



Guaranteed Annuity Application Form

Please complete the application form and submit to Paramount Life via email (info@paramountlife.co.za) or via fax (086 688 5984).

Paramount Life will process this application only once all required documents are received and once the money reflects in the Paramount Life bank account. Note that there are two full signatures required by the client on this application form. Look out for the "PLEASE SIGN HERE" flags. Client is to initial all pages.

Document Checklist:

- Completed Paramount Life Application Form (pages 1 to 5)
- Signed Paramount Life Quotation
- Signed medical questionnaires (if applicable)
- Certified copy of applicant's South African ID or valid passport (if foreign national), as well as that of applicant's spouse if applicable
- Proof of bank deposit / transfer into the Paramount Life bank account
- Recognition of Transfer (if applicable)
- Proof of your bank details (e.g. cancelled cheque or bank statement less than three months old)
- Proof of residential address (e.g. bank statement, utility bill or telephone account less than three months old)
- Proof of Income and SA Income Tax Number (e.g. Recent SARS Tax Return or any SARS issued document bearing name and tax number)

If a representative is acting on behalf of the investor, we need the following from the representative:

- Proof of authority (e.g. power of attorney)
- Copy of South African bar-coded ID or passport (if foreign national)

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Section 1: Annuitant Personal Details

Life 1

Title	<input type="text"/>	Initials	<input type="text"/>
First name	<input type="text"/>		
Surname	<input type="text"/>		
Previous or maiden name	<input type="text"/>		
Date of birth	<input type="text"/>	Age:	<input type="text"/>
<small>y y y y / m m / d d</small>			
ID / Passport number	<input type="text"/>		
Nationality of passport	<input type="text"/>		

Gender	Marital status
<input type="checkbox"/> Male	<input type="checkbox"/> Single <input type="checkbox"/> Married
<input type="checkbox"/> Female	<input type="checkbox"/> Divorced <input type="checkbox"/> Widowed

Smoker status	Smoker behaviour
<input type="checkbox"/> Never Smoked	<input type="text"/> Age Started
<input type="checkbox"/> Smoker	<input type="text"/> Cigarettes/day
<input type="checkbox"/> Quit Smoking	<input type="text"/> Age Quit

Gross monthly income
R <input type="text"/> per month

Occupation
Pre-Retirement Occupation <input type="text"/>
Last employer <input type="text"/>
Employer contact number <input type="text"/>

Registered tax payer	<input type="checkbox"/> Yes <input type="checkbox"/> No
Your tax reference number	<input type="text"/>
Tax Office	<input type="text"/>

Life 2

Title	<input type="text"/>	Initials	<input type="text"/>
First name	<input type="text"/>		
Surname	<input type="text"/>		
Previous or maiden name	<input type="text"/>		
Date of birth	<input type="text"/>	Age:	<input type="text"/>
<small>y y y y / m m / d d</small>			
ID / Passport number	<input type="text"/>		
Nationality of passport	<input type="text"/>		

Gender
<input type="checkbox"/> Male
<input type="checkbox"/> Female

Smoker status	Smoker behaviour
<input type="checkbox"/> Never Smoked	<input type="text"/> Age Started
<input type="checkbox"/> Smoker	<input type="text"/> Cigarettes/day
<input type="checkbox"/> Quit Smoking	<input type="text"/> Age Quit

Gross monthly income
R <input type="text"/> per month

Occupation
Pre-Retirement Occupation <input type="text"/>
Last employer <input type="text"/>
Employer contact number <input type="text"/>

Registered tax payer	<input type="checkbox"/> Yes <input type="checkbox"/> No
Your tax reference number	<input type="text"/>
Tax Office	<input type="text"/>

Section 2: Contact Details

Name and surname

Telephone (H) Telephone (W)

Fax Cell

Email

Physical address

Physical address

Code

Postal address

Postal address

Code

Preferred method of communication Email Post

Would you like to receive a monthly posted payslip? Yes No
(Please note, each payslip will be at a charge of R10)

Section 3: About your Paramount Guaranteed Annuity Benefit

Quote Number If completed please proceed to Section 5

Source of investment Pension Fund Provident Fund Living Annuity Retirement Annuity Discretionary Investment

