

# CUSTOMER ASSESSMENT FORM & PRODUCT SUITABILITY

Date: .....

## CUSTOMER DETAILS

Name: .....

Gender: .....

\*DOB: .....

Branch: .....

### Current life Stage:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Single and Working       | <input type="checkbox"/> Parent with young children    | <input type="checkbox"/> Others - Please specify ..... |
| <input type="checkbox"/> Married without children | <input type="checkbox"/> Parent with grown-up children |  |
| <input type="checkbox"/> Nearing retirement       | <input type="checkbox"/> Retired                       |  |

## DESCRIBE YOUR REQUIREMENT

### Goals: (Tick any 3 Priorities)

- ☐ Child's education/marriage
- ☐ Retirement Planning
- ☐ Savings for defined goal (Home, Car, etc)
- ☐ Wealth Creation
- ☐ Life cover
- ☐ Life cover against loan/liability

### Occupation:

- ☐ Salaried
- ☐ Self Employed
- ☐ Others (Please Specify) .....

Annual Disposable Income: .....

Insurance portfolio held (Sum Assured): .....

What type of Insurance is right for you: .....

### Risk Strategy:

- |                                       |                      |
|---------------------------------------|----------------------|
| <input type="checkbox"/> Aggressive   | Product opted: ..... |
| <input type="checkbox"/> Balanced     | Product opted: ..... |
| <input type="checkbox"/> Conservative | Product opted: ..... |

Premium to be invested: .....

Premium mode: .....

Policy term (goal term): .....

Payment term: .....

### Disclaimer

- The product information (if any) given by the Bank pursuant to this Form is indicative only and should not be regarded as an offer, solicitation, invitation, regarding any insurance product.
- Insurance is a third party product. The Bank is merely advising the Insurance Product and acceptance of the same shall be at sole discretion of the Customer.
- The Customer agrees that under no circumstance shall the Bank be liable for any issue arising out of the claim in any manner whatsoever.
- All grievances & queries in relation to the insurance products shall be addressed by insurance company only.

\*DOB - mention date of birth as per OVD

Customer Signature: .....