

1. Date:

2. Unique Customer ID No: _____

Head of Insured Products
 United Finance Limited
 Camellia House, 22 Kazi Nazrul Islam Avenue
 Dhaka 1000, Bangladesh

Sub: Group Life Insurance Coverage with 3. _____ Scheme.

Dear Sir/Madam:

I/We would like to sign up for the Group Life Insurance Coverage arranged by you for the above Scheme from American Life Insurance Company (MetLife Alico).

I/We understand and agree that the Sole/First Applicant of this Deposit Scheme Mr./Ms. 4. _____ will be Insured under the Insurance Scheme.

I/We hereby declare that the Sole/First Applicant is aged between 18 and (60-N), where N is the term of the Deposit Scheme in years and wants to get enrolled into the Insurance Program; which is offered by United Finance Limited as a special product feature.

I/We understand that in case of Insuree's Death due to natural or accidental causes, the maximum Insurance Benefit will be capped at Tk 1,000,000.00 in aggregate for a single type of Deposit Scheme held by us/me during the coverage period. I also understand and agree that total Group Life Insurance benefits payable by MetLife Alico against Sole/First Applicant's life will not exceed Tk 5,000,000.00 for all relationships s/he maintains with United Finance.

I/We further declare and certify that the Sole/First Applicant is in good health, does not intend to undergo any medical investigation, treatment or surgical operation and free from any physical or mental infirmity. S/he is currently not receiving any treatment, has not been treated or told to have any treatment for Cancer, AIDS, Kidney, Liver or Lung Diseases, Heart or Blood Diseases and s/he is not currently totally or partially disabled to work due to sickness or an accident and does not have any physical impairment. I/We recognize that the Nominee(s) for Insurance benefits will be as designated by the Sole/First Applicant in the application for the above Scheme.

Based on the Exclusions as specified in the Policy Contract e.g. Pre-Existing Illness/Disability, AIDS, Suicide, Assault or Murder, Participation in War or War-like Operations, etc. and Age Eligibility, I/we believe that the Sole/First Applicant is eligible for this Insurance Coverage.

I/We hereby declare that according to my/our knowledge and belief, all the above statements are true and that I/we have not withheld any relevant information. I/We agree that this declaration shall be the basis of this insurance.

I/We acknowledge that failure to disclose facts that affect the assessment of risk by the Insurance Company would invalidate the insurance coverage.

I/We hereby authorize any doctor, hospital, clinic or medical provider, an insurance company or any other company, institution or any other person who has any record or information about the insuree to provide the Insurer with the complete information including copies of their records with reference to any sickness or accident, any treatment, examination, advice or hospitalization. Any photocopy of this authorization shall be valid as the original copy. I/We hereby understand and agree that this Insurance Coverage shall be, at all times, subject to the terms and conditions of the respective Group Master Policy issued by MetLife Alico to United Finance.

Accordingly, I/we hereby agree to pay all the insurance related charges against the scheme provided that the Sole/First Applicant is eligible for insurance coverage.

Yours Sincerely,

5. (Signature & Date) : _____

6. (NAME OF SOLE/FIRST APPLICANT) : _____

7. (Signature & Date) : _____

8. (NAME OF SECOND APPLICANT) : _____

DISCLAIMER

For details of Policy Benefits, Limitations and Exclusions please refer to the enforce Master Policy, a copy of which is available with the policyholder.

FOR OFFICE USE ONLY

The application is received on 9. ___/___/_____ and the applicant is assigned with the 10. Account No. _____ for 11. _____ Scheme having installment amount of 12. Tk. _____ with 13. maturity tenure of _____ years.

Received By:

14. Name: _____ 15. ID No. _____ 16. Signature with Date & Seal: _____