

PENSION PLAN-PLUS

Application Form

Disclaimer: "The Takaful Policy in National Bond Corporation Sole Proprietorship P.S.C.'s (National Bonds) Pension Plan is offered by Islamic Arab Insurance Company - SALAMA and is subject to its approval with terms and conditions of the Takaful Policy agreed with the applicant. National Bonds is a distributor of the Pension Plan and the Takaful Policy is a contract between the customer and Islamic Arab Insurance Company - SALAMA. None of National Bonds nor any of its employees, directors or officers nor any employees director or officers of its affiliates. shall be responsible and/or liable for any payments and/or claims, actions, services and/or decisions of Islamic Arab Insurance Company - SALAMA, under the Takaful Policy Takaful Policy and any inquiry or claim related to the Takaful Policy should be addressed directly to SALAMA"

PENSION PLAN-PLUS
APPLICATION FORM

REF NO

INSTRUCTIONS FOR FILLING THE APPLICATION FORM

1.

Please complete this application in English and BLOCK CAPITALS and enclose certified copies of identification documents of the Plan Holder and Covered Member(s). Please do not leave any field blank or incomplete. A copy of this Application Form is available upon request.
2.

Any changes made on the Application Form should be countersigned by Plan Holder and Covered Member(s).

Are you an existing customer of National Bonds? Yes ☐ No ☐ If yes, please enter your Customer Account Number:

SECTION I: PERSONAL DETAILS

I.1. DETAILS OF COVERED MEMBER (as shown in the identification document)

Title

☐ Mr.☐ Mrs.☐ Miss.☐ Dr.☐ Other

First Name:

Family Name:

Gender:

☐ Male☐ Female

Marital Status:

☐ Married☐ Single☐ Other

Date of Birth (Day/Month/Year):

Age:

Place of Birth (City/Country):

ID Details:
(Please provide either Emirate ID or Passport details)

Passport No.:

Expiry Date:

Emirates ID No.:

Expiry Date:

Nationality:

Residency:

☐ UAE Resident☐ GCC Resident☐ Non Resident

FATCA - Are you a US Citizen/Resident/Green Card Holder

☐ Yes☐ No

If yes, please provide your TIN

CRS - Are you treated as a resident of any Country other than United Arab Emirates and USA for taxation purposes?

☐ Yes☐ No

If yes, complete the below

Country of Residence for Tax Purposes and related Tax Payer Identification Number ("TIN") or equivalent number

Please complete the following table indicating the Countries you are considered as Resident for Taxation purposes along with the TIN for each Country. If the TIN is unavailable, please provide the appropriate reason A, B or C where indicated below:
Reason A: The Country where the Account Holder is resident does not issue TINs to its residents
Reason B: The Account Holder is otherwise unable to obtain a TIN
Reason C: No TIN is required as per the regulation of the Country you are considered a Resident for Taxation

Country of Tax Residence	TIN	If no TIN is available, please state the reason A, B or C. If B, please outline the reason for being unable to obtain TIN

I.2. PROFESSIONAL DETAILS

Nature of Business:

Employer Name:

P.O. Box:

Employer Address:

Profession:

Exact Daily Duties:

Employee ID:

Designation:

Source of fund for Pension Plan:

Monthly Salary/Income:

Source of fund for Pension Plan:

I.3. RESIDENCE ADDRESS

Apartment/House No.:

Building No.:

Street Name:

City:

Country of Residence:

Years in Country of Residence:

P.O. Box:

Home/Office Tel. No.:

Fax. No.:

Mobile No.:

Email:

Mailing Address (if different from Residence Address):

I.4. PERMANENT ADDRESS

Apartment/House No.:

Building No.:

Street Name:

City:

Country:

P.O. Box:

MKT072018/PPAPPO/EN

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SECTION 2: TAKAFUL COVERS

Plan Term:	<input type="checkbox"/> 4Yrs <input type="checkbox"/> 7Yrs <input type="checkbox"/> 10Yrs <input type="checkbox"/> 15 Yrs
Payment Term <i>as per selected Plan Term</i>	2Yrs 4Yrs 5Yrs 8Yrs

MANDATORY TAKAFUL BENEFITS

Family Takaful Benefit/ Permanent Total Disability Benefit with Passive War Risk (PWR) Amount	AED
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COMPLIMENTARY TAKAFUL BENEFITS

Payment Protection incase of Involuntary Loss of Employment/ Temporarily Total Disability For monthly contribution upto AED 7,500	3 Months
Personal Accident Benefits (Accidental Death, Repatriation and Hospital Cash Benefit) Amount	AED 50,000/-

