



LIFE GUARD PLAN APPLICATION FORM

FOR OFFICE USE

REFERENCE NUMBER

BROKER

AGENT

Complete comfort later in life!

15% NO CLAIM BONUS EVERY 5 YEARS

Protect yourself and your family against unexpected accidents. Get financial support when accidents happen, with up to N\$100,000 immediate payment for permanent disability and N\$100 000 for accidental death.

N\$

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OPTION 1

INDIVIDUAL PLAN - N\$ 175 p/m

The Insured	Accidental Death	Permanent Disablement	Income Protection	Family Care
The Insured Only	N\$ 100 000	N\$ 100 000	N\$ 30 000 per month from month 13-24	N\$ 1 000 per day Maximum N\$ 20 000 per annum

OPTION 2

FAMILY PLAN - MAIN LIFE, SPOUSE AND MAXIMUM OF 6 CHILDREN (Immediate family) N\$ 349 p/m

The Insured	Accidental Death	Permanent Disablement	Income Protection	Family Care
The Insured and spouse	N\$ 100 000	N\$ 100 000	N\$ 30 000 per month from month 13-24	N\$ 1 000 per day Maximum N\$ 20 000 per person per annum or maximum N\$ 50 000 per family
Per Child Maximum 6 children	N\$ 10 000	None	None	N\$ 1 000 per day Maximum N\$ 20 000 per person per annum or maximum N\$ 50 000 per family

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. A standard waiting period of one (1) month will start from the first calendar month after receipt of first premium.
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 that three (3) premium is unpaid.
6. Auto Lapsed policies will be reinstated as per Terms & Conditions of underlying policy.
7. Spouse cover is the same as main life cover and child cover is N\$10 000 per child.
8. I am aware of the Terms & Conditions in terms of Overinsurance and I accept these terms
9. 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.
10. This application/policy is subject to the Terms & Conditions of the underlying policy.
11. 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 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			

IMMEDIATE FAMILY TO BE COVERED (Spouse age 18-60 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

**Applies to Immediate Family (main life, spouse and children)

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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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