Funeral Plan Application Form

LIBERTY

INSURE INVEST ADVISE

Liberty Life Namibia Limited - Reg.No. 2003/639
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☐ NEW APPLICATION ☐ AMENDMENT POLICY NUMBER (For Amendments)

1. POLICYHOLDER DETAILS *(Always complete this section. This individual is the owner and the main member under the policy terms and conditions. This individual is entitled to receive all benefits ascribed to this policy. Only the policyholder can act on the Policy and make changes to the Policy.)*

Surname

First names Gender M F

ID /Passport number Date of Birth D D - M M - Y Y Y Y

Country of Birth

Telephone Mobile Number

Email address

Postal address

Postal Code

Physical address

Postal Code

Nationality

Citizenship

Income Tax Number Not Applicable

Do you have other policies with Liberty? Yes* No

* Please note that Liberty will not pay more than N$100,000 in funeral claims. Please refer to your Terms and Conditions and speak to your Intermediary for more detail on this.

2. BENEFICIARY DETAILS *(In the event of the Policyholder becoming deceased, these are persons nominated by the Policyholder to receive payment of benefits.)*

Surname

First names Gender M F

ID /Passport number Date of Birth D D - M M - Y Y Y Y

Country of Birth

Telephone Mobile Number

Email address

Postal address

Postal Code

3. DETAILS OF PACKAGES

Family Packages

LIFE ASSURED PACKAGE CODE	FAMILY N$30,000 NFP/F30K	FAMILY N$20,000 NFP/F20K	FAMILY N$15,000 NFP/F15K	FAMILY N$10,000 NFP/F10K	FAMILY N$5,000 NFP/F5K
BENEFITS INCLUDED IN FAMILY PACKAGE					
Policyholder	N$30,000	N$20,000	N$15,000	N$10,000	N$5,000
Spouse	N$30,000	N$20,000	N$15,000	N$10,000	N$5,000
Child (15 to less than 21 years)	N$30,000	N$20,000	N$15,000	N$10,000	N$5,000
Child (5 to less than 15 years)	N$15,000	N$10,000	N$7,500	N$5,000	N$2,500
Child (1 to less than 5 years)	N$7,500	N$5,000	N$3,750	N$2,500	N$1,250
Child (0 to less than 1 year)	N$3,750	N$2,500	N$1,875	N$1,250	N$625
Stillborn (26+ weeks)	N$3,750	N$2,500	N$1,875	N$1,250	N$625
Accidental Death for Policyholder and Spouse	N$60,000	N$40,000	N$30,000	N$20,000	N$10,000
Oshitondoka - Memorial Support for Policyholder only	N$10,500	N$7,000	N$5,200	N$3,500	N$1,750
Waiver Benefit	12 months	12 months	12 months	12 months	12 months
FAMILY PACKAGE PREMIUM PER MONTH					
Monthly Premium Payable	N$252,00	N$168,00	N$126,00	N$84,00	N$42,00

Individual Packages

LIFE ASSURED PACKAGE CODE	INDIVIDUAL N$30,000 NFP/I30K	INDIVIDUAL N$20,000 NFP/I20K	INDIVIDUAL N$15,000 NFP/I15K	INDIVIDUAL N$10,000 NFP/I10K	INDIVIDUAL N$5,000 NFP/I5K
BENEFITS INCLUDED IN INDIVIDUAL PACKAGE					
Policyholder	N$30,000	N$20,000	N$15,000	N$10,000	N$5,000
Accidental Death for Policyholder	N$60,000	N$40,000	N$30,000	N$20,000	N$10,000
Oshitondoka - Memorial Support for Policyholder only	N$10,500	N$7,000	N$5,200	N$3,500	N$1,750
Waiver Benefit	12 months	12 months	12 months	12 months	12 months
INDIVIDUAL PACKAGE PREMIUM PER MONTH					
Monthly Premium Payable	N$117,60	N$78,00	N$58,80	N$42,00	N$21,60

