

Standard Life Insurance Policy Application Form

1. Applicant Information

Full Name

Date of Birth

Gender

Select

Marital Status

Select

Address

City

State

Zip Code

Phone

Email

2. Policy Details

Policy Plan Type

Select

Sum Assured (\$)

Policy Term (Years)

Premium Payment Mode

Select

3. Health Information

Height (cm)

Weight (kg)

Do you smoke?

Yes No

Do you consume alcohol?

Yes No

Medical History (if any)

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4. Nominee Details

Full Name

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Relationship

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Date of Birth

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Contact Number

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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

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Date

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