## Life Planning Account Participation Form



Date						
	CTION 1 - Applicant Details					
	olicant Name					
CP	R Number		Phone Number			
SE	CTION 2 - Al Salam Life Plan	ning Fixed Scheme				
	Platinum - BD 150 / month	Platinum - BD/ month *amount should be above BD150	Gold - BD 80 / month	Classic –	BD 30 / mon	th
	Option1: With admin fee BD		Option 2 : Waiver of	admin fee		
Per	iod 5 years 3 years		Estimated profit rate p.a			
Set	tlement/ Drawdown account number					
	duct monthly contributions on every _		ing from next contribution deduction	n date DD MM VVVV	7	
		of the month, start		Tude D D W W T T T T		
SE	CTION 3 - Al Salam Life Plan	ning Flexi Scheme				
	nthly Contribution BD	Period ye *Period from 6 to 20 years				
"am		ŕ		5- F		
	Option 1: With Admin Fee BD		·	in Fee		
Esti	mated Profit rate p.a					
Sett	tlement/ Drawdown account number					
Dec	duct monthly contributions on every _	of the month, starti	ng from next contribution deduction	date D D M M Y Y Y		
SE	CTION 4 - Medical Question	naire (Retirees Only)				
			f known) max min			
	GCTION 4 - Medical Question		f known) max min		Voc	No
Hei	ght cm Weight	kg Blood pressure (ii	, , , , , , , , , , , , , , , , , , ,		Yes	No
	ght cm Weight Do you have existing Life insurance c	kg Blood pressure (i	ce company? If yes, please provide c	letails using the following table:	Yes	No
Hei	ght cm Weight	kg Blood pressure (ii	<u> </u>		Yes	No
Hei	ght cm Weight Do you have existing Life insurance c	kg Blood pressure (i	ce company? If yes, please provide c	letails using the following table:	Yes	No
Hei	ght cm Weight Do you have existing Life insurance c	kg Blood pressure (i	ce company? If yes, please provide c	letails using the following table:	Yes	No
Hei	ght cm Weight  Do you have existing Life insurance of Name of Company	kg Blood pressure (i	ce company? If yes, please provide c	letails using the following table:	Yes	No
1. 2.	ght cm Weight  Do you have existing Life insurance of Name of Company  Are you currently unable to work?	kg Blood pressure (i	ce company? If yes, please provide o	letails using the following table:	Yes	No
Hei	ght cm Weight  Do you have existing Life insurance of Name of Company  Are you currently unable to work?  During the past 5 years, have you been	kg Blood pressure (ii or Takaful contracts with any insurance Sum Assured en unable to work for more than 30 ce	ce company? If yes, please provide of Policy(ies)  Type of Policy(ies)	letails using the following table: Year Issued	Yes	No
1. 2. 3.	Do you have existing Life insurance of Name of Company  Are you currently unable to work?  During the past 5 years, have you been treated for or are mentary disorder, ulcer, nervous breat	kg Blood pressure (if	ce company? If yes, please provide of Type of Policy(ies)  consecutive days?	letails using the following table: Year Issued	Yes	No
1. 2. 3. 4.	Do you have existing Life insurance of Name of Company  Are you currently unable to work?  During the past 5 years, have you been treated for or are mentary disorder, ulcer, nervous breacancer or any other serious illness or	kg Blood pressure (if	ce company? If yes, please provide of Type of Policy(ies)  consecutive days?	letails using the following table: Year Issued	Yes	No
1. 2. 3. 4. 5.	ght cm Weight  Do you have existing Life insurance of Name of Company  Are you currently unable to work?  During the past 5 years, have you been treated for or are mentary disorder, ulcer, nervous breed cancer or any other serious illness or Have you ever been seriously injured	kg Blood pressure (ii  or Takaful contracts with any insurance Sum Assured  en unable to work for more than 30 ce you under treatment for: high blood akdown, slipped disc, paralysis, come infirmity?	ce company? If yes, please provide of Type of Policy(ies)  Type of Policy(ies)  consecutive days?  I pressure, myocardial infarction, resign, diabetes, high cholesterol, immuno	letails using the following table: Year Issued	Yes	No
1. 2. 3. 4. 5. 6.	Do you have existing Life insurance of Name of Company  Are you currently unable to work?  During the past 5 years, have you been treated for or are mentary disorder, ulcer, nervous bread cancer or any other serious illness or Have you ever been seriously injured Did you have a surgical operation or leading to the surgical operation of the surgical operation or leading to the surgical operation of the surgical operation	en unable to work for more than 30 ce you under treatment for: high blood ainfirmity?	ce company? If yes, please provide of Type of Policy(ies)  consecutive days?  I pressure, myocardial infarction, resia, diabetes, high cholesterol, immuno	letails using the following table: Year Issued	Yes	No
1. 2. 3. 4. 5. 6. 7.	ght cm Weight  Do you have existing Life insurance of Name of Company  Are you currently unable to work?  During the past 5 years, have you been Have you ever been treated for or are mentary disorder, ulcer, nervous bread cancer or any other serious illness or Have you ever been seriously injured Did you have a surgical operation or Did you take or are you taking treatm	en unable to work for more than 30 ce you under treatment for: high blood infirmity?  ?? have you been advised to have a surent or medication for any disease or	ce company? If yes, please provide of Type of Policy(ies)  Type of Policy(ies)  consecutive days?  pressure, myocardial infarction, resia, diabetes, high cholesterol, immuno	letails using the following table: Year Issued	Yes	No