OPTIONAL BENEFIT

	COVER N$15,000 NFO/PC15K	COVER N$10,000 NFO/PC10K	COVER N$7,500 NFO/PC7.5K	COVER N$5,000 NFO/PC5K	COVER N$2,500 NFO/PC2.5K
PARENTS AND PARENTS-IN-LAW COVER					
Benefit (Maximum 50% of policyholder's cover)	N$15,000	N$10,000	N$7,500	N$5,000	N$2,500
PARENTS AND PARENTS-IN-LAW PREMIUM PER MONTH					
Monthly Premium Payable	N$117.00	N$78.00	N$58.50	N$39.00	N$19.50

	COVER N$15,000 NFO/EF15K	COVER N$10,000 NFO/EF10K	COVER N$7,500 NFO/EF7.5K	COVER N$5,000 NFO/EF5K	COVER N$2,500 NFO/EF2.5K
EXTENDED FAMILY COVER					
Benefit (Maximum 50% of policyholder's cover)	N$15,000	N$10,000	N$7,500	N$5,000	N$2,500
EXTENDED FAMILY PREMIUM PER MONTH					
Monthly Premium Payable	N$120.00	N$80.00	N$60.00	N$40.00	N$20.00

BENEFIT CODE	OPTIONAL BENEFIT DESCRIPTION	COVER AMOUNT	MONTHLY PREMIUM PAYABLE
NFO/BT	**Body Transportation (above 30km only)**	N$ 4,50 per km for named lives.	N$ 9,00 per life
NFO/TP15K	**Emenya - Tombstone Benefit (Policyholder only)**	N$ 15,000	N$ 51,60
NFO/TP10K		N$ 10,000	N$ 34,80
NFO/TF15K	**Emenya - Tombstone Benefit (Policyholder and Spouse)**	N$ 15,000	N$ 80,40
NFO/TF10K		N$ 10,000	N$ 52,80

4. BENEFIT SELECTION DETAILS *(Always complete this section.)*

CORE BENEFITS

Funeral Benefit Scale	POLICY HOLDER	SPOUSE	CHILD 15-21	CHILD 6-14	CHILD 1-5	CHILD <1 Still Born from 26 weeks
	100%	100%	100%	50%	25%	12.5%

Please select with a (✓), one Funeral Package benefit below:

	PREMIUM	(✓)		PREMIUM	(✓)
FAMILY N$30,000	N$252.00		INDIVIDUAL N$30,000	N$117.60	
FAMILY N$20,000	N$168.00		INDIVIDUAL N$20,000	N$78.00	
FAMILY N$15,000	N$126.00		INDIVIDUAL N$15,000	N$58.80	
FAMILY N$10,000	N$84.00		INDIVIDUAL N$10,000	N$42.00	
FAMILY N$5,000	N$42.00		INDIVIDUAL N$5,000	N$21.60	

- *Family Packages Include funeral cover for Policyholder, 1 spouse and up to 6 children claims.*
- *All the Policyholder's children may be linked to the Policy and the Policy will pay for a maximum of 6 children's deaths.*
- *Family Packages also include double accidental cover for policyholder and spouse, Oshitondoka (Memorial cover) for the policyholder of 35% of the funeral cover and Premium Waver benefit of 12 months upon death of policyholder.*
- *Individual Package benefits cover the policyholder for funeral cover, double accident cover and Oshitondoka of 35% of funeral cover.*
- *Parents and Parents-in-law and extended family are excluded from this benefit.*
- *Terms and conditions apply.*

OPTIONAL BENEFITS

Please select with a (✓), the optional Tombstone benifit and premium selected:

	PREMIUM	(✓)		PREMIUM	(✓)
FAMILY N$15,000	N$80.40		INDIVIDUAL N$15,000	N$52.80	
FAMILY N$10,000	N$51.60		INDIVIDUAL N$10,000	N$34.80	

- *Family Tombstone Includes cover for Policyholder and Spouse*
- *Children, Parents and Parents-in-law and extended family are excluded from this benefit.*
- *Terms and conditions apply.*

Please complete the table below if Body transportation cover is selected

	PREMIUM	(✓)		
POLICYHOLDER	N$9,00/pm			
SPOUSE	N$9,00/pm			
CHILDREN	N$9,00/pm per child		NUMBER OF CHILDREN	

- If body transportation benefit is selected for children, then all named children must be covered and a premium paid for each child.
- Parents and Parents-in-law and extended family are excluded from this benefit.
- Terms and conditions apply.

