



Choice UAE Application Booklet

Application Booklet – Assicurazioni Generali S.p.A. Choice

Adviser Details

Company name: _____

Address: _____

Name of Adviser: _____

Agency number: _____

Additional information/ special instructions: _____

PLEASE COMPLETE ALL SECTIONS

Failure to provide all relevant information and documentation may result in a delay in the application being processed. Further providing wrong or inaccurate information or information that contradicts with the facts and reality may affect your entitlement to benefits under this plan. Further information may be required during the validation process (i.e. questions arising from the information provided). Please note that non-disclosure of any relevant information may affect the validity of any claims.

Assicurazioni Generali S.p.A. strongly recommends that you keep your copy of this application in a safe place together with any other documents or correspondence we may exchange.

Please tick alongside all sections or supplementary forms when completed and also ensure that all necessary documentation is included.

		Completed by:
Application Form	Section 1 – 2	<input type="checkbox"/> Applicant
	Section 3	<input type="checkbox"/> Lives Assured
	Section 4 – 7	<input type="checkbox"/> Applicant
Declarations	Section 8	<input type="checkbox"/> Applicant
Payment Instruction Form	Section 9	<input type="checkbox"/> Applicant
Verification of Applicant or Life Assured Identity	Section 10	<input type="checkbox"/> Adviser
Source of Funds Questionnaire	Section 11 Questionnaire	<input type="checkbox"/> Adviser and Applicant
The following supplementary forms may need to be completed and are available from us on request:		
Discretionary Switch Authority		<input type="checkbox"/> Applicant
Verification of Corporate or Trustee Applicant Identity (Required if the Applicant is a Company or a Trust)		<input type="checkbox"/> Adviser
Nomination of Beneficiaries Form		<input type="checkbox"/> Applicant
Medical Questionnaire (Required at our discretion)		<input type="checkbox"/> Applicant / Lives Assured

Application Form

The information provided and declarations given in this Application Form shall form the basis of your contract of life assurance with Assicurazioni Generali S.p.A. Capitalised terms used and not defined in this Application Form shall have the meanings given to them in the Terms & Conditions applicable to Choice.

Please complete all sections in BLOCK CAPITALS or tick the boxes, where appropriate.

1. Life Assured

Please indicate the type of life assurance you require:

Single Life

Joint Life, First Death

Multiple Lives, Last Survivor

2. Applicant – Personal Details

First Applicant

Name: (Full Name as per Identification Document)

Surname: _____ Title: _____

Forename(s): _____

Gender: M F

Residential address (if at this address for less than 18 months, see section 10):

Correspondence address (If different to above): _____

E-mail address: _____

Tel. no. (home): _____

(mobile): _____

Place and country of birth: _____

Nationality: _____

Do you hold dual nationality? Yes No

2nd Nationality: _____

Marital status: _____

Date of Birth:

Occupation and nature of employment/business:
(if retired, please state former occupation)

Second Applicant (if any)

Name: (Full Name as per Identification Document)

Surname: _____ Title: _____

Forename(s): _____

Gender: M F

Residential address (if at this address for less than 18 months, see section 10):

Correspondence address (If different to above): _____

E-mail address: _____

Tel. no. (home): _____

(mobile): _____

Place and country of birth: _____

Nationality: _____

Do you hold dual nationality? Yes No

2nd Nationality: _____

Marital status: _____

Date of Birth:

Occupation and nature of employment/business:
(if retired, please state former occupation)

Relationship to first Applicant: _____

3. Life or Lives Assured - Personal Details

Please complete if the Life or Lives Assured are not the Applicants as outlined in Section 2.

First Life Assured

(Full name as per identification document)

Surname: _____ Title: _____

Forename(s): _____

Gender: Male Female

Residential address (if at this address for less than 18 months, see section 10):

Place and country of birth: _____

Nationality: _____

Do you hold dual nationality? Yes No

2nd Nationality: _____

Marital status: _____

Date of birth:

Occupation and nature of employment/business:
(if retired, please state former occupation)

Relationship to first Applicant: _____

- My signature is confirmation that: I agree to be a Life Assured; and
- To the best of my knowledge and belief, the information provided in this Section 3 is true and complete; and
- I agree to be bound by the declarations regarding Data Protection contained in Section 8 (x) of this Application Form.