1. 2. 3. 4. 5. 6.	ght cm Weight  Do you have existing Life insurance of Name of Company  Are you currently unable to work?  During the past 5 years, have you been treated for or are mentary disorder, ulcer, nervous brea cancer or any other serious illness or Have you ever been seriously injured Did you have a surgical operation or I Did you take or are you taking treatm Do you intend to seek medical advice	en unable to work for more than 30 or a you under treatment for: high blood infirmity?  Phave you been advised to have a surect or medication for any disease or e, treatment or have any medical test	ce company? If yes, please provide of Type of Policy(ies)  consecutive days?  pressure, myocardial infarction, resia, diabetes, high cholesterol, immuno gical operation? disorder? sperformed?	letails using the following table:  Year Issued  piratory disease, renal disease, ali- pdeficiency syndrome (AIDS), tumour,		No
2. 3. 4. 5. 6. 7. 8.	Do you have existing Life insurance of Name of Company  Are you currently unable to work?  During the past 5 years, have you been treated for or are mentary disorder, ulcer, nervous brea cancer or any other serious illness or Have you ever been seriously injured Did you have a surgical operation or I Did you take or are you taking treatm Do you intend to seek medical advice Have you tested positive for HIV/AIDs the result of such a test? If yes, pleas	en unable to work for more than 30 ce you under treatment for: high blood infirmity?  Phave you been advised to have a surject or medication for any disease or e, treatment or have any medical test S or Hepatitis B or C, or have you been e provide details.	Type of Policy(ies)  Type of Policy(ies)  consecutive days?  pressure, myocardial infarction, resia, diabetes, high cholesterol, immuno	letails using the following table: Year Issued		No
1. 2. 3. 4. 5. 6. 7. 8. 9. 10.	Do you have existing Life insurance of Name of Company  Are you currently unable to work?  During the past 5 years, have you been the past of years, have you been seriously injured bid you have a surgical operation or limited you have you taken or a year.	en unable to work for more than 30 of a you under treatment for: high blood akdown, slipped disc, paralysis, come infirmity?  Phave you been advised to have a surrent or medication for any disease or a, treatment or have any medical test S or Hepatitis B or C, or have you been e provide details.	ce company? If yes, please provide of Type of Policy(ies)  consecutive days?  pressure, myocardial infarction, resion, adiabetes, high cholesterol, immuno gical operation? disorder? es performed? en tested/treated for other sexually to ow many per day?	letails using the following table:  Year Issued  piratory disease, renal disease, ali- pdeficiency syndrome (AIDS), tumour,		No
1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11.	Do you have existing Life insurance of Name of Company  Are you currently unable to work?  During the past 5 years, have you been treated for or are mentary disorder, ulcer, nervous bree cancer or any other serious illness or Have you ever been seriously injured Did you have a surgical operation or I Did you take or are you taking treatm Do you intend to seek medical advice Have you tested positive for HIV/AIDs the result of such a test? If yes, pleas Have you smoked any cigarettes with Do you have any defect of the vision	en unable to work for more than 30 or a you under treatment for: high blood addown, slipped disc, paralysis, come infirmity?  Phave you been advised to have a surrent or medication for any disease or e, treatment or have any medical test S or Hepatitis B or C, or have you been provide details.  In the past 12 months? If yes, state hor hearing? If yes, state to what external surrent or hearing? If yes, state to what external surrent or hearing? If yes, state to what external surrent or hearing?	ce company? If yes, please provide of Type of Policy(ies)  consecutive days?  pressure, myocardial infarction, resion, adiabetes, high cholesterol, immuno gical operation? disorder? es performed? en tested/treated for other sexually to ow many per day?	letails using the following table:  Year Issued  piratory disease, renal disease, ali- pdeficiency syndrome (AIDS), tumour,		No
1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12.	ght cm Weight  Do you have existing Life insurance or Name of Company  Are you currently unable to work?  During the past 5 years, have you been treated for or are mentary disorder, ulcer, nervous bree cancer or any other serious illness or Have you ever been seriously injured Did you have a surgical operation or I Did you take or are you taking treatm Do you intend to seek medical advice Have you tested positive for HIV/AIDs the result of such a test? If yes, pleas Have you smoked any cigarettes with Do you have any defect of the vision Do you drink alcohol? If yes, state type	en unable to work for more than 30 of a you under treatment for: high blood akdown, slipped disc, paralysis, come infirmity?  Phave you been advised to have a surrent or medication for any disease or e, treatment or have any medical test S or Hepatitis B or C, or have you bee e provide details.  In the past 12 months? If yes, state hor hearing? If yes, state to what extepe and amount per day	ce company? If yes, please provide of Type of Policy(ies)  consecutive days?  I pressure, myocardial infarction, resion, diabetes, high cholesterol, immuno disorder?  cs performed?  cen tested/treated for other sexually to the company per day?	letails using the following table:  Year Issued  piratory disease, renal disease, alipodeficiency syndrome (AIDS), tumour, transmitted diseases or are you awaiting		No
