LIBERTY
In it with you

Capital Bond
Application form

Liberty Life Namibia Limited – Reg.No. 2003/639
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Please indicate contribution type ◯ New business ◯ Ad hoc contribution

Details of policyholder

Entity name

Company registration number

Company trading name

Postal address

Postal Code

Physical address

Postal Code

Executive Officer (Full names & Surname)

Identity number

Telephone number (Work)

Telephone number (Home) Cellphone number

E-mail address

Type of entity

◯ Company ◯ Closed Corporation ◯ Sole Proprietor ◯ Trust

*Please enclose an original certified copy of your identity document and bank confirmation letter not older than 3 months.

Lives Assured
(Minimum of 1 life must be listed)

First Life Assured

Title

Full names

Surname

Gender ◯ Male ◯ Female Identity number

Designation at company

Second Life Assured

Title

Full names

Surname

Gender ◯ Male ◯ Female Identity number

Designation at company

Third Life Assured

Title

Full names

Surname

Gender ◯ Male ◯ Female Identity number

Designation at company

Fourth Life Assured

Title

Full names

Surname

Gender ◯ Male ◯ Female Identity number

Designation at company

Fifth Life Assured

Title

Full names

Surname

Gender ◯ Male ◯ Female Identity number

Designation at company

Plan details

Commencement date

Contribution amount N$

Portfolio 1	Liberty Life Namibia Cash Plus Fund	%
Portfolio 2	Liberty Life Namibia Income Fund	%
Portfolio 3	Liberty Life Namibia Money Market Fund	%
Portfolio 4	Ashburton Namibia Income Fund	%
Portfolio 5	Asburton Namibia Money Market Fund	%

Advisor remuneration

(Please note the fees below are independent of management fee)

I authorise Liberty Life Namibia to deduct and pay my Financial Advisor the following fees, selected below

The following is agreed between the Policyholder and the Financial Advisor

Initial advisory fee **%** (Maximum of 2.50%)

Ongoing advisory fee ◯ 0% p.a. ◯ 0.25% p.a. ◯ 0.50% p.a.

Management fee

(This fee is based on the value of the policy)

Capital Bond Investment Value	Management Fee (% of Investment Value)
< N$10m	1.60%
N$10m - N$50m	1.50%
>N$50m	1.40%

Supporting documents

The Namibian Financial Intelligence Act requires Liberty Life Namibia to comply with certain requirements when processing a service request. These requirements are listed below and the acceptable verification documentation is specified - please indicate that the necessary documents are attached.

Documentation needed:

Registration Documents of Entity	☐
Bank Confirmation of Entity	☐
Tax Certificate of Entity	☐
Proof of Source of Funds (Annual Financial Statements or Large Invoices)	☐
Duly Completed and Signed Corporate KYC Form	☐
National Identity Document of all Directors of the Entity, if unavailable then provide National Drivers License or Passport	☐
Proof of Residence for all Directors of the Entity	☐
Duly Completed and Signed Individual KYC Form for all Directors of the Entity	☐

Declaration of financial adviser

By submitting an application the Financial Advisor declares that he/she has provided the applicant with a complete quotation in respect of the contract applied for in writing. The Financial Advisor further undertakes that he/she has explained all the material terms and conditions of the contract to the applicant.

I, hereby confirm that I have satisfied myself as to the identity of the client, and I have verified the identity in accordance with the requirements set out in the Financial Intelligence Act and any related legislation, regulations or guidelines. I have forwarded copies of all the required documentation to Liberty Life Namibia.

Full name and surname (in block letters)

Signature of Financial Advisor

Date

Declaration of financial adviser

☐ This application form signed by a authorised representative has been fully completed by the intermediary in my presence. ◯ NO ◯ YES

☐ I am satisfied that the policy chosen satisfies my financial needs.

☐ I acknowledge that my contract will be issued in English.

☐ I undertake to keep Liberty Life Namibia informed of any changes to my contact details, which include but are not limited to my physical address to enable Liberty Life Namibia to communicate with me.

☐ I accept that with this authorisation I am limiting my right to privacy. However to assess the insurance risk, I irreversibly authorise Liberty Life Namibia

a. to obtain from any person, whom I hereby permit and request to give any information which Liberty Life Namibia needs, and

b. to share with other insurers that information, and any information in this application or any related source at any time, in a form approved by Liberty Life Namibia or the Life Offices' Association of Namibia (LAAN).

I, the undersigned, hereby apply for my funds to be dealt with in accordance with the instructions on this document. I declare, that where necessary, I am duly authorized to make this declaration and that I, as far as I am aware, all other parties having a legal interest in the above policy, am/are at present solvent. I also confirm that the information supplied on this form is to the best of my knowledge true, correct and complete In the event of any discrepancies between the quote and the policy terms and conditions, the policy terms and conditions shall take precedence.

Full name and surname (in block letters)

Signature Policyholder / Authorised Representative(s)

Date