YOUR MONTHLY PENSION CONTRIBUTION

a) Your monthly Takaful Premium will be:	AED
b) Monthly Pension Plan savings contribution:	AED

OPTIONAL TAKAFUL BENEFITS

Critical Illness Benefit (For 4 years only)	(7 Diseases)
CI Cover amount Cover will be 50% of Family Takaful Benefit sum assured to a maximum of AED 1,000,000/-	AED
Your total monthly premium will be:	AED

SECTION 3: SAVINGS & TAKAFUL CONTRIBUTION SUMMARY

Monthly payment method:	Direct Debit
Monthly Pension Plan savings contribution:	Saving Amount
Total premium for Pension Plan protection:	Takaful Premium
Total Direct Debit amount:	Saving + Takaful Premium
Select Direct Debit Start Date (Day/Month/Year):	<input type="checkbox"/> 1st of Every Month <input type="checkbox"/> 10th of Every Month

SECTION 4: SAVING CONSENT AND DECLARATION

- I hereby acknowledge and declare that I have read and agreed to be bound by the Terms and Conditions set out in a separate document, and also available on the National Bond's website for Takaful at www.nationalbonds.ae. Takaful cover is offered by Islamic Arab Insurance Company - SALAMA and is subject to its approval with terms and conditions of Takaful Policy. National Bonds Corporation Sole Proprietorship P.S.C ("the Company") is a distributor of Takaful plan and the Takaful policy is a contract between the customer and Islamic Arab Insurance Company - SALAMA. The Company will not be responsible and/or liable for any payments and/or claims, actions, services and/or decisions of Islamic Arab Insurance Company - SALAMA, under this Takaful linked Pension product.
- I hereby acknowledge that all the information provided above is true and hereby indemnify the Company against any loss or damage that may be incurred due to incorrectness of such information. I hereby agree to provide any additional information and/or supporting documents as whenever requested by the Company.
- I agree to be charged subscription fee of 1% of the total planned Saving part for four years if I cancel the plan or redeem the issued bonds before end of Plan period.
- If there is a change in the circumstances that affects the FATCA/CRS Tax Residency Self-Certification provided above or causes the information provided above to become incomplete or incorrect, I understand that I am obligated to inform the Company of the change in circumstances within 30 days of its occurrence and to provide with suitably updated details.

DATE:	CUSTOMER SIGNATURE
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SECTION 5: BANK AND SOURCE OF FUNDS DETAILS

COVERED MEMBER	Name of bank(s) dealing with, if more than one please provide details	Bank IBAN(s)	Source of Funds to be Paid as Contribution

SECTION 6: ASSETS AND LIABILITIES DETAILS

Current Market Value (AED)

COVERED MEMBER

ASSETS		LIABILITIES	
Cash		Loans/Debts	
Shares and Bonds		Accounts Payable	
Real Estate		Mortgages on Property	
Others		Other Loans	
Total		Total	

SECTION 7: DETAILS OF OTHER LIFE INSURANCE PLANS WITH SALAMA OR ANY OTHER INSURANCE COMPANY

Company Name	
Plan Number	
Year of Issuance	
Sum Covered Amount (AED)	
Contribution Amount (AED)	
Standard or Rated Up	

SECTION 8: FAMILY HISTORY

COVERED MEMBER

Relationship	No(s)	Current Age/State of Health	Age at Death/Cause of Death
Father	N/A		
Mother	N/A		
Spouse(s)			
Brother(s)			
Sister(s)			
Child(ren)			

SECTION 9: BENEFICIARIES DETAILS

COVERED MEMBER

Full Name/Contact Number	Relationship to Covered Member	Date of Birth/Age	Percent Share (%)

SECTION 9.1: IF ANY OF THE BENEFICIARY(IES) IS A MINOR (UNDER 18 YEARS), PLEASE PROVIDE THE GUARDIAN DETAILS:

COVERED MEMBER

Full Name/Contact Number	Age	Passport Number	Relationship to Beneficiary(ies)

* Please note that Covered Member cannot be the Guardian or Beneficiary (Not applicable in case of Joint Life).

* Free Look Period is applicable as per Plan Terms and Conditions.

SECTION 10: MEDICAL AND LIFE STYLE DETAILS

Please specify your height in CMs.	
Please specify your weight in KGs.	

