

# Standard Life Insurance Policy Application Form

## 1. Applicant Information

Full Name

Date of Birth

Gender

Marital Status

Address

City

State

Zip Code

Phone

Email

## 2. Policy Details

Policy Plan Type

Sum Assured (\$)

Policy Term (Years)

Premium Payment Mode

## 3. Health Information

Height (cm)

Weight (kg)

Do you smoke?

☐ Yes ☐ No

Do you consume alcohol?

☐ Yes ☐ No

Medical History (if any)

4. Nominee Details

Full Name

Relationship

Date of Birth

Contact Number

5. Declaration

I declare that all the information provided above is true and complete to the best of my knowledge. I agree to abide by the terms and conditions as set forth by the insurance company.

Applicant Signature

Date