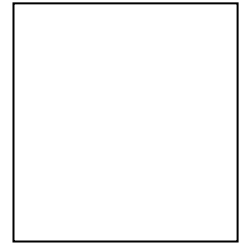




AFRICAN ALLIANCE INSURANCE PLC



Proposal Form

PERSONAL ANNUITY PLAN

BLOCK LETTERS PLEASE

EVIDENCE OF AGE MUST BE PRODUCED

- Surname (State Title) -----
 Other names-----
 Sex-----
 Place of Birth----- Date of Birth -----
 Age last Birthday-----
 Residential Address-----

 Postal Address-----
 Exact nature of occupation-----
 Telephone number(s) -----
 E-mail Address-----

- Are you self-employed or in partnership? (Please Give Details)

 Are you u an Employed person? -----
 Name and Address of Employer -----
 Designation -----

- Benefit (Tick as appropriate)

 - Annuity Certain
 - Deferred Annuity
 - Spouse Annuity
 - Essential Annuity
 - Annuity Plus
 - Annuity Special
 - Retiree Life Annuity



- Premium Payable (Tick as appropriate)

 - Single
 - Annually
 - Half Yearly
 - Quarterly

- Bank Name -----
 Bank Branch -----
 Bank Account Number -----
- 6a. Annual Contribution (Premium per Annum) -----
 OR Amount of pension required (Per annum) at retirement-----
- b. Selected Pension Age -----
- c. Mode of Pension Payment Annually, Half Yearly, Quarterly -----
- d. Nominee in the event of Death-----
- e. Age & Relationship of Nominee -----
7. Commencement date of policy -----

DECLARATION

I hereby proposed to the African Alliance Insurance Plc. for a personal Annuity Plan as above mentioned. I declare that the above statements are true, and I agree that this declaration shall be the basis of the proposed Contract between the Company and I. I also agree to accept a contract subject to the conditions prescribed by the company and placed upon the contract.

Signature of Witness ----- Proposer's Signature -----

Name ----- Date -----