1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11.	Do you have existing Life insurance of Name of Company  Are you currently unable to work?  During the past 5 years, have you been treated for or are mentary disorder, ulcer, nervous bree cancer or any other serious illness or Have you ever been seriously injured Did you have a surgical operation or I Did you take or are you taking treatm Do you intend to seek medical advice Have you tested positive for HIV/AIDs the result of such a test? If yes, pleas Have you smoked any cigarettes with Do you have any defect of the vision	en unable to work for more than 30 or a you under treatment for: high blood akdown, slipped disc, paralysis, come infirmity?  Phave you been advised to have a surrent or medication for any disease or e, treatment or have any medical test S or Hepatitis B or C, or have you bee in provide details.  In the past 12 months? If yes, state hor hearing? If yes, state to what exteps and amount per day  sisters died or suffered from heart or	ce company? If yes, please provide of Type of Policy(ies)  Type of Policy(ies)  consecutive days?  pressure, myocardial infarction, resion, diabetes, high cholesterol, immuno disorder?  cs performed?  cen tested/treated for other sexually to company per day?  cent.  criculatory diseases, cancer, diabetes	letails using the following table:  Year Issued  piratory disease, renal disease, alipodeficiency syndrome (AIDS), tumour, transmitted diseases or are you awaiting		No
1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12.	ght cm Weight  Do you have existing Life insurance or Name of Company  Are you currently unable to work?  During the past 5 years, have you been treated for or are mentary disorder, ulcer, nervous breed cancer or any other serious illness or Have you ever been seriously injured Did you have a surgical operation or I Did you take or are you taking treatm Do you intend to seek medical adviced Have you tested positive for HIV/AIDS the result of such a test? If yes, pleas Have you smoked any cigarettes with Do you have any defect of the vision Do you drink alcohol? If yes, state ty, Have any of your parents, brothers or	en unable to work for more than 30 ce you under treatment for: high blood akdown, slipped disc, paralysis, come infirmity?  The ave you been advised to have a surrent or medication for any disease or e, treatment or have any medical test S or Hepatitis B or C, or have you bee the provide details.  Thin the past 12 months? If yes, state he or hearing? If yes, state to what extern e and amount per day	ce company? If yes, please provide of Type of Policy(ies)  Type of Policy(ies)  consecutive days? I pressure, myocardial infarction, resia, diabetes, high cholesterol, immuno disorder? cs performed? cn tested/treated for other sexually to ow many per day? cnt	letails using the following table:  Year Issued  piratory disease, renal disease, alipodeficiency syndrome (AIDS), tumour, transmitted diseases or are you awaiting tes, kidney diseases or hereditary		No
1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15.	ght cm Weight  Do you have existing Life insurance or Name of Company  Are you currently unable to work?  During the past 5 years, have you been treated for or are mentary disorder, ulcer, nervous bree cancer or any other serious illness or Have you ever been seriously injured Did you have a surgical operation or Did you take or are you taking treatm Do you intend to seek medical advice. Have you tested positive for HIV/AIDs the result of such a test? If yes, pleas Have you smoked any cigarettes with Do you have any defect of the vision Do you drink alcohol? If yes, state typ Have any of your parents, brothers or disorders before age 65? If yes, pleas	en unable to work for more than 30 ce you under treatment for: high blood akdown, slipped disc, paralysis, come infirmity?  Phave you been advised to have a sument or medication for any disease or e, treatment or have any medical test. Sor Hepatitis B or C, or have you been e provide details.  In the past 12 months? If yes, state hor hearing? If yes, state to what extended amount per day resisters died or suffered from heart of se also indicate at what age this occius activity (e.g. scuba diving) or fly other takaful on your life (life, accident, heart of takaful on your l	ce company? If yes, please provide of Type of Policy(ies)  consecutive days? I pressure, myocardial infarction, resia, diabetes, high cholesterol, immuno gical operation? disorder? es performed? en tested/treated for other sexually to womany per day? ent er circulatory diseases, cancer, diabeteurred er than as a passenger on schedule alth) been declined, postponed or accompany to the provided of the company of	details using the following table:  Year Issued  Present Issue		No

