FOR OFFICE USE

REFERENCE NUMBER

BROKER

AGENT

ONE LIFE PLAN
APPLICATION FORM

One Plan. No Medicals. Complete Peace of Mind.

15% CASH BACK AFTER 5 YEARS NO-CLAIM

Take control of your financial future with the **Bonlife One Life Plan**. Designed for employed individuals between the ages of 18 and 60 , this policy allows you to stop juggling multiple funeral policies and enjoy the simplicity of **ONE** plan with a substantial lump sum payout. The biggest advantage is that there are **NO MEDICAL TESTS** required. Enjoy the peace of mind that comes with built-in premium relief options and significant cash-back incentives.

	Lump Sum Cash **N$ 250 000**	MARK X	Lump Sum Cash **N$ 500 000**	MARK X	Lump Sum Cash **N$ 750 000**	MARK X	Lump Sum Cash **N$ 1 000 000**	MARK X
AGE **18 – 39**	N$ 195	x	N$ 220	x	N$ 295	x	N$ 350	x
AGE **40 – 45**	N$ 220	x	N$ 250	x	N$ 340	x	N$ 405	x
AGE **46 – 50**	N$ 280	x	N$ 350	x	N$ 500	x	N$ 675	x
AGE **51 – 55**	N$ 320	x	N$ 485	x	N$ 750	x	N$ 975	x
AGE **56 – 60**	N$ 450	x	N$ 775	x	N$ 1150	x	N$ 1550	x
					TOTAL PREMIUM		N$	

FREE Benefits included in your cover:

N$25,000 Funeral Benefit

Income Protection: N$5,000 monthly payment for 12 months (in case of Temporary Disability)

3-Month Premium Freeze: A benefit allowing you to pause premiums during financial hardship

15% Cash Back: A “No-Claim Bonus” paid back to you every 5 years

IMPORTANT INFORMATION ABOUT YOUR BONLIFE ONE LIFE PLAN APPLICATION

1. Please ensure that Bonlife has your correct cell phone number, as this is the primary method of communicating important information concerning your policy.
2. Your cover will commence on the 1st of the month following the receipt of your first premium.
3. Waiting Period 6 months standard where 50% of the claim will be paid out between month 7 and 12 and 100% from month 13.
4. Waiting Period of 24 months for pre-existing conditions.
5. All premiums must be paid monthly in advance, on or before the 1st of each month.
6. This policy will automatically lapse if three (3) premiums remain unpaid. Auto-lapsed policies will be reinstated according to the Terms & Conditions of the underlying policy.
7. Only one Life Plan per Main Life is allowed. The Main Life applicant must be employed. **The Applicant must be the Main Life and must be the premium payer.**
8. Only Debit Order payments are allowed.
9. We require the following documents when applying for this product: **Main Life ID / Main Life Payslip / Proof of Bank Account**
10. I am aware of the T&Cs regarding Over Insurance, 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 based on my failure to prove this to the satisfaction of Bonlife.
12. This application/policy is subject to the Terms & Conditions of the underlying policy.

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			

SOURCE OF INCOME MARK X	Other	Salary

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 Bonben Assurance Namibia Limited 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 _____ 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.

MEDICAL QUESTIONNAIRE

The following questions are designed to help establish potential underwriting classifications approved by the insurance company as well as the reinsurers. Please take reasonable care to answer all the questions honestly and to the best of your knowledge. If you don't, a claim may be rejected or not fully paid or your policy may be cancelled. Please answer all questions as failure to do so may mean that your application will be delayed as we will have to contact you for missing questions. Please do not assume that we will contact or obtain a report from your doctor. If someone else fills in this form for you, please check that all the details are correct before you sign the declaration.

Have you ever been diagnosed with, treated for, or told by a healthcare provider that you have any of the following conditions? (Check all that apply)

- ☐ Heart disease or heart attack
- ☐ High blood pressure
- ☐ Stroke or transient ischemic attack (TIA)
- ☐ Cancer or tumor
- ☐ Diabetes (Type 1 or 2)
- ☐ Kidney disease or dialysis
- ☐ Liver disease (e.g., Hepatitis, Cirrhosis)
- ☐ Lung or respiratory disease (e.g., COPD, asthma)
- ☐ Neurological disorders (e.g., epilepsy, multiple sclerosis, Parkinson's)

If you answered "Yes" to any of the above, please provide:

Condition	Date Diagnosed:	Current Treatment/Status	Physician Diagnosed and address

Any other chronic or serious illness: _____

MEMBER'S DECLARATION

I understand that this application is subject to written acceptance by Bonlife. I agree to you asking any doctor I have consulted about my physical or mental health to provide medical information so you may assess my proposal. I authorize those asked to provide medical information when they see a copy of this consent form. I have taken reasonable care to answer the questions honestly and to the best of my knowledge. I understand that a claim may not be paid in full or may be rejected or my policy cancelled if I have not. The term of this application, together with Bonlife's acceptance, shall form part of any relevant contracts. I will inform Bonlife immediately of any changes that occur before the plan commences.

SIGNATURE MAIN LIFE ASSURED _____ SIGNATURE BROKER/AGENT _____ DATE _____