Please complete the table below if Parents and Parents in law cover is selected

	PREMIUM	(✓)	NUMBER OF PARENTS AND PARENTS IN-LAW
COVER N$15,000	N$117.00		
COVER N$10,000	N$78.00		
COVER N$7,500	N$58.50		
COVER N$5,000	N$39.00		
COVER N$2,500	N$19.50		

- Parents and Parents-in-law can be covered, up to a maximum of 4 lives
- Parent cover cannot be higher than 50% of the Policyholder's cover.
- All parents must be covered on the same benefit level
- Terms and conditions apply

Please complete the table below if Extended family cover is selected

	PREMIUM	(✓)	NUMBER OF EXTENDED FAMILY MEMBERS
COVER N$15,000	N$120.00		
COVER N$10,000	N$80.00		
COVER N$7,500	N$60.00		
COVER N$5,000	N$40.00		
COVER N$2,500	N$20.00		

- Extended Family Members can be covered, up to a maximum of 6 lives
- Extended Family Members cover cannot be higher than 50% of the Policyholder's cover.
- All Extended Family Members must be covered on the same benefit level
- Terms and conditions apply

Total monthly premium payable for Funeral Plan (incl. Optional benefits)

Please note that premiums indicated are inclusive of all fees applicable within the regulatory framework. For a detailed breakdown, please contact your intermediary.

5. INSURED LIVES' DETAILS

(Always complete this section for new applications, and complete for amendment if relevant. MUST complete if Family Packages and/or Parents Cover is selected. Refer to Terms and Conditions for details of dependants that are eligible for cover under this policy.)

FULL NAME AND SURNAME	RELATIONSHIP	DATE OF BIRTH	GENDER
SPOUSE DETAILS (MAXIMUM AGE 65 NEXT BIRTHDAY)			

OWN CHILDREN DETAILS (MAXIMUM AGE AT ENTRY 18 NEXT BIRTHDAY, COVER CEASES AT AGE 25 IF FULL TIME STUDENT, 21 IF NOT A FULL TIME STUDENT)			

PARENTS AND PARENTS-IN-LAW DETAILS (MAXIMUM AGE AT ENTRY 75 NEXT BIRTHDAY)			

EXTENDED FAMILY DETAILS (MAXIMUM AGE AT ENTRY 65 NEXT BIRTHDAY)			

6. SOURCE OF INCOME

(Always complete this section for new applications, and complete for amendment if relevant. The Policyholder and Premium payer must be the same person.)

(Please attach a copy of the latest salary slip – must not be older than 3 months, or confirmation of employment from the Policyholder's Employer on the Employer's letterhead.)

Source of Income

Are you employed? Y N Are you self-employed? Y N

Name of employer

Employee salary reference

Occupation

Occupation Industry

Work Telephone Number

NB: If client is self-employed, they must confirm this by submitting a sworn affidavit declaring the same.

7. PAYMENT DETAILS

(Always complete this section for new applications, and complete for amendment if relevant. The Policyholder and Premium payer must be the same person.)

Debit Order ☐ Cash Payment ☐

(Please attach a copy of the latest bank statement – must not be older than 3 months, or confirmation of account details from the Policyholder's Bank on the Bank's letterhead.)

Name of account holder

Name of bank

Branch name Branch code

Account number

Debit order date ☐ 1st ☐ 5th ☐ 10th ☐ 20th ☐ 25th ☐ Last day of the month

I, the undersigned authorize Liberty to, in terms of the agreement, deduct the premium for the amount as specified in this form, from this account, including any applicable premium increases I have selected or any increases that Liberty may apply as agreed with me, until the due premium on this policy is paid. If the bank account details are changed at any time, you undertake to notify us of such change and warrant that you will have the necessary authority to do so.

Account holder's full name and surname

Account holder's signature Date D D - M M - Y Y Y Y

8. 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 with a (✓) that the necessary documents are attached.)

