FAMILY PLAN
APPLICATION FORM

FOR OFFICE USE | REFERENCE NUMBER

BROKER | AGENT

Extraordinary Insurance for Ordinary Namibians.

N$ 1 000.00 INSTANT CASH

081 413 4557

The Bonlife Family Plan offers comprehensive funeral coverage for you and your loved ones, allowing you to cover up to 14 people on one policy. This flexible plan provides financial security in difficult times with quick claims processing.

AGE	MAIN LIFE			SINGLE PARENT			FAMILY			CHOOSE
18 to 49	N$ 5 000.00	N$ 48.00	x	N$ 5 000.00	N$ 63.00	x	N$ 5 000.00	N$ 86.00	x	
	N$ 10 000.00	N$ 65.00	x	N$ 10 000.00	N$ 89.00	x	N$ 10 000.00	N$ 128.00	x	
	N$ 25 000.00	N$ 122.00	x	N$ 25 000.00	N$ 150.00	x	N$ 25 000.00	N$ 245.00	x	
50 to 65	N$ 5 000.00	N$ 55.00	x	N$ 5 000.00	N$ 75.00	x	N$ 5 000.00	N$ 98.00	x	A
	N$ 10 000.00	N$ 78.00	x	N$ 10 000.00	N$ 98.00	x	N$ 10 000.00	N$ 153.00	x	
	N$ 25 000.00	N$ 165.00	x	N$ 25 000.00	N$ 211.00	x	N$ 25 000.00	N$ 315.00	x	

OPTIONAL **VALUE ADDED BENEFITS**		MAIN LIFE	MAIN LIFE & SPOUSE	N$
Casket Benefit	(N$ 8 500 value)	N$ 34.50	N$ 57.00	
Luxury Casket Benefit	(N$ 16 000 value)	N$ 54.50	N$ 94.50	
Early Comfort		-	N$ 16.00	
Family Supporter	(3 x N$ 4 000 value)	N$ 55.00	-	
Grocery Benefit	(N$ 2 000 value)	N$ 9.50	N$ 19.00	
Grocery Benefit	(N$ 4 000 value)	N$ 19.00	N$ 38.00	
Onyama MeatFeast	(N$ 8 000 value)	N$ 37.00	N$ 51.50	
Refreshment Benefit	(N$ 2 000 value)	N$ 9.50	N$ 19.00	
Refreshment Benefit	(N$ 4 000 value)	N$ 19.00	N$ 38.00	
Retrenchment Benefit	(N$ 3 000 value)	N$ 25.00	-	
Tombstone Benefit	(N$ 7 500 value)	N$ 31.50	N$ 47.50	
Tombstone Benefit	(N$ 15 000 value)	N$ 47.50	N$ 75.50	
Transportation Benefit	(N$ 7 500 value)	N$ 19.50	N$ 35.00	
Veggie Benefit	(N$ 2 500 value)	N$ 12.50	N$ 23.00	
				B

TERMS AND CONDITIONS

1. The following members' benefits are automatically part of your Bonlife Family Plan policy:
   • Double cover on death due to an accident as per Terms & Conditions of underlying policy.
2. Please ensure that Bonlife has your correct cellphone number, as this is the primary method we will use to communicate important information regarding your policy.
3. Your cover will commence on the first of the month following the receipt of your first premium.
4. A standard waiting period of 12 months will apply from the commencement of cover. If you have selected the Early Comfort benefit, the waiting period will be reduced to 6 months.
5. The waiting period for extended members will start from the first of the month following the receipt of payment for the extended member.
6. All premiums shall be paid monthly in advance, on or before the 1st of each month.
7. This policy will automatically lapse if three (3) consecutive premiums remain unpaid. Auto Lapsed policies can be reinstated as per Terms & Conditions of underlying policy.
8. The applicant is the policy owner.
9. Spouse cover is the same as the Main Life's cover. Child cover is N$ 10 000 per child.
10. I am aware of the Terms & Conditions in terms of Overinsurance and I accept these terms.
11. I am aware that Bonlife may request additional information to prove insurable interest, and that a claim may be declined if I fail to provide sufficient proof to Bonlife's satisfaction.
12. This application/policy is subject to the Terms & Conditions of the underlying policy.

SIGNATURE MAIN LIFE ASSURED

SIGNATURE APPLICANT

DATE SIGNED

Total for your Policy (A + B + C)	N$
Premium Waiver 10% of Monthly Premium	N$
Total Monthly Premium	N$

MAIN LIFE (Between the ages of 18-65 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			

IMMEDIATE FAMILY TO BE COVERED (Spouse age 18-65 and children age 0-18 on next birthday)				
Spouse	First Name	Surname	ID / D.O.B	Gender
Child 1	First Name	Surname	ID / D.O.B	Gender
Child 2	First Name	Surname	ID / D.O.B	Gender
Child 3	First Name	Surname	ID / D.O.B	Gender
Child 4	First Name	Surname	ID / D.O.B	Gender
Child 5	First Name	Surname	ID / D.O.B	Gender
Child 6	First Name	Surname	ID / D.O.B	Gender

EXTENDED FAMILY TO BE COVERED (Between the ages of 0-75 on next birthday)				N$ 1 000	N$ 5 000	N$ 10 000	N$
First Name	Surname	ID / D.O.B	Relation	N$ 15.00	N$ 75.00	N$ 150.00	
First Name	Surname	ID / D.O.B	Relation	N$ 15.00	N$ 75.00	N$ 150.00	
First Name	Surname	ID / D.O.B	Relation	N$ 15.00	N$ 75.00	N$ 150.00	
First Name	Surname	ID / D.O.B	Relation	N$ 15.00	N$ 75.00	N$ 150.00	
First Name	Surname	ID / D.O.B	Relation	N$ 15.00	N$ 75.00	N$ 150.00	
First Name	Surname	ID / D.O.B	Relation	N$ 15.00	N$ 75.00	N$ 150.00	
							C

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	Debit order

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