Important: Before signing this declaration, please check that the answers given in this application are complete and correct. An omission or incorrect answer may invalidate the policy.

I, the undersigned, have read, understood and accepted all the terms and conditions of Al Salam Life Planning Terms and Conditions and undertake to adhere to all the obligations they impose onto me. I declare that all the details provided in this participation form are correct, complete and not misleading and undertake to immediately notify the Bank in writing whenever any information changes or becomes misleading or incorrect. I also undertake to provide the Bank with any and all necessary documents that the Bank requires whenever requested by the Bank in order to keep the relationship regularised.

Client Signature	
For Bank Use Only	

For Bank Use Only			
Prepared By	Reviewed By		
Signature	Signature		

## SECTION 5 - "Al Salam Life Planning " Terms & Conditions

- This Al Salam Life Planning Account wakala scheme along with its added takaful benefits (the "Al Salam Life Planning Scheme") shall operate under the Al Salam Life
  Planning wakala structure (which replaces the Wakala Taib and Wakala Jawhar schemes) and be governed by the applicable terms and conditions as set out in the Al
  Salam Wakala Deposit Agreement.
- 2. The Fixed and Flexi Schemes offered as part of the Al Salam Life Planning Scheme is offered exclusively to Al Salam Bank B.S.C.'s (the "Bank") individual customers (the "Customers") and may not be availed by the Bank's corporate customers or the Bank's joint account holders.
- 3. The Customer's participation in the Al Salam Life Planning Scheme shall be subject to the Customer paying an admin fee in a lump sum in proportion with the effort exerted for each scheme and based on the particular Al Salam Life Planning Scheme participated in by the Client, as set out below while bearing in mind that the Customer shall not be required to pay any additional fees for the management of the account(s) for tenors mentioned below (the "Admin Fees"):

Scheme	Admin Fees
Fixed Scheme	
3 years 5 years	1 x Contribution Level
Flexi Scheme	
Above 5 years	2 x Contribution Level
Above 10 years	3 x Contribution Level
Above15 & up to 20 years	4 x Contribution Level

- 4. As illustrated in Clause 5 below, under Option 1, the Customers are given the option of paying the one-off Admin Fees upfront which results in a higher expected profit rate. Whereas under Option 2, the Customer may choose not to pay the Admin Fees which results in a decrease in the expected profit rate for such Customer.
- 5. The expected profit rates of the Al Salam Life Planning Scheme, which are subject to change based on the Bank's sole discretion, are set out below:

Expected Profit Rates	Option 1	Option 2	
Fixed Scheme	ed Scheme		
3 years	3.75%	3.0%	
5 years	4.25%	3.5%	
Flexi Scheme			
Above 5 years	4.50%	3.75%	
Above 10 years & up to 20 years	4.75%	4.00%	