Target Annuity Inception Date Annuity Payment Frequency:
y y y y / m m / d d

Lives Covered Single Life Annuity OR Joint Life Annuity with % decrease on first death or death of life 1

Calculation Basis Consideration (Investment) OR Annuity Income

Consideration (Investment) / Annuity Income R Income escalation rate and frequency % every year(s) 13th Cheque: No Every Dec on anniversary

Section 4: About your Paramount Estate Protect® Benefit

Add Estate Protect® Cover Yes No % Annual Premium Escalation

Lives Covered Individual Life Last Death

Payout Event	Initial Percentage	Cover adjustment term	Minimum Cover Level
<small>This is the event that will result in a payout</small>	<small>The initial cover level as a percentage of the investment amount</small>	<small>The period in years over which the cover reduces</small>	<small>The guaranteed minimum cover level</small>
Death of Life 1	<input type="text"/> %	<input type="text"/> years	<input type="text"/> %
Death of Life 2	<input type="text"/> %	<input type="text"/> years	<input type="text"/> %
Last Death	<input type="text"/> %	<input type="text"/> years	<input type="text"/> %

Section 5: Your Beneficiary Details

You may nominate one or more persons or institutions as beneficiaries to receive the proceeds of the Estate Protect® in the event of your death (or your spouse's death or last death where applicable).

- You must provide the identity/passport numbers of any person you nominate to receive the proceeds of the Estate Protect® Benefit. Paramount Life cannot process the nomination without this information.
- If you nominate an institution to receive the proceeds, please provide its registration number.
- Please review your beneficiary nomination regularly to take account of changed circumstances. You can change the beneficiary nomination at any time in writing.

Please complete the details of the beneficiaries you wish to nominate:

	Beneficiary 1	Beneficiary 2	Beneficiary 3
Beneficiary is a:	<input type="checkbox"/> Company <input type="checkbox"/> Natural Person	<input type="checkbox"/> Company <input type="checkbox"/> Natural Person	<input type="checkbox"/> Company <input type="checkbox"/> Natural Person
Title	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
First name	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Surname	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Date of birth	<input style="width: 100%;" type="text"/> <small>y y y y / m m / d d</small>	<input style="width: 100%;" type="text"/> <small>y y y y / m m / d d</small>	<input style="width: 100%;" type="text"/> <small>y y y y / m m / d d</small>
ID / Passport number	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Relationship	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Contact Number	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Percentage allocation	<input style="width: 80%;" type="text"/> %	<input style="width: 80%;" type="text"/> %	<input style="width: 80%;" type="text"/> %

Section 6: Payment Details

a) Bank details to receive income from your Paramount Guaranteed Annuity benefit

- It is important that you provide us with the correct banking details so that we can pay the income.
- Paramount Life will not be liable for any loss or damage you may have suffered if you provide us with incorrect banking details.
- You need to inform us in writing if your banking details change.
- A cancelled cheque or recent bank statement not older than three months or an official, stamped letter from your bank confirming the account details must accompany this application as proof of banking details
- Paramount Life will only make payments to a bank account in your name. We do not make payments to third parties.
- Paramount Life cannot make payments to a credit card.
- We will only make payments by means of an electronic funds transfer (EFT). We do not issue cheques.
- I agree to pay banking charges and costs relating to the debit order authority.

Name of accountholder	<input style="width: 80%;" type="text"/>
Name of bank	<input style="width: 80%;" type="text"/>
Branch name	<input style="width: 80%;" type="text"/>
Account number	<input style="width: 80%;" type="text"/>
Branch code	<input style="width: 80%;" type="text"/>
Account type	<input type="checkbox"/> Cheque <input type="checkbox"/> Savings <input type="checkbox"/> Transmission

b) Transfer of investment amount to Paramount Life

	Transferring Fund 1	Transferring Fund 2	Transferring Fund 3
Registered name of fund			
FSB registration number	12 / 8 /	12 / 8 /	12 / 8 /
SARS approval number	18 / 20 / 4 /	18 / 20 / 4 /	18 / 20 / 4 /
Estimated investment amount	R	R	R
Contact person			
Telephone (w)			
Email			

c) Bank details to transfer the investment amount to Paramount Life:

Account name:	Guardrisk Life - Paramount
Bank:	Standard Bank
Branch:	Braamfontein
Branch code:	004805
Account number:	20 262 8477
Account Type:	Business Current Account

Section 7: About Your Financial Adviser

a) Financial Adviser Contact Details

Financial adviser full name

Financial adviser code

Intermediary house

Telephone (w)

Cell

Email

b) FICA declaration (please select the applicable box)

I warrant and confirm that I have established and verified the identities of the investor(s), insured live(s), premium payer(s), agent(s) and cessionary(ies), where applicable, with regard to this application/contract in terms of the Financial Intelligence Centre Act, 2001, read together with the Money Laundering Regulations.

OR

I have seen the original and attached the required FICA documents to this application.

Signature of
principal financial adviser

Date Signed:
y y y y / m m / d d

c) Financial adviser fees

i) Guaranteed Annuity benefits

Initial financial adviser's fee discount % (Select between 0% and 100%)

ii) Estate Protect® benefits

Initial financial adviser's fee discount % (Select between 0% and 100%)

Section 8: Medical Conditions and Underwriting

a) Declaration

I declare that all the information provided in and for this application is both true and correct. Should this information not be truthful or be incorrect Paramount Life reserves the right to amend benefits and premiums to the level that would have been accepted were the application form answers true and correct. In addition Paramount Life may at its sole discretion levy a penalty against me.

b) Medical practitioner details

Please provide names and telephone numbers of your consulting doctors for the past five years. Paramount Life may collect medical information from medical professionals on your behalf. Please indicate how many years you have been consulting the relevant doctor(s).

	Initials	Surname	Contact number	Years	Type of Doctor
Doctor 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Doctor 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

c) Medical questions

I declare that these questions have been answered truthfully and correctly.

Signature of policy owner	<input type="text"/>	Date Signed:	<input type="text"/>
PLEASE SIGN HERE →		y y y y / m m / d d	
Signature of spouse (if applicable)	<input type="text"/>	Date Signed:	<input type="text"/>
			y y y y / m m / d d

Section 9: Declarations, Terms and Conditions

a) Quote declarations

Policy owner declaration

I, (full name) (identity number)

hereby declare that my intermediary presented me with a final quote (quote number).

The benefit options as reflected in the quote correspond to the information in my application form and I confirm that the product fees, benefit and all other information contained in the quotation was explained to me by my intermediary.

Signature of policy owner	<input type="text"/>	← PLEASE SIGN HERE
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Intermediary declaration

I, (full name) (identity number / intermediary number)

confirm that I have presented the client with a final quotation for a Paramount Life Guaranteed Annuity.

The Client has confirmed that the benefit options reflected in the quotation correspond with the benefit options selected by the Client in the application form. I further confirm that I have explained to the Client the product fees, benefits and all other information contained in the quotation and the Client has agreed thereto.

Signature of intermediary	<input type="text"/>
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b) Declaration by the investor / policyholder

I, the investor / policyholder, warrant that:

1. I have read and understood the contents of this application form.
2. I agree to be bound by the terms and conditions of this application form, the policy document and policy schedule which, read together, make up the contract.
3. I agree that any commission payable in terms of the Long-term Insurance Act of 1998 and that any fee payable from my investment / premiums to my appointed financial from my investment / premiums to my appointed financial adviser on my behalf. These commissions and fees have been explained to me by my appointed financial adviser and are set out above. I further agree to pay from my investment, the fees as charged by Paramount Life in the amounts and on the basis explained to me by my financial adviser.
4. I agree that any alterations made to this application form by me or my financial adviser are not binding, unless Paramount Life agrees to accept the alterations. Acceptance will be communicated by the processing of this application form, the receipt of any monies paid to Paramount Life and the issuing of the policy document.
5. I understand that the Annuities may be subject to tax. I acknowledge that if any of the tax laws, tax regulations, SARS practice or other laws governing the Annuities change, this may have an effect on the Annuities and the benefits payable to me.
6. I confirm that Paramount Life is not my appointed financial adviser. Paramount Life has not advised me for any choices I have made on this application.
7. I confirm that I made the decision to invest in the benefits listed above of my own free will and from advice given to me by my financial adviser.
8. I confirm that the monies paid into the policies are not from the proceeds of crime.
9. I confirm that Paramount Life can take instructions from my financial adviser regarding my policies. If Paramount Life acts on any instruction from my financial adviser and it is later found that my financial adviser did not act in terms of the instructions or authority that I gave him/her/it, I confirm and agree that, unless my financial adviser is an employee of Paramount Life, Paramount Life will not be liable for any loss or damage I may have suffered.
10. Paramount Life will not be responsible for any failure, malfunction or delay of any networks or electronic or mechanical device or any other form or communication used in the submission, acceptance and processing of applications and/ or transactions. Paramount Life will not be liable to make good or compensate me or any third party for any damages (whether direct or consequential), losses, claims or expenses.
11. Where this application form has been signed by my spouse, my spouse confirms that he/she has read the terms and conditions of this application and agrees to be bound by them, where applicable. My spouse specifically confirms the nomination of beneficiaries made in this application form and understands the legal consequence of the nomination.
12. I have correctly disclosed all material information to Paramount Life about any insurance policy that it may issue to me. I undertake to continue disclosing all material information to Paramount Life until it accepts the risk, if any.
13. I understand that if I have breached the warranty contained above, Paramount Life can declare the policy issued to me void and I will forfeit any contributions paid
14. I hereby consent to the collection, collation, processing, storage and disclosure of my personal information of this application for the purpose of underwriting and administrating this policy and for the assessment of claims under this policy.
15. I hereby consent to the collection, collation, processing, storage and disclosure of your personal information above for the purpose of advising you of or offering you any enhanced benefits or new products which become available from time to time which you may become entitled to or qualify for as a policyholder.
16. To facilitate the assessment of the risk and the consideration of any benefits under a policy related to this or any other proposal for assurance made by me or in respect of me or any member of my family as an assured or to ensure the efficient administration of my policy, I irrevocably authorise Paramount Life or any of its associated companies to:
 - Obtain from any person or organisation, any information including any health, wellness and lifestyle medical information including HIV status which Paramount Life deems necessary at application stage and on an ongoing basis; and
 - Provide to your appointed intermediary policy information necessary to ensure the efficient administration of your policy and to ensure compliance with our obligations as they may be applicable to you or your policy as set out in the Long-term Insurance Act (52 of 1998), the Policyholder Protection Rules (PPR) and the Financial Advisory and Intermediary Services Act, 2002 or any other applicable legislation;
 - Obtain, at the application stage and on an ongoing basis from any person or organisation, any information that Paramount Life in its sole discretion requires in connection with this application or the policy. Notwithstanding anything to the contrary this includes but is not limited to information held by entities including my previous employers, medical professionals and the South African Revenue Services.
 - I acknowledge that I cannot cancel this authorisation and that it will endure after my death;
 - Obtain from any person your contract details and to verify your identity with any registered credit bureau. You hereby authorise and instruct such person or credit bureau to give such information to Paramount Life or conduct such information for Paramount Life as the case may be;
 - Use your FICA verification documents, if you apply for another product that requires FICA verification.
17. You authorise Paramount Life to collect due contributions and charges from and to pay any amounts due to you into the bank account specified by you. You undertake to advise Paramount Life of any changes in these details. Paramount Life will not be held responsible for incorrect banking details supplied by the owner of the policy.
18. In accordance to new business rules, where no commencement date is indicated and this policy is activated between the 1st and 15th of the month, a double debit order will be deducted from your specified bank account, on the 25th of the month. I will be charged for each month I am covered.
19. In terms of the Prevention of Organised Crime Act of 1998, you confirm that the funds with which any payment is or will be made to Paramount Life in terms of this policy are derived from a lawful source. You declare that you will be willing to answer any questions with regard to the origin of such funds and to provide additional information when it may be required by Paramount Life.
20. I instruct Paramount Life to pay the sale fees / commission to your financial adviser as agreed.
21. I agree that this Client authority above will apply to all future applications for assurance with Paramount Life as well as to all requests for changes to existing contracts.
22. Cession of your Estate Protect® policy: I understand that a cession of the policy will take precedence over the appointment of a beneficiary and that Paramount Life will pay the proceeds of the policy to the cessionary and not to the beneficiary.
23. Paramount Life will send you your policy documents following your first income payment. I agree to inform Paramount Life if I have not received my policy documents within 15 days of receiving the first income in terms of this policy. Paramount Life may assume that the documents have been received if you do not notify Paramount Life.