Signature of First Life Assured:

Date:

Second Life Assured (if any)

(Full name as per identification document)

Surname: _____ Title: _____

Forename(s): _____

Gender: Male Female

Residential address (if at this address for less than 18 months, see section 10):

Place and country of birth: _____

Nationality: _____

Do you hold dual nationality? Yes No

2nd Nationality: _____

Marital status: _____

Date of birth:

Occupation and nature of employment/business:
(if retired, please state former occupation)

Relationship to Applicant: _____

Signature of Second Life Assured (if any):

Date:

If there are further Lives Assured, please complete this section on an additional Lives Assured sheet and attach securely to this Application Booklet.

Please tick this box if additional information is attached.

Sections 4 to 8 must be completed by the Applicant(s)

4. Other Investment Plans

Do you already hold any other Plans with:

Assicurazioni Generali S.p.A. Yes No
Generali International Yes No

Generali PanEurope Yes No

If Yes, please advise us of your Plan number(s):

Other Life Insurance Companies Yes No

If Yes, please provide further details: _____

5. Currency of Plan

Please indicate the currency in which you require your Plan to be denominated. Benefits will be calculated and charges deducted in the Plan Currency.

US dollar GB pound Euro Japanese yen

6. Investment Details

Please indicate the amount you wish to invest, noting that Investment Amounts should normally be made in the Plan Currency you specified in Section 5.

The minimum initial Investment Amounts are as follows:

USD	36,000
GBP	20,000
EUR	30,000
JPY	4,000,000

If your Investment Amount is to be transferred via Electronic Transfer, please use the Payment by Electronic Transfer Instruction Form supplied in Section 9 of this Application Booklet.

7. Initial Dealing Instructions

Please choose Funds from our International Fund Selection Brochure.

Please enter the percentage to be invested per Fund below.

- The maximum number of Funds that can be selected at outset is 10.
- The minimum to be invested in each Fund is USD1,350 / GBP750 / EUR1,125 / JPY150,000.

I wish to invest in the following specific Funds:

Fund Manager	Fund Name	Fund Currency	Enter the % of investment for each fund
(Please ensure your investments total 100%)		Total Percentage Amount	100%

8. Declarations

It is important that you read, understand and accept the following declarations:

- I/We apply for a plan of the type and with the features indicated in this document. I/We confirm that before I/We signed this declaration, I/We had seen, read and understood the Brochure including the Details Guide, the International Fund Selection Brochure and the Illustration document given to me/us by my/our Adviser explaining the Choice product to which this Application Form relates. I/We have been given an opportunity to raise any queries and have received satisfactory answers to those queries.
- I/We declare that to the best of my/our knowledge and belief, the statements in the Application Form, whether in my/our handwriting or not, are accurate and true and that no material fact has been omitted or concealed. I/We also confirm that the original source of funds being used to fund the premium(s) is/are derived from legitimate activities. I/We agree that they, together with any written statements made to Assicurazioni Generali S.p.A. (the "Company") by the Applicant/Planholder and/or Life/Lives assured on application or in the future, the Plan Terms and Conditions, Plan Schedule and any endorsements issued by the Company shall form the basis of the contract between me/us and the Company.
- I/We understand that this contract will not commence until the completed Application Form has been received and accepted by the Company. I/We understand that the Company has the right to decline this application and that this application can only be negotiated with and accepted by an authorised official of the Company. I/We also agree to inform the Company of any change in my/our circumstances between the date of this application and issue of the plan contract.
- I/We take full responsibility for the selection and choice of any investments made by me/us or my/our appointed portfolio manager including, to the extent that I/We consider necessary, reading and understanding the fund manager's prospectus and supporting literature and seeking independent advice.
- I/We understand that the realisable value of my/our selected investments determines the value of my/our plan. I/We acknowledge that the value of my/our plan is not guaranteed and that asset values may fall as well as rise in line with fluctuations in investment markets. I/We understand also that investments that are denominated in a currency other than that of my/our plan may involve a currency risk and that the value of my/our plan may fall as well as rise as a result of exchange rate fluctuations.