Provide the following verification documentation for the identity of the Policyholder.

An official identity document, or ☐ Passport ☐ Proof of address ☐

If neither of these documents are available, then any other valid document issued by a recognized authority within Namibia may be accepted as long as the document contains:
a recent photograph (not older than six months) of the Policyholder/Customer; and
the Policyholder/Customer full names; and
the Policyholder/Customer date of birth; and
the Policyholder/Customer national identification number (if applicable).

9. DECLARATION BY THE AUTHORISED REPRESENTATIVE *(Always complete this section.)*

By submitting an application, I declare that I have explained all material terms and conditions of the policy to the policyholder. I also confirm that I have verified the identity of the policyholder in accordance with the regulations set out in the related legislation, regulations or guidelines. I have loaded copies of all required documents on the Liberty system.

Brokerage / Agency name

City / Town

Intermediary full name and surname

Intermediary signature Date D D - M M - Y Y Y Y

10. DECLARATION BY THE POLICYHOLDER *(Always complete this section.)*

This declaration contains guarantees and undertakings that I, as the Policyholder and the Principal Life Assured agree to.

I confirm that I understand the product and policy:

☐ I confirm that I understand the nature of the product and that the authorised representative has explained the product rules, Terms and Conditions, and relevant marketing material.

☐ I confirm that Terms and Conditions have been explained and issued to me by the authorised representative

I guarantee that I am giving information correctly:

☐ All information given to the Insurer in respect of any transaction is true and accurate and can be relied on for contracting.

☐ Where any material information is not fully disclosed, or is found to be untrue, the Insurer will declare the Policy invalid from the outset and will not pay any claim or benefits.

I guarantee to keep my details up to date:

☐ I undertake to keep the Insurer informed of any changes to the information supplied on this application, which includes but is not limited to my contact details to enable the Insurer to communicate with me.

I authorise the Insurer and the authorised representative:

☐ To collect, process and share certain personal and financial information from me if relevant to my policy.

I authorise the Insurer to collect and share information:
I accept that with this authorisation I am limiting my right to privacy. However to assess the insurance risk, I irreversibly authorise the Insurer to:

☐ a. Obtain from any person, whom I hereby permit and request to give any information which the Insurer needs, and

☐ b. Share with other insurers that information and any information in this application or any related source at any time, in a form approved by the Insurer or the Regulator.

Please note: this authorisation is irrevocable and extends beyond your death. It applies only for the purposes above and therefore may partially limit your right to privacy. You are entitled at any time to request access to the information we have collected, processed or shared.

I, the undersigned, confirm that the information supplied on this form is to the best of my knowledge true and correct. I further acknowledge that the Insurer and the authorised representatives accept no responsibility or liability for the accuracy of the information provided by myself.

Policyholder name and surname

Policyholder's signature

Date D D - M M - Y Y Y Y

Guardian's name and surname (if applicable)

Guardian's Signature

Date D D - M M - Y Y Y Y

Funeral Plan - Terms and Conditions

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1. Plan Description
This Plan provides a lump sum benefit on death of the Insured Person to aid in covering funeral related expenses.

2. Insurer
The Insurer is Liberty Life Namibia Limited, a registered Financial Services Provider that underwrites the Funeral Benefit as well as other additional Optional Benefits under the Funeral Plan.

3. Insured Person
The Insured Person shall be the Policyholder and any other Insured Person(s) who is eligible for cover under the Funeral Plan.

4. Policyholder
The Insured Person shall be the Policyholder and any other person who is, for this Plan, a Dependant of the Policyholder. This is also the person in whose name the Policy is issued and who is at least eighteen (18) years of age and no more than sixty-five (65) years of age at the Commencement Date and the person responsible for paying the premium.

5. Dependants
The Dependants shall be the Insured Person(s) who have insurable interest in the life of the Policyholder and who are eligible for Cover under this Plan. For this purpose, Dependants shall be:

5.1 Spouse
The person, as named on the Application form, married to the Policyholder either by civil, tribal, common or customary law and under the age of sixty-five (65) years at the Commencement Date. Only one Spouse will be eligible for the Spouse's Cover.

5.2 Child(ren)
Child(ren) of the Policyholder including the following:
- A legitimate Child;
- An illegitimate Child;
- An adopted Child
- A foster Child;
- A stepchild;
- A stillborn Child, following 28 weeks of pregnancy (maximum of two (2));
- An unmarried Child will be covered up to the age of eighteen (21) except if the Child is a student where he / she will be covered up to the age of twenty-six (26); and
- A mentally or physically disabled Child who is fully dependent on the Policyholder.

All the Policyholder's Children may be linked to the Policy and the Policy will pay for a maximum of six (6) Children's deaths.

5.3 Parents and Parents-in-Law
A Parent includes a biological Parent or an adoptive Parent who is under the age of seventy-five (75) years at the Commencement Date. A maximum of four (4) Parents and Parents-in-Law may be nominated. A Parent-in-Law is a Parent of the Spouse of the Policyholder. Parents must be added at Policy inception and cannot be added at a later stage. The level of Cover selected by Parents and Parents-in-law must be the same.

5.4 Extended Family
This Plan will cover a maximum of 6 extended family members (selected on a voluntary basis) which are below the age of sixty-five (65) years at cover commencement. Extended family members must be added at policy inception and cannot be added at a later stage. An additional Premium will be charged per Extended Family Member

Extended Family will include the following:
a) Any Child above the maximum number allowed to be covered under the Family Benefit;
b) A blood relative of the Policyholder that is financially dependent on the Policyholder.
c) Additional spouses as permissible in law and in addition to the spouse elected in the Family Benefit.

6. Policy
The Application form, the Terms and Conditions and any annexures or amendments will constitute the Policy.

7. Maximum cover for Insured Person
Insured Persons may be covered for a maximum Sum Assured of N$100,000 over all Liberty Life Namibia Funeral Policies. This restriction will be applied at claim stage.

8. Cover
This Cover is the Policyholder's or any other Insured Person's entitlement to a Benefit on the happening of the Insured Event.

9. Cover Commencement Date
Cover under the Funeral Plan will commence on the first day of the month in which the premium is due, to the Insurer of the Premium, the completed application forms and any other substantiating documentation.

Cover for the Accidental Death Benefit will commence on receipt, by Liberty Life, from the Policyholder of a fully completed application form and supporting documents.

10. Maximum Entry Age
A Maximum Entry Age for the Policyholder shall be sixty-five (65) years at the Commencement Date of the Policy.

11. Schedule
Shall mean the Schedule detailing the Policy specific details which forms part of this Plan.

12. Waiting Period
This is the period between the Cover Commencement Date and the first date on which a claim may be honoured by the Insurer.

No Benefit will be paid should the death occur within six (6) months of the Cover Commencement Date. No Waiting Period is applicable for death due to accidental causes.

Where death is as a result of an accident then the Benefit will be paid from the Commencement Date and premium will be recovered from the benefit if the first premium has not been paid. All other Death Benefit Claims (except suicide within the first twenty-four (24) months from the Commencement Date) will be paid subject to a six (6) month Waiting Period and provided at least six (6) months of Premiums have been paid over a six (6) month period. When any new person (excluding a new born child) is added to the Policy, the six (6) month Waiting Period, for death due to natural causes will apply. Rules apply for adding additional persons.

13. Inclusion of New Lives Insured

All Dependants must be named upfront at Policy inception and proof of identity of the Policyholder and Spouse must be provided at application stage.

If the Policyholder marries only after inception, the Spouse must be named within six (6) months of the marriage and proof of identity and that of the marriage relationship will be required at claim stage.

If the Policyholder has a Child after inception, the Child must be named within six (6) months of birth, and proof of Identity and of the relationship will be required at claim stage.

Parents-in-law may be included in the policy provided this is done within 6 months of marriage. Proof of marriage is required.

Children covered under the family funeral plan who have reached the cover cease age may be included as extended family provided this is done within 6 months of reaching the cover cease age.

No additional Extended family members can be added after inception of the policy.

