Simple Life Plan Application Form

LIBERTY

INSURE INVEST ADVISE

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☐ NEW APPLICATION ☐ AMENDMENT POLICY NUMBER (For Amendments)

Please note the following:

1. Complete all the information on the form to ensure that there is no delay in processing your application.
2. Please read the Terms and Conditions to understand the rules of your policy.
3. You may be required to complete additional forms depending on the specifics of your application.
4. 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. 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

ID /Passport number Date of Birth - -

Country of Birth

Nationality

Resident

Citizenship

Income Tax Number Not Applicable

Do you have a post - secondary school qualification? Yes No Are you an U.S. Citizen? Yes No

Marital Status

2. 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 SMS Post

3. 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.

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

Sum assured selected Premium

OPTIONAL SIMPLE LIFE BENEFITS (Please indicate with a (✓) the optional benefit(s) selected). Additional premium is payable for optional benefits.

Permanent disability		Sum assured selected*	Premium
Critical illness		Sum assured selected*	Premium
Physical impairment		Sum assured selected*	Premium
Accidental death**			Premium
Funeral benefit***			Premium

** Sum assured amount cannot be higher than Simple Life sum assured selected*
***The Lump Sum Benefit will be limited to 25% of the Death Benefit Sum Assured*
**** A fixed benefit to cover funeral expenses*

Total premium payable for Simple Life Plan (incl. Optional benefits)****

***** Please note that premiums indicated are inclusive of all charges applicable within the regulatory framework. For a detailed breakdown, please contact your financial advisor.*

Annual benefit increase (ABI) for Simple Life Plan 0% 5% 10%

ABI does not apply to Funeral benefit

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

First Name	Surname	Contact Number	Relationship	% Share

6. 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 Deposit ☐

DEBIT ORDER PAYMENT DETAILS (Complete if Debit Order Payment is selected)

(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 authorise 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, I undertake to notify Liberty of such change and warrant that I will have the necessary authority to do so.

Account holder's full name and surname

Account holder's Signature

Date - -

7. 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's name and surname

Policyholder's Signature

Date - -

8. 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/ broker code Intermediary

Date - -

Signature