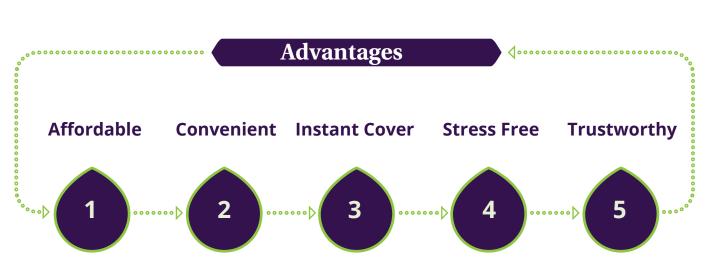
ENWEALTH FARAJA BENEVOLENT FUND





Enwealth Faraja Benevolent Fund

Enwealth Faraja Benevolent Fund is an insurance policy that covers funeral expenses in the event of illness, Natural and Accidental Death. A selected amount is paid as a lump sum within 48 hours upon notification of death and full documentation in respect of the individuals, families and groups.



Enwealth Faraja Benevolent Fund Application Form

STEP 1: PREMIU	M PAYE	R / PROPOS	SER DETAILS				
(Tick Appropriately) - INDIVIDUAL MEMBER: WELFARE SOCIETY OTHERS STEP 2: PRINCIPAL MEMBER DETAILS							
Title: — First Name: —		Surname: Others:					
ID / Passport:		Marital Status:	Married: ☐ Single: ☐ Widow: ☐ Others:				
Cell Number:			Email Address:				
STEP 3: SPOUSE	DETAIL	S					
FIRST NAMES	SURNA	ME	DATE OF BIRTH	ID NUMBER	MOBILE NO.		
				& PARENTS IN LAW			
NO.	FIRST N	NAMES	SURNAME	RELATIONSHIP	DATE OF BIRTH		
1				1st - Child			
2				2nd - Child			
3				3rd - Child			
4				4th - Child			
5				5th - Child			
6				Main Parent 1 (Father)			
7				Main Parent 2 (Mother)			
8				Parent in Law (Father)			
9				Parent in Law (Mother)			
STEP 5: EXTRA C	CHILD(R	EN) OF THE	E PRINCIPAL MEMBE	.R 			
NO.	FIRST N	NAMES	SURNAME	RELATIONSHIP	DATE OF BIRTH		
2							
3							
STEP 6: NEXT O	F KIN						
NO.	FIRST N	NAMES	SURNAME	RELATIONSHIP	CONTACT NUMBER		
1							
2							
PAYMENT DETA	AILS						
PRINCIPA		AME OF THE AL MEMBER AS IT ON THE ID CARD	AMOUNT PAID:	REF.			
Declaration I true and correct.	I under	declare to stand and a slicy and the	o the best of my knov gree that any willful at Lundertake to abid	vledge and belief that the pa misrepresentation in this a le by the terms and condition	articulars given above are pplication will invalidate		
DDINGIDAL MEN		-		DATE.	or the roney.		

METROPOLITAN CANNON LIFE ASSURANCE						
PARTICIPANTS	OPTION A	OPTION B	OPTION C	OPTION D		
Principal Member	50,000	100,000	250,000	500,000		
Spouse (Max 1)	50,000	100,000	250,000	500,000		
Children (Max 4)	50,000	100,000	250,000	500,000		
Parents (Max 2)	50,000	100,000	250,000	250,000		
Parents in law (Max 2)	50,000	100,000	250,000	250,000		
Premium Payable Per Family	2,117	4,234	8,044	16,934		

PRODUCT PROFILE					
PRODUCT PROFILE	METROPOLITAN				
Who is Covered	Principal Spouse - Max 1 Children - Max 4 Main Parents - Max 2 Parents In Law - Max 2				
Eligibility	Entry Age	Max. Coverage Age			
	Adults: 18 - 64 years Children: 1 Month Parents: 75 - 84 years	90 years 18 years (25 years with proof of schooling) 90 years			
Term	Renewable Annually				
Enrollment Documentation	Copy of ID Card				
Waiting Period	3 Months for illness Cases No Waiting Period for accidental cases				
Claim Documentation	Notification Letter Copy of ID Card Burial Permit				

ENWEALTH PARTNERS DECLARATION

AUTHORIZED SIGNATURE AND STAMP_

I CONFIRM THAT I HAVE EXPLAINED TO THE CLIENT THE BENEFIT, STRUCTURE, GENERAL CONDITIONS AND EXCLUSIONS OF THIS COVER

AGENT'S BROKER'S NAME:	
TEL NO:	MOBILE:
EMAIL ADDRESS:	

^{*} Terms And Conditions Apply*