FLIP

Farmers Life Insurance Plan

MEMBERSHIP APPLICATION FORM
(MAF)

SECTION A: APPLICANT/PLAN OWNER DETAILS

Surname	Given Name	Middle Name	Gender ☑	Marital Status ☑	Date of Birth
			Male ☐ Female ☐	Single ☐ Married ☐ Other ☐	

Home Village/ LLG	District	Province	P.O. Box

Email Address:-			
Telephone		NID Number	
Mobile Phone Nos			

1. Are you insured under any other medical or life insurance policy? Yes □ No □ (Tick √ where appropriate). *If Yes, please provide details (e.g. Insurer, Policy Name etc.) here:*

_____

2. Name & Address of your Doctor and/or Clinic:

_____

SECTION B: YOUR DUTY OF DISCLOSURE

Before you enter into a Contract of Insurance with us, you have a duty to disclose to us every matter that you know or could reasonably be expected to know is relevant to our decision whether to accept the risk of insurance and, if so, on what terms. You have the same duty to disclose those matters to us as stated in *Point 1 & 2* above, before you renew, extend, vary or reinstate a Contract of Insurance. LICL has the right to ask for any medical examination, anytime during the policy period. **Please use a separate page if the space provided here is insufficient. Your duty is not limited by us asking General Information questions.**

NON-DISCLOSURE

If you fail to comply with your Duty of Disclosure, we may be entitled to reduce or deny our liability under the Contract in respect of a claim or may cancel the Contract.

If your non-disclosure is fraudulent, we may also have the option of avoiding the contract from inception.

SECTION C: NOMINATED BENEFICIARIES

Priority	Surname	Given Name(s)	Relationship to Member	Date of Birth	Age

FLIP *Annual Premium to be paid into:*
(Refer to FLIP Brochure for details)

Name: Life Insurance Corporation (PNG) Limited
Bank of South Pacific, Account # 1000-945391
BSB: 088 968

Annual Membership Fee to **Wantok Farmers Network (WFN)**: K20 per Applicant

To be paid into Bank Account:

Name: Wantok Produce Limited
Kina Bank, Account # 36190517
BSB: 028-038

SIGNATURE AND DECLARATION

1. The Duty of Disclosure, Non-Disclosure and inadequate space to Answer notices set out above have been read by me.
2. All answers and statements made out in this application are true and accurate in every respect and no information has been withheld which is likely to affect your decision about accepting this insurance proposal.
3. I acknowledge you reserve the right to decline any application and/or ask for medical examination report.
4. I understand that the Funeral Benefit is payable only to the nominated beneficiary so named above.

Applicant's Signature **Date Signed**

OFFICE USE ONLY:	**TICK**	**WANTOK PRODUCE LIMITED, AUTHORIZED REPRESENTATIVE**	
Application Form Checked	☐	**Name**	
Premium Amount & Payment Checked	☐	**Position**	
Application approved for membership of: -		*The Information shown on this application accurately and correctly records the information given by the Applicant*	
FARMERS LIFE INSURANCE PLAN [FLIP]	☐	**Signature of Representative:** **Date:**	
Signature & Comments of Approved LICL Underwriting Manager: **Date:**			
OUTSTANDING UNDERWRITING REQUIREMENTS (If Any)			
1.			
2.			
3.			
4.			