FOR OFFICE USE

REFERENCE NUMBER

BROKER

AGENT

bonlife assurance

# SAVINGS PLAN

## APPLICATION FORM

## Insuring your future, today.

**The Bonlife Savings Plan is designed for individuals aged 18–65, offering flexible short-term and long-term savings with free premium benefits and access to your funds when needed.**

| PLAN | LONG-TERM SAVINGS | SHORT-TERM SAVINGS | ADMIN FEE | N$ PER MONTH | TICK CHOICE |
|---|---|---|---|---|---|
| PLAN 1 | N$ 70.00 | N$ 30.00 | N$ 10.00 | N$ 110.00 | ☐ |
| PLAN 2 | N$ 105.00 | N$ 45.00 | N$ 10.00 | N$ 160.00 | ☐ |
| PLAN 3 | N$ 140.00 | N$ 60.00 | N$ 10.00 | N$ 210.00 | ☐ |
| PLAN 4 | N$ 175.00 | N$ 75.00 | N$ 10.00 | N$ 260.00 | ☐ |
| PLAN 5 | N$ 350.00 | N$ 150.00 | N$ 10.00 | N$ 510.00 | ☐ |

TERM ☐ 5 YEARS ☐ 10 YEARS ☐ 15 YEARS

N$ A

PREMIUM WAIVER (OPTIONAL - YOUNGER THAN 60 YEARS)

| PLAN | PREMIUM | TICK CHOICE |
|---|---|---|
| PLAN 1 | N$ 11.00 | ☐ |
| PLAN 2 | N$ 16.00 | ☐ |
| PLAN 3 | N$ 21.00 | ☐ |
| PLAN 4 | N$ 26.00 | ☐ |
| PLAN 5 | N$ 51.00 | ☐ |

N$ B

ILLUSTRATIVE VALUES - LONG TERM SAVINGS

| PLAN | 5 YEARS | 10 YEARS | 15 YEARS |
|---|---|---|---|
| PLAN 1 | N$ 5 143.00 | N$ 12 806.00 | N$ 24 222.00 |
| PLAN 2 | N$ 7 715.00 | N$ 19 209.00 | N$ 36 334.00 |
| PLAN 3 | N$ 10 286.00 | N$ 25 612.00 | N$ 45 445.00 |
| PLAN 4 | N$ 12 858.00 | N$ 32 015.00 | N$ 60 556.00 |
| PLAN 5 | N$ 25 716.00 | N$ 64 031.00 | N$ 121 113.00 |

PLEASE NOTE

These values are calculated at an 8% interest rate and should be used for illustrative purposes only.

### TERMS AND CONDITIONS

1. 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.
2. You can withdraw out of your short-term pocket after the first 12 months, thereafter one withdrawal every 12 months. A withdrawal fee will be charged for each and every withdrawal.
3. The Policy Holder can make voluntary investments into the Long-Term Savings Account at any time.
4. All premiums shall be paid monthly, in advance, on or before the 1st of each month.
5. The Policy Holder can increase or decrease options whenever he/she likes.
6. If the policy is surrendered before the end of the term, a penalty fee is applicable.
7. A joining fee of N$ 50 is payable in the first month to be subtracted from your Long-Term savings account.
8. This application/policy is subject to the Terms & Conditions of the underlying policy.
9. If you suspect any fraudulent activity or want to speak to us, please contact us immediately.

SIGNATURE MAIN LIFE ASSURED

SIGNATURE APPLICANT

DATE SIGNED

**Total Monthly Premium (A + B)** N$

| POLICY OWNER (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 | | | |

| 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 |
|---|---|---|---|---|---|

| 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