# Retirement Annuity Application Form

LIBERTY
*In it with you*

**INSURE INVEST ADVISE**

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☐ NEW APPLICATION ☐ AMENDMENT POLICY NUMBER (For Amendments)

**Please note the following:**

- Complete all the information on the form to ensure that there is no delay in processing your application.
- 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 application.
- For amendments, only attach documents related to the amendment

**SUPPORTING DOCUMENTS REQUIRED**

☐ 1. Completed application form (this form)

☐ 2. Certified copy of identity document/valid passport

☐ 3. Proof of valid Namibia Bank Account Details in policyholder's name (for debit order payments)

☐ 4. Proof of residence (must not be older than three (3) months)

☐ 5. Proof of source of funds/income/wealth

## 1. INTERMEDIARY DETAILS

Application Date

Name of Brokerage

Intermediary full name and surname

Branch (if applicable)

BDM full name and surname

BDM Signature

Date

## 2. POLICYHOLDER DETAILS *(Always complete this section. This individual is the Owner and the Principal Life Assured under the Policy terms and conditions. This individual is entitled to receive all Benefits ascribed to this Policy.)*

Surname

First names Gender M F

Form of Identification (tick one) Identity Card Passport

ID /Passport number Date of Birth - -

Country of Issue

Passport number

Citizenship

Nationality

Are you a foreign citizen and/or national and/or are you resident for tax purposes anywhere other than Namibia? Yes No

Marital Status

Personal Income Tax Number (PIN) Not Applicable

Occupation

Are you a foreign citizen and/or national and/or are you resident for tax purposes anywhere other than Namibia? Yes No

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.

**The requirement to collect this information is part of Liberty Life' Namibia's obligation to comply with the U.S. Foreign Account Tax Compliance Act (FATCA). We require you to provide us with this tax information where applicable and will keep a record of such information but will only disclose this information to the relevant tax authorities if and when required to under FATCA.**

## 3. CONTACT DETAILS *(Always complete this section. These are the contact details of the Policyholder. It is important that this information is correct, as it will enable us to keep the policy-holder up to date on what is happening on their policy and to notify them about our products that may be of value to them)*

Telephone Mobile Number

Email address

Postal address

Postal Code

Physical address

Postal Code

Correspondence Preference Email Post

## 4. 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. Please indicate with a (✓) the selected payment method)*

### SOURCE OF FUNDS/WEALTH/INCOME

(Please attach proof of source of funds)

Salary Policy Donation Inheritance

Savings Investments Other (Please specify)

### DEBIT ORDER PAYMENT DETAILS

(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 20th 25th

**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.**

Account holder's full name and surname

Account holder's signature Date - -

## 5. POLICY DETAILS *(Always complete this section)*

| | | |
|---|---|---|
| Regular Premium | N$ | |
| Regular Premium Frequency | ☐ Monthly | ☐ Annual |
| Funeral Cover | ☐ Yes | ☐ No |
| Annual Premium Increase (API) | % | |
| Estimate Transfer in Amount | N$ | |

***NB: The addition of the funeral cover will result in the monthly regular premium being increased by N$10 and the annual regular premium being increased by N$120 for a funeral cover of N$10 000.***

### COMMISSION

Purchase premiums will be allocated to the underlying portfolio based on the prevailing/quoted unit prices less any new upfront charges and commission.

| | |
|---|---|
| Ongoing Commission % of Regular Premium (if applicable) | |
| Upfront Commission % of Transfer In Premium (if applicable) | |
| Ongoing Commission % of Asset Under Management (if applicable) | |

**Transferring from Retirement Annuity (i.e. EFT) - only applicable at policy inception**

| | |
|---|---|
| Registered Name of Source of fund | |
| Membership/Policy Number | |
| Transfer Amount | |
| Contact Name | |
| Contact Number | |

### PORTFOLIO SELECTION (Always complete this section)

- You have the option to invest in one or more investment portfolios.
- All your premiums will be invested in the portfolios you selected 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 Plus 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%**

## 6. BENEFICIARY DETAILS *(In the event of the policyholder becoming deceased, these are persons nominated by the policyholder to receive payment of benefits. Please ensure that %share adds up to 100% across all beneficiaries)*

- 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 accordingly recorded the nomination.
- Please ensure that Liberty is at all times furnished with updated contact information regarding your beneficiaries.

**Risk Beneficiary (Funeral benefit Beneficiary - can not be a minor)**

| Full names | Date of Birth | Relationship | Gender | Contact Number | % Share |
|---|---|---|---|---|---|
| | | | | | **100%** |

- 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.