8. Declarations (continued)

- vi) I/We acknowledge that, where the investments in this plan are not easily convertible to cash, Assicurazioni Generali S.p.A. reserves the right to defer the payment of benefits, either in whole or in part, until such time as it is able to realise those investments allowing for, among other things, notice periods, dealing dates and settlement dates of the investments in question.
- vii) I/We understand and agree that all associated documentation relating to my/our plan may be sent to my/our Adviser until written notice to the contrary is provided by me/us.
- viii) If an existing similar plan has been or is to be replaced in full or in part by this plan, I/We declare that my/our Adviser has explained to me/us the financial consequences of such a replacement, including the possibility of financial loss.
- ix) I/We have been informed of and understand my/our rights to cancel my/our plan as detailed in the section entitled "Cancellation Rights" in the Details Guide in the Brochure.
- x) I/We consent to the Company seeking information from any medical practitioner who has attended me/ us or from any insurer to which an application has been made for insurance and I/We authorise the giving of such information. I/We confirm that such authorisation shall remain in force after my/our death.
- xi) I/We also agree to inform the Company of any change of name or address that may occur during the life of the plan.
- xii) I/We consent to the Company seeking independent verification, if required, of any information given in this application. Further, I/We consent to Assicurazioni Generali S.p.A. seeking information from any medical practitioner who has attended me/ us or from any insurer to which an application has been made for insurance and I/We authorise giving of such information. I/We confirm such authorisation shall remain in force after my/our death.
- xiii) Data Protection
- I/We undertake to disclose all facts material to the assessment by the Company of this application. Such facts are those which an insurer would regard as likely to influence the assessment and acceptance of a proposal (If in doubt as to the relevance of any particular information, you should disclose it as failure to do so could result in you being quoted the wrong terms, a claim being rejected or reduced, or rendering the plan invalid).
 - I/We accept and consent that Assicurazioni Generali S.p.A. may pass data originating from this application or data relating to the execution of this contract (e.g. investment amounts, events insured against, changes to risk or contract), to other insurance companies of the Generali Group, advisers, investment advisers, portfolio managers, investment fund providers fiscal representatives, third parties who provide relevant service to the Company and reinsurers wherever they are located in the world but only in so far as it is required to ensure the proper execution of my/our insurance matters. I/We understand that my/our personal information may be passed to governmental, regulatory or other bodies as required by law. The information may also be used by your Group Companies for accounting and statistical purposes and may be transmitted by any usual means including the internet. I/We accept that the above applies regardless of whether this contract is concluded.
 - I/We also accept that personal data, however obtained, will be held, recorded and processed by Assicurazioni Generali S.p.A. on computer and/or manual systems in respect of my/our insurance dealings with Assicurazioni Generali S.p.A. both now and in the future for administrative, identification, customer care and service only.
 - I/We hereby confirm that prior to my/our provision of information to the Company in respect of a third party, the said party has been informed of the use of such information and in this regard I/we hereby indemnify the Company against and in respect of any liability which the Company may incur in the event of my/our failure to so notify the third party.
 - I/We understand that I/we have the right to obtain access to and request correction of any personal information concerning me/us held by the Company. Requests for such access can be made to Head of Customer Services, Assicurazioni Generali S.p.A., Level 6, Rolex Tower, Sheikh Zayed Road, Dubai, United Arab Emirates.
- xiv) I/We confirm that the signature on this application is my/our own or (if applicable) that of my/our authorised representative who hereby confirms that he is duly authorised to sign this application on behalf of the applicant.

Signature of the First Applicant:

Signature of the Second Applicant (if any):

Date:

Date:

9. Payment Instruction Form

SINGLE PREMIUM PAYMENT BY BANK TRANSFER

ELECTRONIC TRANSFERS

Applicant Name(s): _____

To the Sending Bank:

Please charge the following amount and any charges/expenses incurred from my/our account, quoting my/our name(s) on the transfer advice.

Amount Payable:

Currency: US dollar GB pound Euro Japanese yen AE dirham

Amount in Figures: _____

Amount in Words: _____

Bank Details

Name of the remitting bank: _____

Bank address: _____

Account Name: _____

Account Number: _____

For Routing Instructions, please see overleaf.

