



REGENCY
for expats

LIFE INSURANCE APPLICATION FORM

Policyholder'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 Information (if different to Policyholder)

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

Sum Insured

Start Date

dd / mm / yyyy

Amount of Insurance

info@regencyforexpats.com
www.regencyforexpats.com

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Additional Information

Insured's Occupation

Household Income

Has the Insured used tobacco or nicotine products (including e-cigarettes) within the last 12 months?

Yes

No

Beneficiary Information

Beneficiary Name 1

Title

First Name(s)

Last Name

Relationship to Insured

Percentage of Proceeds

Email Address

Address

Beneficiary Name 2

Title

First Name(s)

Last Name

Relationship to Insured

Percentage of Proceeds

Email Address

Address

Beneficiary Name 3

Title

First Name(s)

Last Name

Relationship to Insured

Percentage of Proceeds

Email Address

Address

INFORMATION NOTE:

Please advise whether there are any additional beneficiaries listed under this policy.

It is the responsibility of the policyholder to inform and advise any and all beneficiaries under this policy of the terms, conditions, exclusions and warranties of the policy.

It is the responsibility of any such beneficiary to ensure that they have read, reviewed and agree the terms, conditions, definitions, exclusions and warranties of the policy, prior to submitting any claim under the policy.

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Choose Your Payment Options

Please select your payment frequency:

Annual (No surcharge)

Semi-Annual (8% surcharge)

Quarterly (12% surcharge)

Monthly (16% surcharge)

Credit Card Details

Please select how you want to pay:

Visa

MasterCard

Credit Card Number

Expiry

Name on Card

CVC

Other Information

Has the Insured ever had an application for life or private health insurance refused, modified or agreed but with a reduced benefit amount?

Yes

No

Does the Insured have any other life insurance policies? If yes, please provide details of the same.

Yes

No

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

Yes

No

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.

I understand that the policy will not be live and contractually binding and in force unless and until payment of the insurance premium (or if payment is made periodically, the first instalment thereof) is received by Regency for Expats, and has been confirmed by the issuing of an insurance certificate, and policy welcome pack.

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 past-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.

Policyholder Signature

Insured Member Signature

First Name(s)

Last Name

dd / mm / yyyy

First Name(s)

Last Name

dd / mm / yyyy

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