

Basic Information Proposal Form for Life Insurance

Personal Information

Full Name

Date of Birth

Gender Select

Nationality

Occupation

Marital Status Select

Address

Phone Number

Email

Plan Details

Plan Type

Sum Assured

Policy Term (Years)

Premium Payment Frequency Select

Nominee Information

Nominee Name

Relationship

Nominee Date of Birth

Other Relevant Information

Medical history, previous insurance, notes, etc.

Signature of Proposer

Date

This is a sample form for proposal purposes only.
Please provide accurate information as required by your insurance provider.