I hereby instruct that any benefits in my name which shall become due under this policy on death be paid to the beneficiaries detailed in the proportion(s) indicated against the name of each beneficiary.
Please provide details as per table below for beneficiaries under the age of 18 years (minors) and please attach a birth certificate for each minor beneficiary

**Investment Beneficiary (Entity)**

| Company/Organisation Name | Registration Number | Address | Contact Details | % Share |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**Investment Beneficiary (Individual)**

| Full names | Date of Birth | Relationship | Gender | Contact Number | Full names of Guardian (if applicable) | % Share |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

## 7. REPLACEMENT QUESTION *(Always complete this section.)*

**IMPORTANT NOTE: REPLACEMENT OF ANY INSURANCE IS GENERALLY TO THE DISADVANTAGE OF THE PROPOSED OWNER BECAUSE IT INVOLVES DUPLICATION OF INITIAL COSTS CHARGED TO THE POLICY.**

Is this proposal to replace the whole or any part of your existing insurance with any insurer (whether replacement is to occur immediately or to replace an insurance discontinued within the past four months or within the next four months)? ☐ Yes ☐ No

| Policy number(s) to be replaced | Insurer name(s) |
|---|---|
| | |
| | |
| | |
| | |
| | |

## 8. DECLARATION BY THE INTERMEDIARY *(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.**

Brokerage / Agency name

City / Town

Intermediary full name and surname

Intermediary Signature

Date - -

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

This declaration contains the consents, guarantees and undertakings that you the customer, (for example a product owner, member, duly authorized representative of product owner, life assured, or payer) agree to. You agree that the information below will apply to all products (and services) whereby you have entered into an agreement with us. Where the words "us" and "we" are used in this document it refers to Liberty Life Namibia and all of its subsidiaries (Liberty).

***Definitions as referred to in the Protection of Personal Information Act***

"Personal Information" includes but is not limited to information relating to: race, gender, marital status, nationality, age, physical or mental health, disability, language, education, identity number, telephone number, email, postal or street address, biometric information and financial, criminal or employment history and as more specifically defined the above Act; and "Process" means any operation or activity, whether automated or not, concerning personal information, including: collection, receipt, recording, organisation, collation, storage, updating or modification, retrieval, alteration, consultation, use, dissemination by means of transmission, distribution or making available in any other form, merging, linking, as well as blocking, degradation, erasure or destruction of information. "Processing" will have a similar meaning. We are required by the legislation/regulations and the Financial Intelligence Centre Act to process some of your information (including personal information). Without your information (which includes any direct family health history) we will be unable to start or continue to provide products or services to you.

***You confirm that you understand the product/service***

You confirm that you understand the nature of the product/services (provided by Liberty as product/services provider or on behalf of a retirement fund, group scheme, collective investment scheme or medical scheme) and that it meets the identified need and that your financial adviser has explained the relevant rules, terms and conditions, and marketing material. Where applicable you confirm that you understand the meaning of replacement (namely where one product is replaced with another similar product) as well as the fact that a replacement can be potentially prejudicial and that you are legally entitled to comprehensive information regarding the consequences of the replacement. Information on unpaid or unclaimed Benefits - It is your responsibility as owner of this product to make sure that Liberty always has up-to-date contact information for you and anyone that can benefit on this contract. Where Liberty becomes aware that there are benefits due to be paid out on the policy, we will always first try to contact you or your beneficiaries at the last address provided to us. If we are not able to contact you at this address, we have to take other reasonable steps to try find the person that is entitled to the policy benefits. In order to do this, we may have to appoint external tracing agents. By signing this application, you agree that Liberty can give the external tracing agents access to personal information in order to be able to do any tracing. It is also important to note that, if we have to appoint tracing agents, a tracing and management fee may be deducted by us from the benefits payable. Note that in certain circumstances, an additional amount may be payable by Liberty in relation to any late payment.

- You guarantee that you are giving all information correctly
- Where any material information, including your Personal Information, is not fully disclosed or is found to be untrue, we may decide to cancel the product and/or not to pay any claims or benefits.
- You agree to notify us of any changes in information that may affect your product. This may include changes to health, occupation or hobbies that may occur since the date of submission of an application or the issue of any underwriting terms. Any such changes may require reassessment of the risk and failure to notify us of such changes may invalidate the product. Where you provide us with Personal Information of a third party for example a beneficiary nomination, you guarantee that you have the third party's consent to provide us with their Personal Information.
- You authorise us, our representatives and our contracted third-party (including foreign) service providers, to process and further process your Personal Information.
- We may be required to collect Personal Information from you or other sources in order to service the product, assess risks, consider claims for benefits and conduct research.
- This Personal Information may also be used for any other product proposal.
- We may conduct any necessary medical and blood testing or examination, if relevant to your product, for example when you apply for life cover.

***We undertake to:***

- Only process Personal Information as permitted by law.
- Keep your Personal Information confidential, secure and only for as long as required or prescribed.

***Please note:***

- This authorization and undertaking 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, update or rectify your Personal Information we process.
- We may at certain times send you relevant information about our products and services.
- You have the right to be notified when your Personal Information has been compromised.
- If you provided us with an e-mail address, we will correspond with you via e-mail.

In your application for a product you may have provided us with your banking details. By doing so you confirm and authorise us to draw payments, by means of a debit order, against your nominated account. All such withdrawals shall be treated as if you have signed them personally. You agree to pay any banking charges relating to this debit order instruction. You may amend or cancel this authority by giving us 30 days' notice. 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.

***I guarantee that I am giving information correctly***

- Where I provide Liberty with personal information of a third party, e.g. beneficiary nomination, I guarantee that I have the third party's consent to provide Liberty Life with their personal information.

***I authorise Liberty Life, their authorised representatives and contracted third parties (local and foreign), as well as any appointed intermediaries to process my personal information***

- Liberty undertakes to process personal information as permitted by law.

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 Underwriter and the authorised representatives accept no responsibility or liability for the accuracy of the information provided by myself.

Policyholder's name and surname

Policyholder's signature

Date - -