CASH PLAN

power to choose, cash to use!

FOR OFFICE USE

REFERENCE NUMBER

BROKER

AGENT

APPLICATION FORM

When life takes an unexpected turn, your family needs more than just funeral coverage, they require ongoing support to rebuild, recover, and move forward with dignity.

The Bonlife Cash Plan is a revolutionary approach to family protection that goes beyond traditional funeral insurance. Instead of a single payout that disappears quickly, we provide six months of structured financial support when your loved ones need it most.

OPTION ONE X Mark with x if you choose this option

For just N$ 275 a month, your family gets:

N$ 10 000.00 cash every month for 6 months
A **N$ 1 000.00 grocery voucher** every month for 6 months

OPTION TWO X Mark with x if you choose this option

For just N$ 425 a month, your family gets:

N$ 15 000.00 cash every month for 6 months
A **N$ 1 000.00 grocery voucher** every month for 6 months

- No medical tests required
- Claims paid within 48 hours
- Monthly payments, not lump sum
- Grocery vouchers for daily essentials
- Complete comfort for 6 months

While funeral plans cover immediate expenses, the Cash Plan provides six months of ongoing support with monthly cash and groceries.

TERMS AND CONDITIONS

1. The following member benefits are automatically part of your Bonlife Cash Plan policy: 48-hour payout of valid claims.
2. Please ensure that Bonlife has your correct cell phone number, as this is the primary way we will communicate important information about your policy to you.
3. Your cover will commence on the first of the month following the receipt of your first premium.
4. A standard waiting period of 9 months will start from the commencement of your cover.
5. All premiums shall be paid monthly in advance, on or before the 1st of each month.
6. This policy will automatically lapse in the event that three (3) premiums are unpaid.
7. Auto-lapsed policies can be reinstated as per the Terms & Conditions of the underlying policy.
8. Only one Cash Plan per Main Life is allowed.
9. I am aware of the Terms & Conditions regarding over-insurance, and I accept these terms.
10. I am aware that Bonlife may request additional information to prove insurable interest and that a claim may be declined based on my failure to prove this to the satisfaction of Bonlife.
11. This application/policy is subject to the Terms & Conditions of the underlying policy.
12. If you suspect any fraudulent activity or wish to speak to us, please contact us immediately.
13. The applicant is the policy owner.

SIGNATURE MAIN LIFE ASSURED

SIGNATURE APPLICANT

DATE SIGNED

MAIN LIFE (Between the ages of 18-60 on next birthday)			
First name/s	Surname	GENDER	
ID number	Date of birth Y Y Y Y / M M / D D	M	F
Mobile number	Is the Main Life a *PIP?	YES	NO
Physical address			

BENEFICIARY			
First name/s	Surname	GENDER	
ID number	Date of birth Y Y Y Y / M M / D D	M	F
Mobile number	Relation to main member		
Physical address			

PREMIUM PAYER			
First name/s	Surname	GENDER	
ID number	Date of birth Y Y Y Y / M M / D D	M	F
Mobile number	Relation to main member		
*PIP - A Prominent Influential Person or PIP is an individual who is or has in the past been entrusted with prominent public functions in a particular country and hold significant social, economic, cultural, political or media influence.	Is the Premium Payer a *PIP	YES	NO
Physical address			

SOURCE OF INCOME MARK X	Other	Salary	PAYMENT METHOD	Cash	Government Deduction	Debit order

EMPLOYEE DETAILS FOR NAMIBIAN GOVERNMENT DEDUCTION		
Employee name and surname	Employee number	Employer
	0123456789	

I, the undersigned, hereby authorise my employer to deduct the total monthly premium from my salary. This amount is payable to Bonlife Assurance LTD (Reg No 96/0391) and may be varied on written notification by myself or Bonlife Assurance LTD.

SIGNATURE EMPLOYEE DATE

ACCOUNT PREMIUM PAYER *(To be completed if the main member is not the premium payer and Cash Clients)*

BANKING DETAILS FOR BANK DEBIT ORDER					
Bank name		Account name			
ACCOUNT NUMBER	BRANCH NAME	BRANCH CODE	ACCOUNT TYPE		INCEPTION DATE
			Cheque	Savings	

DAY OF DEDUCTION	1	7	15	20	25	27	Last day of the month

I hereby authorise Bonlife Assurance LTD to debit the account listed above to pay the premium on this policy monthly. I confirm that the account information, as provided above, is an account in my name, and as such, I have the right to give the bank, as listed above, the authority to debit such account monthly. Furthermore, I will be liable for any claims, losses or damages of whatsoever nature arising out of debits made to the account as listed above should this account have insufficient funds, be incorrect or held in the name of any other person. I confirm that the account listed above complies with the Financial Intelligence Centre Act ("FICA").

SIGNATURE ACCOUNT HOLDER ID NUMBER ACCOUNT HOLDER DATE

I declare that I have identified and verified the applicable parties in terms of Section 21 of the Financial Intelligence Act of 2012 and that the Applicant signed this application in my presence.

SIGNATURE MAIN LIFE ASSURED SIGNATURE BROKER/AGENT DATE