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SECTION 10 CONTD: MEDICAL AND LIFE STYLE DETAILS

1. Are you now in good health and entirely free from any mental or physical impairments or deformities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you ever suffered or do you suffer from:	
a) Diseases of the respiratory system (e.g. tuberculosis, asthma, persistent cough, pneumonia)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) Diseases of the Genitourinary system (e.g. infections of the kidneys, urinary or genital organs, renal stones, venereal disease)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c) Diseases of gastro-intestinal system (e.g. digestive disorders, gastric or duodenal ulcer, hepatitis B or other disorders of the liver, disorders of the gall bladder)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d) Diseases of the brain, nervous system or mental disorder (e.g. epilepsy, fits or fainting attacks, frequent headaches, nervous breakdown, paralysis)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e) Diabetes, cancer, or any disease of the blood, glands, spleen, ears, eyes or skin?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f) Unexplained night-sweats and/or loss of weight, persistent fever, chronic or recurrent diarrhea, unexpected infections or swollen glands?	<input type="checkbox"/> Yes <input type="checkbox"/> No
g) Diseases of the circulatory system (e.g. heart trouble, rheumatic fever, high blood pressure, disease of the arteries and veins)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
h) Any disorder or disease of the muscles, bones, joints, limbs or spine (including arthritis, rheumatism, slipped disc, paralysis) etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No
i) Any other diseases or ailments not mentioned above?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you ever had or been advised to undergo hospital treatment or surgery?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you ever had or been advised to have a blood test for AIDS or an AIDS-related condition (other than for Visa Purpose) or have you ever been refused as a blood donor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you consulted a physician for any reason, including routine examination and blood test or have you received any blood transfusion(s) within the past 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you ever received or do you now receive any disability benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Do you have any life insurance policy? If "Yes", please provide details in section number 7.	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Have you ever had an application for Family or Health Takaful Benefit, or life insurance declined, postponed or accepted on special terms?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Do you smoke or have you ever smoked any form of tobacco within the past 12 months? If "Yes", state how many per day?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Do you drink alcoholic beverages? If "Yes", state what is the type and number of units per day?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Do you take part or intend to take part in hazardous pursuits, e.g. Diving, Climbing, Motor-sport, Flying (except as an airline passenger)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. For Female Applicant: Are you pregnant? (If "Yes", please mention the duration)	<input type="checkbox"/> Yes <input type="checkbox"/> No
a) Have you ever suffered any complications of pregnancy or gynecological conditions, or diseases of the breast?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please give below full details if any of your answers is "Yes" from question no. 2 to 12, including dates, duration of treatment, name(s) and address of attending physician(s) (after mentioning the question number). Please also attach copies of all medical reports.

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SECTION I : DECLARATION

I/we hereby declare to the best of my/our knowledge and belief that all statements and answers in this application together with those in any required medical examination, questionnaire or amendments are full, complete and true, whether in my/our hand writing or not and shall be the basis of the Takaful Contract. I/We further certify that:

- I/We confirm that I/we have not concealed any material fact (a material fact is one that could influence the assessment of the Application) and understand the failure to disclose a material fact may invalidate Takaful Benefit.
- I/We agree that the Operator shall not be liable for any claim on account of illness, injury or death, the cause of which was known prior to approval of my/our request for assurance and withheld or concealed in the above statements.
- I/We hereby authorize any Person, Physician, Hospital, Clinic, Institution, Insurance, Reinsurance, Retakaful, and/or any other Organization that has any records, application or knowledge of me/us and my/our family members to give to SALAMA any and all information about me/us and my/our family members and copy of records with reference to health, financial circumstances, medical history, physical / mental health, any hospitalization, medical advice, diagnosis, treatment, disease and/or ailment. I/We also authorize Operator to obtain and share, from any source it deems appropriate, information concerning my/our financial, professional and/or personal status. A photocopy of this authorization shall be valid as legally original.
- I/We agree to inform the Operator in writing of any change in any medical or financial circumstances between the date of this Application and the issuance of Plan Schedule.
- I/We also understand that the Operator has the right to cancel my/our application for Takaful coverage if the contribution is not received by the Company or if any of the requirements asked by the Company is not provided by me/us within 90 days from the date of submission of Application.
- I/We declare that Islamic Arab Insurance Company - SALAMA (Operator) will manage my/our takaful contribution under Wakalah Principles as per standard Plan Terms and Conditions.
- I/We agree that there shall be no contract, unless a Plan is issued and full first contribution paid thereon, provided no change shall have occurred in the insurability of the proposed Covered Member(s) since completion of the Application

Plan Document Delivery Declaration:

I/We understand that the effective date of cover shall be the Plan Commencement Date as shown in the Plan Schedule. I/We agree to accept delivery of the duly issued Plan through one of the following delivery modes:

- By courier to the correspondence address
- By registered mail to P.O. Box specified in my application form.
- By email to the email address specified in my application form.
- By Authorized Representative to the correspondence address specified in my application form.