c) General Terms and Conditions

1. All policies resulting from this application form are underwritten by Guardrisk Life and administered by Paramount Life. The guaranteed annuities have been purchased by registered retirement funds on your retirement, or you have elected to transfer your annuity underwritten by another registered insurer to Guardrisk Life.
2. Paramount Life warrants that it holds professional indemnity and fidelity insurance cover as required by the Financial Advisory and Intermediary Services Act (FAIS Act).
3. Paramount Life reserves the right to accept or reject your application form and/or subsequent transactions/instructions and will not enter into any discussion with regard to accepting or rejecting the application and/or subsequent transactions/instructions.
4. The benefits are subject to statutory and regulatory requirements.
5. Your benefit or right to the benefit from the annuities is subject to sections 37A and 37B of the Pension Funds Act. You cannot use the annuity benefit or right to the benefit as security or transfer it to someone else or make it over to a third party. Your creditors cannot attach the benefit or right to the benefit.
6. Paramount Life is obliged to deduct tax from all income payments made to you. Paramount Life will calculate the tax payable to the South African Revenue Services (SARS) using the tax tables as issued by the SARS from time to time. If you want Paramount Life to deduct an amount of tax which is different from the rate that Paramount Life determines using the tax table, you must provide Paramount Life with a tax directive issued by the SARS. Any directive will have to be updated on an annual basis by you and you undertake to do this. If Paramount Life has not received an updated directive, tax will be deducted using the tax tables as issued by SARS from time to time.
7. You cannot cancel the annuity benefits. A 30 day cooling-off period applies to all Estate Protect® benefits as provided for in the Long-term Insurance Act (the Act).
8. The annuity and Estate Protect® benefits will only come into effect if Paramount Life has informed you in writing that the application form has been accepted and that Paramount Life has received the proceeds from the retirement fund or other official source from which you retired.
9. You have 10 (ten) days after receipt of the contracts from Paramount Life, to report any errors to Paramount Life.
10. Paramount Life will only allow financial advisers who are authorised and licensed by the Financial Services Board to act as financial services providers to advise and act on behalf of investors.
11. You cannot hold Paramount Life responsible, accountable or liable for suffering any loss or damage if the appointed financial adviser is not authorised as a financial services provider, the appointed financial adviser is not authorised as a financial services provider.
12. The financial adviser has the responsibility to act within his/her/its license conditions and authority. Unless Paramount Life is your appointed financial adviser, you cannot hold Paramount Life responsible or liable for suffering any loss or damage as a result of the financial adviser acting outside the scope of his/her/its authority and license conditions.
13. Your financial adviser must ensure that you receive and understand all appropriate advice, fee information and the other information about the policies. Your financial adviser must also ensure that he is at all times accredited by Paramount Life.
14. On commencement of your investment, we will send you documents that include a summary of your personal and benefit details and benefit choices and a policy document. These documents will constitute your policy contract.
15. It is your responsibility to ensure that this application form, any instructions that are part of the application form and subsequent instructions submitted electronically by fax or email to Paramount Life, have been received by Paramount Life. However, Paramount Life does not consider a fax confirmation, or printed copy of a sent email as proof of it receiving the document or instruction.
16. For payment of the first income, the investment amount must be received by Paramount Life by the 10th of the month to ensure payment on the 25th. If the investment amount is not received as set out above, the first payment date will be the payment date of the next month.
17. Paramount Life reserves the right to charge a nominal fee where you request that a payment be made, periodically from your income, directly to a third party. This fee will be deducted when the third party payment is made. Paramount Life requires 30 days notice if a scheduled payment needs to start, change or stop. Paramount Life accepts no liability if the third party details supplied by you are incorrect.
18. Spouses married in community of property
If you are married in community of property, written consent is needed from your spouse to nominate a beneficiary other than your spouse. If you do not obtain your spouse's written consent, he/she may be entitled to claim a share from you if your joint estate is divided. If this applies to you, you must notify Paramount Life.
19. Depending on the type of annuity benefit you chose, Paramount Life will pay you, and your spouse elected, a set income.
20. The income level (and increases) and details of the income your spouses will receive after your death will be detailed in the welcome pack that Paramount Life will send you.
21. The policy contract to be issued to you will incorporate the standard terms, conditions, and rules for the type of policy and benefits applied for. A contract will not commence and no liability whatsoever will attach to Paramount Life as a result of this contract unless and until you have paid the first premium and express written notice of acceptance of the risk has been given by Paramount Life. You agree that Paramount Life may deal with any and all transactions relating to your contract electronically, including transactions previously requiring written authority or confirmation. You are aware that in terms of the Financial Advisory and Intermediary Services Act of 2002 (FAIS) this product meets your financial needs and, you may request a copy of any document that you or someone on my behalf submits to Paramount Life that pertains to this proposal.
22. With respect to Estate Protect® benefits, unless you object in writing within 30 days from commencement of these benefits, you will be deemed to have accepted the contents of the policy schedule and the policy document. In the event of your objecting, Paramount Life reserves the right to adjust the terms of the contract. Thereafter, you agree that the Client Authority, the policy schedule and the policy document and Paramount Life's electronic records, together with any amendments thereto will form the basis and record of your contract.
23. Monthly payslips can be requested on an ad-hoc basis and will be at a charge of R10 per payslip request. This cost will be annually reviewed by Paramount Life.

