LEGACY PLAN
APPLICATION FORM

FOR OFFICE USE

REFERENCE NUMBER

BROKER

AGENT

Complete comfort later in life!

N$ 1 000.00 INSTANT CASH

The Bonlife Legacy Plan is specially designed for individuals aged 65-84 on next birthday, providing comprehensive funeral coverage and financial support for your loved ones. This plan offers immediate peace of mind with benefits including cash payouts, casket provision, tombstone coverage, and grocery support. With flexible premium options based on your age and coverage needs, the Legacy Plan ensures that your family has the necessary financial support to honor your memory with dignity.

THE COVER		THE BENEFITS					
AGE	TOTAL COVER	CASH BENEFIT	CASKET	TOMBSTONE	GROCERY	MONTHLY PREMIUM	CHOOSE
65-74 Years	N$ 20 000.00	N$ 10 000.00	N$ 6 000.00	N$ 4 000.00	-	A N$ 275.00	☐
65-74 Years	N$ 40 000.00	N$ 25 000.00	N$ 6 000.00	N$ 4 000.00	N$ 5 000.00	A N$ 520.00	☐
75-84 Years	N$ 20 000.00	N$ 10 000.00	N$ 6 000.00	N$ 4 000.00	-	A N$ 510.00	☐
75-84 Years	N$ 40 000.00	N$ 25 000.00	N$ 6 000.00	N$ 4 000.00	N$ 5 000.00	A N$ 980.00	☐
OPTIONAL BENEFIT		CHILD SUPPORTER BENEFIT- 3 x N$4,000				B N$ 55.00	☐
		TOTAL A (N$) + B (N$)					N$

TERMS AND CONDITIONS

1. Please ensure that Bonlife has your correct cell phone number because this is the primary manner in which we will communicate important information about your policy to you.
2. Your cover will commence on the first of the month following the receipt of your first premium.
3. If you claim between month 7 and 12 you will receive 50% of total cover (including benefits) and if you claim 13 months plus you will receive 100% of your total policy cover.
4. All premiums shall be paid monthly in advance, on or before the 1st of each month.
5. This policy will automatically lapse in the event of three (3) premiums are unpaid.
6. You can reinstate your Auto Lapsed policy.
7. Auto Lapsed policies will be reinstated as per Terms & Conditions of underlying policy.
8. Only one Legacy Plan per Main Life is allowed.
9. I am aware of the T&C in terms of overinsurance and I accept these terms
10. I am aware that Bonlife may request additional information to proof Insurable interest and that a claim may be declined based on my failure to proof 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 want to speak to us, please contact us immediately.

SIGNATURE MAIN LIFE ASSURED

SIGNATURE APPLICANT

DATE SIGNED

MAIN LIFE (Between the ages of 65-84 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	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 _____