- I/We understand that delivery of the Plan Documents by any of the above methods and the full payment of my/our first contribution are construed as my/our acceptance of all the conditions including those stated in the Plan Schedule and any Endorsement(s) to the said Plan and Additional Benefits attached thereto, if and when it is issued by Operator; as per my/our application.
- Personal Data: I/We hereby provide Operator my/our consent, to process, share, and transfer my Personal Data* to a recipient outside the country (e.g. to Operator's Group Office and/or to other branches and / or affiliates) where the transfer; sharing, is necessary for the performance of the contract or for the compliance with any legal obligation to which Operator is subject to and where necessary transfer; share any such information with the regulators and other law enforcement agencies for the performance of its obligations related to the international sanctions and other regulations applicable to Operator.
- Personal Data means all information relating to me/us (whether marked "personal" or not) disclosed to Operator by whatever means either directly or indirectly which concerns, including but not limited to, medical conditions, treatments, prescriptions, business, operations, contract details, account balances/activities or any transactions undertaken with Operator.
- I/We hereby authorize Operator to send me/us notifications and notices via Short Message Service (SMS) and I/we accept receiving SMS and understand that Operator makes no warranty that the SMS will be uninterrupted or error free and any such error or interruption shall not be deemed or treated in any way whatsoever to create any liability on Operator and I/we acknowledge that I/we shall not file any complaint or claim against Operator for any SMS error or interruption or for any reason related to receiving/not receiving SMS.

E-MAIL DECLARATION: By providing your e-mail address and signing this application you agree to receive the Plan document, certificate and/or any other documents ("Documents") via electronic mail ("E-mail"). Please note that it is your responsibility to ensure that the e-mail address you have provided is correct at all times.

- Operator is not responsible for non-receipt of e-mails due to invalid e-mail addresses or other technical problems related to your e-mail service.
 - If you would like to change your e-mail address with Operator, or if you would like a paper copy of the Documents, or if you believe that you have not received your Documents, please notify us immediately.
 - You consent to provide your e-mail address to be included in Operator's e-mail list and accept any inherent risks involved with e-mail communications.
- Self-Employed:** means a sole trader; director or partner or a shareholder of 20% or more in a Company or Business Unit of any size and presence which employs the Policy Holder. The Policy Holder will also be considered as self-employed if s/he works for a company or business where his/her spouse, parent, child, brother or sister meets any of these conditions. The Policy Holder must be paying the appropriate national insurance contributions and be liable to pay income tax (if applicable).

APPLICANT SIGNATURE		DATE	
REFERRED BY:			
Name	Code	Emirate/Branch	Date/Signature

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SECTION 12:TAKAFUL MEMBERSHIP SUBSCRIPTION DOCUMENT

This document sets out the bases and principles governing the takaful arrangement. Capitalized terms when used in this document shall have the same meaning ascribed to them in the Plan Terms and Conditions unless otherwise specified. It is hereby declared and agreed that:

- The agreement is governed by the Plan Terms and Conditions, Plan Schedule and any Endorsement thereto. The observance of the Plan Terms and Conditions by the Plan Holder and Covered Member(s) shall be a condition precedent to any claim hereunder.
- The arrangement operates in accordance with principles of Shari'a. The Plan Holder appoints the Operator as an agent (Wakeel) to manage the Takaful Fund.
- Plan Holders are participating with other members on takaful basis who have also entered into a similar arrangement with the Operator. Takaful Fund is a collective account formed, invested and managed in accordance with Shari'ah Principles with the sole purpose of providing Protection Benefits for Beneficiaries in case Covered Member(s) suffer from any covered event(s). The Operator carries out duties for the collective benefits and interests of the participants as defined by the Operator and as guided by the Operator's Shari'ah Supervisory Committee.
- Takaful Donation(s) relates to the cost of Protection Benefits. Takaful Donations are absolute grants (Tabarru') to the Takaful Fund. Takaful Donations made by the Plan Holders to the Takaful Fund will be managed under the Wakalah (Agency) principles.
- The Operator will distribute the surplus, if any, at the end of financial year among the eligible participants as approved by Board of Directors of the Operator. In case of the deficit the Operator will extend interest free loan (Qard Hasan) to the Takaful Fund and will recover this loan from the future surplus accruing to Takaful Fund. Repayment of loan (Qard Hasan) will have precedence over distribution of the surplus in the subsequent years. The obligation to grant loan (Qard Hasan) shall be comprehensive subject to a maximum equal to the total of the Shareholders' equity.
- All costs, fees and charges as per Plan Terms and Conditions are applicable.

APPLICANT SIGNATURE

AUTHORIZED SIGNATORY (FOR AND ON BEHALF OF OPERATOR)

DATE:

