Flexible Living Annuity Application Form

LIBERTY

LIFE INVESTMENTS HEALTH INSURANCE PROPERTIES ADVICE

Liberty Life Namibia Limited - Reg.No. 2003/639
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Make an informed decision:

- Please read the **Flexible** Living Annuity (the product) quotation provided to you to make sure you have chosen the right product to suit your needs.
- Please refer to the fund fact sheets for information on the investment portfolios that are offered.

Consider getting financial advice:

- At Liberty Life Namibia, we believe in the merits of good independent advice.
- If you are not comfortable making your own investment decisions, consider using the services of a registered intermediary to decide which investment portfolios meet your investment needs and the income payments you require.

Please note the following:

- Complete all the information on the form to ensure that there is no delay in processing your investment.
- Please read the Terms and Conditions to understand the rules of your policy.
- You may be required to complete additional forms, depending on the specifics of your investment.
- You may not transfer benefits from a guaranteed life annuity to Liberty.
- We require your income tax number to process this investment. If you do not have an income tax number please contact your Tax Regulator to get one.

SUPPORTING DOCUMENTS REQUIRED

Send the documents listed below to Liberty. Please note that all these documents are compulsory for each application:

- ☐ Completed Flexible Living Annuity application form (this form)
- ☐ Certified copy of your Namibian ID or valid Namibian passport
- ☐ Proof of a valid Namibian bank account carrying bank's confirmation (e.g. cancelled cheque or stamped bank statement)
- ☐ Most recent (not older than three months) proof of residential address
- ☐ Recent benefit statement of your investment from the transferring fund (proof of source of funds)
- ☐ Proof of bank deposit into the Liberty bank account
- ☐ Signed quotation Quotation number

THE LIBERTY BANK ACCOUNT DETAILS ARE AS FOLLOWS:

Account name	LIBERTY LIFE NAMIBIA LIMITED LIVING ANNUITY
Bank	STANDARD BANK
Branch code	082372
Account type	CURRENT
Account number	041423984
Reference number	NAMIBIAN ID NUMBER

PROCESSING STANDARDS

CUT OFF TIMES

- Please note that if an application form ,all supporting documents and full premium are received:
  - Before 14:00 on a business day, we will start processing on that day.
  - After 14:00 on a business day, we will start processing on the next business day.
  - On a weekend or public holiday, we will start processing on the next business day.
- . Processing could take up to 5 working days

POLICYHOLDER DETAILS

Surname

First names

Date of birth D D M M Y Y Y Y Gender M F

Form of identification (please tick) Identity card Passport

ID/Valid Passport number Country of issue

Marital status Single Married Divorced Separated Widowed

Income tax number Registered tax office

Nationality

Are you a foreign citizen and/or have dual nationality and/or are you resident for tax purposes anywhere other than Namibia? Y N

If 'Yes', and you are a U.S. citizen/national/resident for tax purposes in the US, please complete the 'Self-Certification Declaration for an Individual Form'.

POLICYHOLDER'S CONTACT DETAILS

Telephone number Mobile number

Email address

Physical address

Postal address Postal code

Please ensure that Liberty is at all times furnished with your updated contact information.

INVESTMENT DETAILS

HOW MUCH ARE YOU TRANSFERRING?

- Please note the minimum initial investment is N$150 000.00 in aggregate from all transfers.
- Transfers from retirement funds will be consolidated into a single new policy.

Estimated premium N$ -

HOW WOULD YOU LIKE TO INVEST YOUR MONEY?

- You have the option to invest in one or more investment portfolios.
- All your premiums will be invested in the portfolios you select below.
- Please consult your intermediary on the impact that frequent portfolio changes may have on your investment return.
- Should you need to change your investment portfolio(s) selection, you will have a total of five opportunities per year to do so at no cost. Thereafter a service fee will apply.

PORTFOLIO NAME	ALLOCATION PERCENTAGE
Allan Gray Namibia Balanced Fund	%
Allan Gray Namibia Stable Fund	%
Prudential Namibia Inflation Plus Fund	%
Old Mutual Namibia Managed Fund	%
Old Mutual Growth Fund	%
Coronation Balanced Fund	%
Coronation Balanced Defensive Fund	%
Investec Namibia Managed Fund	%
Standard Bank Namibia Income Fund	%
Standard Bank Namibia Managed Fund	%
Standard Bank Money Market Fund	%
TOTAL	**100%**

Please ensure that the percentages allocated across portfolios add up to 100%.

TRANSFER DETAILS

Transferring from ☐ Pension Fund ☐ Provident Fund ☐ Preservation Fund ☐ Retirement Annuity

Registered name of source fund

Membership/Policy number Transfer amount

Contact name

Contact cellphone number Contact telephone number

Transferring from ☐ Pension Fund ☐ Provident Fund ☐ Preservation Fund ☐ Retirement Annuity

Registered name of source fund

Membership/Policy number Transfer amount

Contact name

Contact cellphone number Contact telephone number

Transferring from ☐ Pension Fund ☐ Provident Fund ☐ Preservation Fund ☐ Retirement Annuity

Registered name of source fund

Membership/Policy number Transfer amount

Contact name

Contact cellphone number Contact telephone number

Transferring from ☐ Pension Fund ☐ Provident Fund ☐ Preservation Fund ☐ Retirement Annuity

Registered name of source fund

Membership/Policy number Transfer amount

Contact name

Contact cellphone number Contact telephone number

If you have more than three transfers, please attach a signed copy of this section to the back of the form. Where there are multiple transfers, amounts will be invested once total expected premium is received by Liberty, provided that all requirements have been met

MONTHLY INCOME PAYMENTS

- Your annual pre-tax income is subject to a minimum of 5% and maximum of 15% of your investment balance per year.
- These limits fall within the legislated range and are subject to change.
- If your selection falls outside this range, Liberty will automatically adjust your selection to fall within this range.

Provide us with your desired pre-tax income payment percentage/amount

Annual annuity income ____ % OR N$ ____ - ____ Per year

Do you have a tax directive? Y N

If yes, please specify the income tax rate: ____ % Tax directive number (if applicable):

- Monthly income payments are scheduled for the 25th of each month.
- The cut-off date for processing any changes to monthly income payments is 14h00 on the 15th of each month.
- Monthly income payments can be changed annually on your policy anniversary date.
- Please note that the applicable tax rate is calculated based on your annualised income payments, unless there is a tax directive using the applicable Namibian income tax tables and treated as though this is your only income.
- Any reference to tax treatment does not constitute tax advice. Please consult you registered intermediary or tax adviser for assistance regarding tax treatment.

WHICH PORTFOLIOS WOULD YOU LIKE TO WITHDRAW YOUR INCOME FROM?

☐ Monthly income payments to be withdrawn in same proportions based on your current portfolio allocations.

☐ Monthly income payments to be withdrawn from the portfolios selected in the table below (please complete the table).

PORTFOLIO NAME	WITHDRAWAL PERCENTAGE
Allan Gray Namibia Balanced Fund	%
Allan Gray Namibia Stable Fund	%
Prudential Namibia Inflation Plus Fund	%
Old Mutual Namibia Managed Fund	%
Old Mutual Growth Fund	%

Coronation Balanced Fund	%
Coronation Balanced Defensive Fund	%
Investec Namibia Managed Fund	%
Standard Bank Namibia Income Fund	%
Standard Bank Namibia Managed Fund	%
Standard Bank Money Market Fund	%
TOTAL	**100%**

Please ensure that the percentages allocated across all portfolios add up to 100%. If there is insufficient money in the selected portfolios, we will withdraw the income in same proportions based on your current portfolio allocations.

BANK ACCOUNT DETAILS FOR MONTHLY INCOME 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.)

- Payment will only be made into an account that bears your name and that can accept Direct Deposits.
- Please ensure that your banking institution is able to accept these payments and that the details provided are sufficient for their requirements.
- Any changes to the banking details must be forwarded immediately to Liberty with evidence of change confirmed by your banking institution.
- Liberty will only make payments into a valid Namibian bank account.

Name of account holder

Name of bank

Account number Branch name

Branch code

BENEFICIARY NOMINATIONS (NATURAL PERSONS ONLY)

- Please note that you may change your nominated beneficiaries at any time.
- Changes to nominated beneficiaries are only valid once Liberty has received such nomination and information to validate the same and has accordingly recorded the nomination.
- Please ensure that Liberty is at all times furnished with updated contact information regarding your beneficiaries.

LIVING ANNUITY PROCEEDS

- You may nominate one or more beneficiaries under your policy.
- These beneficiaries may be altered at any time by notifying Liberty.
- The nomination below is applicable to the remaining proceeds of the policy.
- Should one of the nominated beneficiaries predecease the policyholder and not be replaced, the deceased beneficiary's share will be divided equally between the surviving beneficiaries.
- If there are no beneficiaries nominated then the proceeds will be paid to your estate.

Total number of beneficiaries for Living Annuity

Surname

First names

Identity number Date of birth

Relationship

Telephone number Mobile

Postal address

Postal code

City/Town

Benefit Share - %

Surname

First names

Identity number Date of birth

Relationship

Telephone number Mobile

Postal address

Postal code

City/Town

Benefit Share - %

Surname

First names

Identity number | Date of birth

Relationship

Telephone number | Mobile

Postal address

Postal code

City/Town

Benefit Share - %

Surname

First names

Identity number | Date of birth

Relationship

Telephone number | Mobile

Postal address

Postal code

City/Town

Benefit Share - %

IMMEDIATE EXPENSE BENEFIT

- You may nominate only one beneficiary under your policy to receive your immediate expense benefit by completing the details below.
- This beneficiary may be altered at any time by notifying Liberty in writing.
- A separate immediate expense claim form must be completed and submitted to Liberty in order for a funeral claim to be processed.

Surname

First names

Identity number | Date of birth

Relationship

Telephone number | Mobile

Postal address

Postal code

City/Town

DECLARATION BY THE AUTHORISED REPRESENTATIVE (ALWAYS COMPLETE THIS SECTION)

By submitting this application, I declare that

- I have explained all material terms and conditions of the policy to the policyholder.
- I have provided the policyholder with a quotation in order to make an informed decision.
- 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.
- I further declare that I am a licensed intermediary and have made the disclosures required in terms of related legislation, regulations or guidelines
- Further, I warrant that I have explained all fees that relate to this policy to the policyholder and I understand and accept that the policyholder may withdraw his/her authority for payment to me in writing to Liberty.

Brokerage / Agency name

City / Town

Intermediary full name and surname

Intermediary NAMFISA registration no.

Intermediary identity no.

Intermediary signature

Date D D - M M - Y Y Y Y

DECLARATION BY THE POLICYHOLDER (ALWAYS COMPLETE THIS SECTION)

YOUR INTERMEDIARY'S DETAILS

Registered intermediary full name and surname

Intermediary identification no.

Intermediary NAMFISA registration no.

Intermediary assistant dealing with this transaction

INTERMEDIARY FEES

I agree to pay the following negotiated fees to my intermediary and all future transactions until otherwise specified:

Initial Commission - Maximum of 1.50% deducted prior to the investment being made. If it is agreed that no initial fee is payable, please insert 0.00%.

Ongoing Commission - Maximum of 1.00% per annum of the investment value deducted monthly. If it is agreed that no annual ongoing commission fee is payable, please insert 0.00%.

COMMUNICATION

- We can send you and your intermediary confirmations that your transactions have been processed.

  Should we send your transaction confirmations to your intermediary? Y N

  If no option is selected, your transaction confirmations will be sent to both you and your intermediary.

- We can send you and your intermediary account statements and other communications.

  Should we send your account statements and other communication to your intermediary? Y N

  If no option is selected, your communication will be sent to you only.

PROVIDE AUTHORISATION TO YOUR INTERMEDIARY TO SUBMIT INSTRUCTIONS ON YOUR BEHALF

You may authorise your intermediary in writing to submit instructions for this investment on your behalf, either online or manually.

Do you authorise your intermediary to submit instructions on your behalf via Liberty Online? Y N

THIS DECLARATION CONTAINS GUARANTEES AND UNDERTAKINGS THAT I, AS THE POLICYHOLDER 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 intermediary has explained the product rules, Terms and Conditions, fees and charges, and relevant marketing material.

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 and process the required personal, medical and financial information from me if relevant to my policy.

I authorize 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 authorize 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 and/or the Regulator.

I agree that my contractual relationship with the Liberty will be subject to prevailing Namibian law and regulation (including but not limited to Exchange Control and tax requirements).

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.

Annuitant's name and surname

Annuitant signature

Date D D - M M - Y Y Y Y