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% Cashback on 60 Premiums Paid: 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 Assurance 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, all premiums must be paid monthly in advance, on or before the 1st of each month.
3. A 6 month waiting period applies. If death occurs from the first day of the 7th month up to and including the last day of the 12th month, 50% of the lump sum is payable. If death occurs from the first day of the 13th month onwards, 100% of the lump sum is payable.
4. Waiting Period of 24 months for pre-existing conditions.
5. 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.
6. 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.**
7. Only Debit Order payments are allowed.
8. We require the following documents when applying for this product: **Main Life ID / Main Life Payslip with Company Stamp / Proof of Bank Account**
9. I am aware of the T&Cs regarding Over Insurance, and I accept these terms.
10. I am aware that Bonlife Assurance 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.
11. This application/policy is subject to the Terms & Conditions of the underlying policy.
12. A claim needs to be submitted within 6 months after date of death along with the required documentation.
13. This application constitutes a request for insurance and does not create a contract of insurance. A contract of insurance shall only arise once the insurer has accepted the risk and issued confirmation of cover.
14. The insurer shall be entitled to rely on the accuracy of the statements made in this application when assessing the risk and any claim arising under the policy.
15. I, the undersigned applicant, hereby confirm that the information provided above is true and correct. As the applicant, I assume full responsibility for this accuracy and indemnify Bonlife Assurance against any liability arising from untruthful or incorrect statements made in this application.

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 (Funeral Benefit N$ 25 000. Minimum age 18 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	Relation to main member		
Physical address	Father x Brother x Son x Father-in-law x		
	Mother x Sister x Daughter x Mother-in-law x		
	Spouse x Legal Guardian x Son-in-law x Daughter-in-law x		

BENEFICIARIES		N$ 250 000 X	N$ 500 000 X	N$ 750 000 X	N$ 1 000 000 X
First Name	Surname	ID / D.O.B	Relation	Mobile Number	
First Name	Surname	ID / D.O.B	Relation	Mobile Number	
First Name	Surname	ID / D.O.B	Relation	Mobile Number	
First Name	Surname	ID / D.O.B	Relation	Mobile Number	

The selected cover lump sum will be divided equally among the beneficiaries nominated on the policy.

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 DECLARATION

The waiting period for the following diseases is 24 months: heart disease or heart attack; cancer or tumour; liver disease (e.g., hepatitis, cirrhosis); high blood pressure; diabetes; lung or respiratory disease (e.g., COPD, asthma); stroke or transient ischemic attack (TIA); kidney disease or dialysis; neurological disorders (e.g., epilepsy, multiple sclerosis, Parkinson's disease). I also declare that at the time of application I was able to perform my normal work duties.

By signing this document, I confirm that I understand the Life Cover portion of this policy will not pay out if death occurs as a result of any of the above conditions within 24 months from the policy inception date. Claims arising from these conditions will only be considered after the 24-month period has passed.

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 statements and declarations made in this application shall form the basis upon which the insurer considers the risk and may be relied upon by the insurer in assessing any claim. I will inform Bonlife immediately of any changes that occur before the plan commences.

SIGNATURE MAIN LIFE ASSURED SIGNATURE BROKER/AGENT DATE