SENIOR 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 Senior Plan is specifically designed for senior citizens between the ages of 65-84 on next birthday, providing comprehensive funeral coverage tailored to their needs. This plan offers age-appropriate coverage with double benefits in case of accidental death.

AGE	COVER	MONTHLY PREMIUM	CHOOSE
65-74 YEARS	N$ 15 000.00	N$ 250.00	x
	N$ 30 000.00	N$ 375.00	x

AGE	COVER	MONTHLY PREMIUM	CHOOSE
75-84 YEARS	N$ 5 000.00	N$ 250.00	x
	N$ 10 000.00	N$ 295.00	x

CHOOSE
A

OPTIONAL **VALUE ADDED BENEFITS**		MAIN LIFE	N$
Casket Benefit	(N$ 8 500 value)	N$ 34.50	
Luxury Casket Benefit	(N$ 16 000 value)	N$ 55.50	
Early Comfort		N$ 50.00	
Family Supporter	(3 x N$ 4 000 value)	N$ 55.00	
Grocery Benefit	(N$ 2 000 value)	N$ 9.50	
Grocery Benefit	(N$ 4 000 value)	N$ 19.00	
Onyama MeatFeast	(N$ 8 000 value)	N$ 37.00	
Refreshment Benefit	(N$ 2 000 value)	N$ 9.50	
Tombstone Benefit	(N$ 7 500 value)	N$ 31.50	
Transportation Benefit	(N$ 7 500 value)	N$ 19.50	
Veggie Benefit	(N$ 2 500 value)	N$ 12.50	
			B

TERMS AND CONDITIONS

1. The following members' benefits are automatically part of your Bonlife Senior 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. All premiums shall be paid monthly in advance, on or before the 1st of each month.
6. 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.
7. The applicant is the policy owner.
8. Only one Senior Plans per Main Life is allowed.
9. I am aware of the Terms & Conditions in terms of Overinsurance 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 if I fail to provide sufficient proof to Bonlife's satisfaction.
11. This application/policy is subject to the Terms & Conditions of the underlying policy.

Total Monthly Premium (A + B) N$

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