RESIDENCE ADDRESS: _____
PHONE # _____ EMAIL ADDRESS: _____ NATIONAL ID/PASSPORT NO.: _____
2. ANNUITANT- Same As Owner OR FIRST NAME _____ SURNAME: _____
ANNUITANT RESIDENCE ADDRESS: _____
ANNUITANT'S MARITAL STATUS: S M D W SP SEX: M F DATE OF BIRTH _____ ANB
(Day/Month/Year)
COUNTRY OF BIRTH: PHONE # _____ EMAIL ADDRESS: _____
3. Are you a Politically Exposed Person (P.E.P)? Yes No
4. ANNUITANT'S EMPLOYER / SCHOOL: _____
5. BUSINESS OR SCHOOL ADDRESS: _____
6. OCCUPATION: _____ BIR# _____ NIS # _____

7. PLAN: _____ FPDA CBA CBU PSA PSU SPIA OTHER PENSION AGE:
8. **Is this policy to be registered as a deferred annuity under the Income Tax Act? YES: NO**
9. TOTAL DISABILITY WAIVER OF PREMIUM: DISABILITY INCOME RIDER:
EFFECTIVE DATE: _____ MONTHLY INCOME: \$ _____
10. PREMIUM PAID: \$ _____ PLANNED PERIODIC PREMIUM: \$ _____
11. FREQUENCY: Y S Q M METHOD OF PAYMENT (IF MONTHLY): SAL DED B.O. ACH
POST DATED CHEQUE ONLINE BANKING

12. **Is the beneficiary your estate? : Yes No**
Provide details of Beneficiary (other than Estate) in the following table:

Beneficiary Name	Date of Birth (Day/Month/Year)	Relationship to Life Assured/Annuitant	Address	Lumpsum (%)

13. Source of funds:
14. **Foreign Account Tax Compliance Act:**
(i) Are you a citizen of the United States of America? Yes No
Passport Number: Issue Date: Expiry Date:
(Day/Month/Year) (Day/Month/Year)
- (ii) Are you a lawful Permanent Resident of the United States of America? Yes No
Green Card Number: Issue Date: Expiry Date:
(Day/Month/Year) (Day/Month/Year)

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15. I hereby declare that (1) The policy applied for shall not take effect until it has been delivered and the first premium paid. (2) Acceptance by me of any policy issued on this application shall constitute approval by me of the provisions of the policy. (3) No agent has the power on behalf of the Company to modify any proposal for insurance or policy, or to bind the Company by making any promise or representation or by giving or receiving any information. (4) The right to change the beneficiary and to exercise all other rights of ownership without the consent of the beneficiary, is reserved to the owner, subject, however, to any statutory restrictions

..... Date Signature of Annuitant Valid PP / DP / NID Number Expiry Date
..... Signature of Witness	 Signature of Owner	

I hereby certify that I solicited and secured this application and I unreservedly recommend him/her for this policy

..... Date Agent's Signature Unit/ Agent Number
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FOR OFFICIAL USE ONLY

APPLICATION APPROVED: YES NO

UNDERWRITER'S NAME..... DATE:.....