d) Complaints

If you have received inadequate information or unsatisfactory service or have complaints relating to the advice received, please contact our Compliance Department at Compliance@paramountlife.co.za

Should your complaint not be resolved to your satisfaction by Paramount Life, you may contact the under mentioned bodies for assistance:

Long Term Insurance Ombudsman

The Honourable Judge Brian Galgut
Private Bag X45, Claremont 7735
Sanclare Building, 3rd Floor
21 Dreyer Street, Claremont,
Cape Town 7700
021 657 5000 / 0860 662 837
info@ombud.co.za
www.ombud.co.za

The FAIS Ombud

Noluntu Bam
Boabab House, Eastwood Office Park,
Lynnwood Road, Pretoria
c/o Financial Services Board
PO Box 74571, Lynwood Ridge 0040
012 470 9080 / 012 428 8000
info@faisombud.co.za
www.faisombud.co.za

The Pension Funds Adjudicator

Mamodupi Mohlala
PO Box 23005, Claremont 7735
The Oval, Oakdale House, 2nd Floor
Oakdale Road, Newlands
021 674 0209 / 021 674 0185
enquiries@pfa.org.za
www.pfa.org.za

Section 10: Checklist

GENERAL

- All pages initialled
- Policy owner has signed the application form
- Intermediary has signed the application form
- Quotation has been signed by the policy owner
- Certified copy of the ID document of Life 1 (and Life 2 if a Joint Life annuity is selected)
- Proof of residence

SECTION 1 Annuitant Personal Details

- All relevant fields complete
- Tax reference number and tax office completed

SECTION 2 Contact Details

- All relevant fields complete
- At least one telephone number provided

SECTION 3 About your Paramount Guaranteed Annuity Benefit

- All relevant fields complete

SECTION 4 About your Paramount Estate Protect® Benefit

- All relevant fields complete if purchased

SECTION 5 Your Beneficiary Details

- All relevant fields complete if Estate Protect® purchased
- Percentage split adds up to 100%
- Contact details provided for each beneficiary

SECTION 6 Payment Details

- All relevant fields complete
- Answers correspond to proof of banking
- Certified proof of banking

SECTION 7 About your Financial Adviser

- All relevant fields complete
- FICA declaration type selected
- FICA declaration signed
- Fee discount completed

SECTION 8 Medical Conditions and Underwriting

- Medical practitioner details completed in full
- Medical declaration signed

SECTION 9 Declarations, Terms and Conditions

- Client declaration completed and signed
- Intermediary declaration completed and signed