



REFERENCE NUMBER

AGENT

N\$ 1 000.00 INSTANT CASH

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.

TERMS AND CONDITIONS

- SIGNATURE APPLICANT

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
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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