9. Payment Instruction Form (continued)

Routing Instructions

AED: Please pay AED to Citibank N.A Dubai (CITIAEAD) a/c 0500004061, Assicurazioni Generali S.p.A. IBAN AE580211000000500004061, using Citibank N.A Dubai (CITIAEAD) as the correspondent bank. Please ensure your bank sends a direct MT103 message to Citibank N.A Dubai (CITIAEAD).

US dollar: Please pay USD to Citibank N.A. Dubai (CITIAEAD) a/c 0500004088, Assicurazioni Generali S.p.A. IBAN AE080211000000500004088, using Citibank N.A New York (CITIUS33) ABA 021000089, 111 Wall Street, NY10005, New York as the correspondent bank. Please ensure your bank sends a direct MT103 message to Citibank Dubai (CITIAEAD)

Sterling: Please pay GBP to Citibank N.A. Dubai (CITIAEAD) a/c 0500004096, Assicurazioni Generali S.p.A. IBAN AE830211000000500004096, using Citibank N.A London (CITIGB2L) as the correspondent bank. Please ensure your bank sends a direct MT103 message to Citibank Dubai (CITIAEAD)

Euro: Please pay EUR to Citibank N.A. Dubai (CITIAEAD) a/c 0500004118, Assicurazioni Generali S.p.A. IBAN AE710211000000500004118, using Citibank N.A London (CITIGB2L) as the correspondent bank. Please ensure your bank sends a direct MT103 message to Citibank Dubai (CITIAEAD)

Japanese Yen: Please pay JPY to Citibank N.A. Dubai (CITIAEAD) a/c 0500004126, Assicurazioni Generali S.p.A. IBAN AE490211000000500004126, using Citibank N.A Japan (CITIJPJT) as the correspondent bank. Please ensure your bank sends a direct MT103 message to Citibank Dubai (CITIAEAD)

ALTERNATIVE PAYMENT BY CHEQUE

If you wish to pay by personal cheque drawn against your own bank account, please make payable to Assicurazioni Generali S.p.A. and attach securely to the Application.

We recommend that Applicants check the likely clearance times before making payment by cheque.

Authorisation

Signature of the First Applicant:

Second Account Signatory (if applicable):

Date:

Date:

10. Verification of Applicant or Life Assured Identity

The introducing Adviser should complete this section for all applications.

Full name of First Applicant: _____	
Full name of Second Applicant: _____	
Full name of First Life Assured (if different to first Applicant): _____	
Full name of Second Life Assured (if different to second Applicant): _____	
This section is required to verify the identity of the Applicants and/or Lives Assured, if different.	
All identification papers must be certified by the Adviser or a Notary Public and include a photograph of the Applicant and/ or Life Assured.	
Please tick alongside all items enclosed and ensure that all necessary documents are included.	
(a) For each Individual Applicant (and each Life Assured, if different):	
First Applicant	
1. Certified copy of an original photo passport	<input type="checkbox"/>
2. Certified copy of suitable proof of address (showing name and current residential address)	<input type="checkbox"/>
Prior residential address*: _____	

* Please complete if the Applicant has been less than 18 months at their current residential address, as detailed in section 2.	
Second Applicant	
1. Certified copy of an original photo passport	<input type="checkbox"/>
2. Certified copy of suitable proof of address (showing name and current residential address)	<input type="checkbox"/>
Prior residential address*: _____	

* Please complete if the Applicant has been less than 18 months at their current residential address, as detailed in section 2.	
(b) Corporate and Trust Applicants	
If the Applicant(s) shown in this Application Booklet is/are a Company or a Trust, additional information is required. The introducing Adviser should complete a Verification of Corporate or Trustee Applicant Identity form, available from us on request.	
Declaration	
<ul style="list-style-type: none">I confirm that I have seen the original documents specified above and have checked the name and identity of the Applicant(s) and Life/ Lives Assured and attach a certified copy of these documents for your records.	
Adviser Name (Printed in BLOCK CAPITALS): _____	Signature of Adviser: <div style="border: 1px solid black; height: 50px; width: 100%;"></div>
Date: <input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YY"/>	

11. Source of Funds Questionnaire

The Applicant and introducing Adviser should complete this section for all applications and should provide original documents or certified true copies of all original documents evidencing the information set out in this section. Please continue on a separate sheet if required.