14. Beneficiary

In the event of the Policyholder's death, the Benefit will be paid to:

- The Beneficiary as nominated on the Application or Amendment form.
- If no Beneficiary is nominated, the Spouse will be paid the Funeral Benefit.
- If there is no Spouse on record, the Benefit will be paid to an Insured Person who qualifies as the closest relative on the Funeral Plan.
- If claimed by another person, to such a person, subject to satisfactory proof of relationship with the deceased Policyholder.
- Failing all of the above, the Benefit will be paid to the deceased's estate.

In the event of the death of an Insured Person other than the Policyholder, the Benefit will be paid to the Policyholder.

15. Benefit/s

The Benefit will be paid on the happening of the Insured Event, that is, the death of the Policyholder or any other Insured Person.

15.1 Main Benefit

15.1.1 Family Funeral Benefit:

This is the benefit payable, as per the chosen Benefit scales for the Funeral service provided for the Insured Person(s) in the event of death of the Insured Person(s) during the Plan Term due to any cause not excluded in these Terms and Conditions. This benefit is applicable to the Policyholder, Spouse (1) and Children (up to 6).

The Benefit shall be payable to the Beneficiary, to the nominated Beneficiary.

Funeral Benefit options	
Option 1	N$5,000
Option 2	N$10,000
Option 3	N$15,000
Option 4	N$20,000
Option 5	N$30,000

Benefit scales per Insured persons covered	
Policyholder	100%
Spouse	100%
Child 15-21	100%
Child 6-14	50%
Child 1-5	25%
Child under 1	12.5%

15.2 Additional Benefits

These are benefits that are automatically included on taking out the Funeral Benefit.

15.2.1 Oshitondoka – Memorial Benefit

This is an automatic Benefit included when the Policyholder purchases the Funeral Benefit, for the provision of memorial services that will be conducted for the Policyholder at death. The Benefit payable will be 35% of the Funeral Benefit amount opted for, and is payable to the nominated Beneficiary.

Funeral Benefit options			Benefit scales per Insured persons covered
Option 1	N$5,000		N$1,750
Option 2	N$10,000		N$3,500
Option 3	N$15,000		N$5,250
Option 4	N$20,000		N$7,000
Option 5	N$30,000		N$10,500

15.2.2 Premium Waiver on Death

On the death of the Policyholder the Dependants will remain covered under this Plan for a period of twelve (12) months without premiums being paid provided that the Policy has been in-force for a minimum of twelve (12) months and all Premiums have been paid. The Extended family members and Parents and Parents-in-law premium is not included in this benefit.

No changes to the Policy will be allowed during this Waiver period including the addition of Insured lives or changes in Benefit levels.

At the end of the Waiver period, the Spouse (if applicable) may elect to become the Policyholder and Premiums will be due and payable in order for the Policy to remain active.

15.2.3 Double Accident Death Benefit

On the accidental death of the Policyholder a Double Accidental Death benefit will be paid which is equivalent to, the Funeral Benefit, as selected. All other additional Benefits will not be doubled.

The Benefit shall be payable to the nominated Beneficiary.

15.3. Optional Benefits

15.3.1 Emanya – Tombstone Benefit

This Benefit, if selected, provides up to a N$15,000 lump sum benefit upon their death to cover the cost of a tombstone for the Policyholder and Spouse. The Benefit amount is available at an additional Premium.

The Benefit shall be payable to the nominated Beneficiary.

15.3.2 Parents and Parents-in-law Benefit

The benefit for Parents and Parents-in-law will be a choice as provided or below and shall not be greater than 50% of the Policyholders benefit selected.

Parents and Parents-in-law Benefit
N$2,500
N$5,000
N$7,500
N$10,000
N$15,000

15.3.3 Extended Family Benefit

The benefit for extended family will be a choice as provided or below and shall not be greater than 50% of the Policyholders benefit selected.

Extended Family Benefit
N$2,500
N$5,000
N$7,500
N$10,000
N$15,000

15.3.4. Body Transportation Benefit

This is the Benefit that covers the cost to transfer the Insured person/s upon death to the place of burial. This benefit will only apply to transfers within the borders of Namibia only from place of death to place of burial where the distance is above 30 km only. For an additional premium immediate family members may be included for this benefit, upon the Policyholder taking this benefit.

16. Individual Benefit

This is the benefit payable, as per the chosen Benefit scales for the Funeral service provided for the Policyholder only in the event of death of the Insured Person(s) during the Plan Term due to any cause not excluded in these Terms and Conditions. The Benefit shall be payable to the Beneficiary, to the nominated Beneficiary.

Funeral Benefit Option	Oshitondoka - Memorial Benefit	Accidental Death Benefit	Premium Waiver Benefit
N$5,000	N$1,750	N$10,000	N/A
N$10,000	N$3,500	N$20,000	N/A
N$15,000	N$5,200	N$30,000	N/A
N$20,000	N$7,000	N$40,000	N/A
N$30,000	N$10,500	N$60,000	N/A

17. Insured Event

The Insured Event is the Death or Accidental Death of the Policyholder or any other Insured Person(s).

17.1 Accidental Death

Accidental Death is Death from an accident that caused injury from a sudden and unexpected event taking place without foresight, expectation and not according to the usual course of events.

18. Premiums

Premiums are payable monthly before the end of the month. Liberty Life will deduct the debit order Premium directly from the Policyholder's account on the date selected on the Application form.

19. Outstanding Premiums

If there are Outstanding Premiums when a Benefit is due, Liberty will deduct the arrears from the Benefit payable.

20. Lapsed and Reinstated Funeral Plan

In the event that two (2) consecutive months of Premiums are outstanding, a Policy will lapse. A Policy may be reinstated within one (1) month of lapse date if all Outstanding Premiums are paid (i.e. maximum of three (3) months arrears). If the Plan has been reinstated, Cover will commence without any additional Waiting Periods being imposed.

21. Premium Rate Review

The Premium rates are guaranteed for a period of 12 months and thereafter will be renewed annually, the Insured Person will be notified in accordance with the amendment clause below.

22. Sum Assured

The Sum Assured will be in accordance with the Plan and Benefits opted for on the Application form.

23. Benefits Non-Assignable

The Benefits under this Agreement cannot be ceded, pledged or assigned in any way.

24. Evidence of Health

No medical evidence is required to be eligible for the Funeral Plan.

25. Claim

The Claim shall mean an entitlement by either the Policyholder or the nominated Beneficiary to receive the Benefit(s) due to the happening of an Insured Event. Valid claims will be paid within 48 working hours of receipt and verification of all the necessary supporting documentation. The Claim shall mean an entitlement by either the Policyholder or the nominated Beneficiary to receive the Benefit(s) due to the happening of an Insured Event.

Please ensure that the following documentation is presented to the Insurer at the time of Claim:

a) Fully completed and signed Claim Form; and
b) Certified copy of the death certificate and burial order; and
c) Certified copy of proof of the identity of the deceased; and
d) Certified copy of proof of identity of the Beneficiary/claimant; an
e) Proof of relationship of the deceased to Policyholder; and
f) Police report (if death was due to an accident); and
g) Medical certificate for cause of death (in respect of a stillborn child) or burial order if available.

The Insurer reserves the right to call for any additional information reasonably necessary in order to assess and verify a Claim. All costs associated with the obtaining and submission of the supporting documents must be borne by the Beneficiary. The onus of proving any Claim rests on the Beneficiary.

26. Notification Period

A Claim must be submitted within six (6) months of the date of death of the Policyholder or any other Insured Person. The Insurer reserves the right to reject a Claim that is not submitted within the Notification Period.

27. Document Submission Period

All relevant documentation pertaining to a Claim must be submitted within twelve (12) months of the date of death of the Policyholder or any other Insured Person. The Insurer reserves the right to reject a Claim whereby the relevant documentation is not submitted within twelve (12) months.

28. Upgrade and Downgrade of Benefit

A Policyholder may, at any time, opt to change the Benefits he / she is covered for. However, the actual change will be affected on the first (1st) of the following month. The Waiting Periods will apply to any new Sum Assured. In the event of a natural death during the Waiting Period, the Benefit payable will be the previous Sum Assured. In the event of an Accidental Death during the Waiting Period, the Benefit payable will be the new Sum Assured.