- 6. The Fixed scheme offered as part of the Al Salam Life Planning Scheme may be availed by the Customer for fixed periods of either 3 years or 5 years at fixed monthly contribution levels of either BD 30 (Classic), BD 80 (Gold) or BD 150 and above (Platinum). while the Flexi scheme offered as part of the Al Salam Life Planning Scheme may be availed by the Customer for a fixed monthly contribution of BD 30 and above and for any tenor above 5 years and up to 20 years (the "Contribution Levels").
- 7. Participation in the Al Salam Life Planning Scheme shall also be subject to the Customer adhering to his irrevocable undertaking to debit his/her Bank account on the specified date each month and transfer the necessary contribution to the Al Salam Life Planning Scheme during the agreed period of the scheme. Failure to pay three consecutive contributions shall constitute a material breach of these terms and shall trigger automatic cancellation of the Al Salam Life Planning Scheme. The Bank shall also have the right, at its own discretion, to terminate the Al Salam Life Planning Scheme if the Customer fails to make three contributions within a 12 month period.
- 8. For the Flexi scheme offered as part of the Al Salam Life Planning Scheme, the accumulated principal and profit amount will be deposited into the Customer's settlement account on the relevant maturity date, and the Customer shall have the option to receive such amounts on a periodic payment basis subject to notifying the Bank in writing 30 days prior the relevant maturity date. For the avoidance of doubt, such option shall be subject to the Bank's applicable pension payment terms and conditions, as amended from time to time.
- 9. Life takaful benefits are availed through a Group Life Policy which are issued and accepted in accordance with all the provisions, conditions and warranties set by the takaful provider.
- 10. The Bank has the absolute right to change the takaful provider at any time without providing the Customer with prior notice of such change.
- 11. For the Fixed scheme offered as part of the Al Salam Life Planning Scheme, Takaful benefits shall be inclusive of death and saving benefits. Child education and saving benefits are equal to BD 4,000 for platinum level customers, BD 2,000 for gold level customers and BD 1,000 for classic level customers per year in accordance with the Customer's Contribution Level. Death benefits shall be equal to the monthly contributions multiplied by the agreed tenor.

12. For the Fixed scheme offered as part of the Al Salam Life Planning Scheme, the sum covered for each Customer participating in such scheme shall be a flat sum covered amount as per the following options:

Plan	5 years	3 years
Platinum – BD 150 & above	BD 29,000	BD 17,400
Gold – BD 80	BD 14,800	BD 8,880
Classic – BD 30	BD 6,800	BD 4,080

- 13. For the Flexi scheme offered as part of the Al Salam Life Planning Scheme, Takaful benefits shall be equal to the value of the remaining Contribution Levels subject to a cap of BD 100 per month (BD 24,000 in total). In case of accidental death, an additional BD 24,000 will be paid.
- 14. All Customers who are eligible and have fulfilled all the necessary requirements, which may be modified from time to time, shall be covered under the Al Salam Life Planning Scheme subject to a maximum sum coverage per Customer of BD 29,000 for the Fixed scheme offered as part of the Al Salam Life Planning Scheme and BD 24,000 for the Flexi scheme offered as part of the Al Salam Life Planning Scheme. For the avoidance of doubt, the coverage for a Customer who has availed a mixture of the Flexi and Fixed scheme offered as part of the Al Salam Life Planning Scheme shall be capped at BD 53,000 irrespective of the number of schemes availed by the Customer.
- 15. In case a Customer avails for more than one Al Salam Life Planning Scheme, the flat sum covered will then not apply individually to each savings scheme but the lower of the aggregation of the total amounts of the different savings scheme or the maximum sum coverage set out in clause 14 shall apply.
- 16. Participation in the Al Salam Life Planning Scheme is subject to the below age restrictions:
  - a) Minimum age at entry: 18 years
  - b) Maximum age at entry: 64 years
  - c) Maximum expiry age: 70 years
- 17. The Customer acknowledges that the takaful benefit is subject to obtaining the takaful company's approval and the Customer's adherence to the general life takaful policy's terms and conditions.
- 18. In the event of the Customer's death, the Customer acknowledges that their lawful beneficiaries have a period of 12 months from the date of death to claim the takaful benefit
- 19. The Bank, at any time and at its sole discretion, is entitled to partially or fully block and/or deduct any and all amounts from the Al Salam Life Planning Scheme in order to set-off and settle any outstanding dues against the Customer for the benefit of the Bank, by providing the Customer with a prior notice.
- 20. In addition to this Al Salam Life Planning Scheme terms and conditions, the Bank's Banking Services Agreement, the Al Salam Wakala Deposit Agreement along with any relevant terms and conditions shall continue to apply and form an integral part of these terms and conditions.
- 21. The Bank shall not be liable for any damages, costs, claims, liabilities and/or actions which may arise, whether directly or indirectly, or are in connection with the Bank offering this Al Salam Life Planning Scheme, unless such damages, costs, claims, liabilities and/or actions have been proven to be caused to the Customer directly as a result of willful default or gross negligence of the Bank.
- 22. The Bank may at any time, in its sole discretion, modify or withdraw these terms and conditions and inform its customers of such modification(s) or withdrawal, without any liability on the Bank's part. The Bank decision regarding the same shall be final and binding.
- 23. These terms and conditions shall be governed and construed in accordance with the laws of the Kingdom of Bahrain to the extent that such laws are not repugnant to the principles of Islamic Shari'a in which case the principles of Islamic Shari'a shall prevail and any dispute shall be subject to the exclusive jurisdiction of the Courts of the Kingdom of Bahrain.