<p>1. How and when were you introduced to the Applicant(s)? (specify month and year):</p> <p>_____</p> <p>_____</p> <p>2. Please provide Applicant's bank details (i.e. the account used to pay Investment Amounts and to receive payment from Assicurazioni Generali S.p.A. (In case of several accounts, details should be furnished for all the accounts)):</p> <p>Bank name: _____</p> <p>Bank address: _____</p> <p>Account number: _____</p> <p>Account holder(s) name: _____</p> <p>Years account held*: _____</p> <p>*If this account has been held for less than 1 year, then previous bank details are also required. Please use a separate page if necessary.</p> <p>Please tick this box if additional information is attached <input type="checkbox"/></p> <p>3. Are there any other parties indirectly involved with this application e.g. lender? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes, please give details: _____</p> <p>_____</p> <p>4. Please state annual income: USD <input type="checkbox"/> GBP <input type="checkbox"/> EUR <input type="checkbox"/> JPY <input type="checkbox"/> AED <input type="checkbox"/></p> <p>i) Total amount received annually from all sources:</p> <p>Current year: _____</p> <p>Last year: _____</p> <p>Previous year: _____</p> <p>ii) Where income is received in addition to, or instead of employment, please specify from the list below the source/s it originated from, including the amount and currency per annum:</p> <p>Rental Income: _____</p> <p>Investment Income: _____</p> <p>Pension Income: _____</p> <p>Other (please specify): _____</p> <p>iii) If Employed please state:</p> <p>Name and address of employer: _____</p> <p>_____</p> <p>Employer's website address: _____</p> <p>Annual basic income: _____</p> <p>Bonus: _____</p> <p>Benefits in kind (e.g. housing allowance, education, travel, etc.): _____</p> <p>Other (please specify): _____</p> <p>_____</p> <p>_____</p>

11. Source of Funds Questionnaire (continued)

Length of service with current employer: _____

If less than 18 months, please state previous employer and length of service _____

5. Details of assets held:

Cash amount: _____

Shares and bonds amount: _____

Properties amount: _____

Other amount: _____

Total assets amount: _____

6. Details of liabilities held:

Loans/ debts amount: _____

Accounts payable: _____

7. Please state how the source of wealth for this investment has been raised if other than Annual Income.

If answering "Yes" to questions i, ii or iii (below) please provide proof by way of supporting documentation.

(i) Gift or inheritance from a third-party? Yes No

If Yes, please give details: _____

(ii) The disposal of a business or other asset? Yes No

If Yes, please give details and specify the original source of wealth for the investment in the business or asset:

(iii) Other? Yes No

If Yes, please give details and specify the original source of wealth for the investment:

How was wealth generated? _____

When was wealth generated? _____

8. When answering these questions, has the information been supplied from your own knowledge of the Applicant's circumstances?

Yes No

If No, where did it originate? _____

9. Please outline your client's reasons for applying for this product: _____

11. Source of Funds Questionnaire (continued)

Declaration

- I declare that, to the best of my knowledge and belief, the Applicant(s) is/are of good standing and the information given in this questionnaire is true and complete.
- I confirm and am satisfied that, to the best of my knowledge and belief, the original source of monies being used to pay the Regular or Single Premium is derived from legitimate activities.
- I have also verified this information against the Applicant's passport.
- I confirm that I have obtained sufficient documentation and attach certified true copies of the original to this Application, to satisfy myself regarding the Applicant(s):
 - Full Name
 - Current Address
 - Place of Employment (where appropriate)

Signature of Adviser:

Adviser Name (printed in BLOCK CAPITALS): _____

Date:

Declaration

- I declare that, to the best of my knowledge and belief, all the information above is true, correct and complete.

Signature of the First Applicant:

Signature of the Second Applicant (if any):

Date:

Date:

Applicant names (printed in BLOCK CAPITALS): _____

Assicurazioni Generali S.p.A. United Arab Emirates
Level 6, Rolex Tower, Sheikh Zayed Road
Dubai, United Arab Emirates, P.O. Box Number 5910
Tel: +971 (0) 4 3842 100
Fax: +971 (0) 4 3842 111

www.generali-uae.com

Registration Details:
Assicurazioni Generali S.p.A. Registered (Registration Number 59) under UAE Federal Law No. 6
of 2007 and regulated by the Insurance Authority. Registration Date: 13 December 1984.