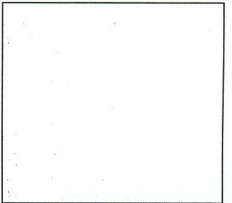




Target Savings Plan
Membership/Nomination Form



Name: (Mr./Mrs./Miss).....

Surname Other names

Address:

E-mail: Tel:

Date of Birth: Occupation:

Amount of Contributions: Commencement Date:

Account Name: Bank Name:

NUBAN Acc No:

Monthly/Quarterly/Annually
(Delete as appropriate)

Evidence of Payment Driver's License/Int'l Passport/ National ID/others:

(Specify).....

Next of Kin:

To whom benefits should be paid in case of death:

Full Names Relationship Proportions Phone Number

(1)

(2)

(3)

(4)

Signature: _____

Date: _____



Policy Document
Target Savings Plan

GENERAL CONDITIONS

1. **THE CONTRACT**:- NLPc will only be bound by the conditions stated in the policy and any subsequent amendments, if any, which is duly signed by an authorized officer at the Head office. The completed application form shall constitute the basis of the contract.

2. **PAYMENT OF CONTRIBUTION**:- Contributions are payable on Monthly/Quarterly/half yearly or yearly basis either in advance or arrears with the periodic statement of accounts sent out to customer.

3. **EFFECTIVE DATE OF PAYMENT**:- For payments made by cheque/draft the effective date of payment shall be the date the cheque/draft is credited into our account.

4. **INVESTMENT YIELD**:- Interest payable on your contributions shall be calculated on pro rata basis at the end of each year. The interest which shall be guaranteed and calculated on compounded basis and shall be three percent (4%) per annum.

5. **WITHDRAWAL**:- A contributor into the plan can only withdrawal his/her membership after one (1) year of contributions

6. **MATURITY**:- At maturity, contributions with accrued interest shall be paid:

- (a) As a lump sum
- (b) Re-invested for another term

7. **TO WHOM BENEFIT IS PAYABLE**:-

- (1) Contributor (ii) Named Beneficiaries

8. **COOLING OFF PERIOD**:- A contributor has the privilege to exercise his/her right to decide Whether or not to continue with the plan within 30 days of receipt of the policy.

IN WITNESS where of this policy has been issued for and on behalf of Nigerian Life and Provident Company Limited

This: _____ day of _____ 20____

CONTRIBUTOR'S NAME: _____

CONTRIBUTOR'S SIGNATURE _____

MANAGING DIRECTOR