29. Exclusions

The Insurer will not be liable for any claim arising whether directly or indirectly as a result of:

1. Invasion or act of foreign enemy
2. Hostilities (whether war is declared or not)
3. Involvement in criminal activity
4. Suicide within the first twenty-four (24) months following the Commencement date.
5. The effects of radioactivity or nuclear explosion
6. Accidental Death as a result of riot, private flying, hazardous sports or any illegal acts where the deceased was directly involved.
7. Non-compliance to medical treatment.

30. Termination of Cover

No Benefits will be paid from Claims occurring after the lapse of a Policy for any reason. The Insurer may terminate an Insured Person's Cover without notice if the Insured Person does not comply with the Terms and Conditions of the Plan.

A Policyholder may, at any time, terminate the cover of any of the other Insured Persons included in the Funeral Plan.

A Policyholder's Cover will end on the earliest of:

- the end of the Grace Period; or
- the last day of the month in which the Policyholder elects to Terminate the Policy; or
- on death of the Policyholder

Cover in respect of Dependants will end immediately:

- In the case of a Child, reaching the Child's Maximum Cover Age; or
- In the case of a Spouse, ceasing to be defined as such; or
- The Policyholder ceasing to be defined as such: or
- 12 months after the death of the Policyholder; unless the Spouse elects to become the Main Member and takes over the payment of Premiums.
- Termination of Membership for the Policyholder; or
- The Insured person failing to be defined as such.

31. Cancellation

The Insurer may cancel this Policy at any time by giving one (1) calendar months' notice in writing to the last known contact details. No new Insured Person may be added after the notice of cancellation has been delivered. No refund of Premiums whether pro-rata or otherwise will be given on cancellation of this Policy. The Policyholder may cancel the Policy at any time by giving one (1) calendar months' notice to the Insurer. The laws of Namibia whose courts shall have jurisdiction in any dispute arising hereunder, will govern this Policy. The Benefits payable and the Premium rates under this Policy may be changed if any legislation is changed. If these changes are made, the Policyholder will be notified in writing.

32. Territorial Limits
The Insured will be covered while domiciled in the country where the policy was issued. The Insured will also be covered outside the domicile country for a maximum period of 12 months, provided premiums are continued to be paid. Should the Insured be outside the domicile country for longer than 12 months the policy will lapse. Written permission may be sent to the Insurer to request an extension of stay outside the domicile country. Should the Insured return to the domicile country and subsequently leave before 30 days have expired then this will not constitute a return to the domicile country.

33. Surrender values
No surrender values are payable under this Policy.

34. Fraud
All Benefits under this Policy will be forfeited if a Claim is fraudulent in any respect or intentionally exaggerated. Liberty reserves the right to cancel this Policy with immediate effect and all Premiums paid hereunder will be forfeited.

35. Anti-Money Laundering and Combatting the Financing of Terrorism Regulations
All source of funds and KYC requirements shall be captured and checked (with proof) in terms of the Namibian Anti-Money Laundering and Combatting the Financing of Terrorism Legislation.

36. Foreign Account Tax Compliance Act (FATCA)
In terms of FACTA, the Insurer reserves the right to confirm and collect the Life Assured(s)'s personal information and report these on to the relevant authorities. The Life Assured consents to the information being shared for this purpose.

37. Amendment
The Policyholder may, at any time, by form of written notification to the Insurer amend the Insured Persons subject to eligibility.

38. Currency
Premiums and Benefits are expressed and payable in the legal monetary tender of Namibia.

39. Agreement
The Application form, the Terms and Conditions and any amendments thereto constitute the sole Agreement between the parties. No contrary representation agreement shall be of any force unless reduced to writing and signed by both parties.

40. Claims, Queries / Complaints
Claims: To Claim a Benefit on your Policy, please contact Liberty Life Namibia.

Queries / Complaints: Discuss the issue with Liberty Life Namibia. If the matter is not handled to your satisfaction or for an unresolved problem, contact the Managing Director who will take the matter up with the Principal Officer or alternatively contact NAMFISA's Complaints Division (061-2905188) or email mmbaha@namfisa.com.na.