FOR OFFICE USE

REFERENCE NUMBER

BROKER

AGENT

STUDY PLAN
APPLICATION FORM

Where Success Begins.

The Bonlife Study Plan is designed for individuals between the ages of 0–18 on next birthday, providing long-term savings for education. This plan offers structured benefits with payouts at age 21, ensuring financial support for future studies.

PLAN	LONG-TERM SAVINGS	ADMIN FEE	N$ PER MONTH	TICK CHOICE
PLAN 1	N$ 100.00	N$ 15.00	N$ 115.00	☐
PLAN 2	N$ 150.00	N$ 15.00	N$ 165.00	☐
PLAN 3	N$ 200.00	N$ 15.00	N$ 215.00	☐
PLAN 4	N$ 250.00	N$ 15.00	N$ 265.00	☐
PLAN 5	N$ 500.00	N$ 15.00	N$ 515.00	☐

N$ **A**

(OPTIONAL)

YOUNGER THAN 40 PREMIUM WAVER	TICK CHOICE
N$ 14.00	☐
N$ 21.00	☐
N$ 27.00	☐
N$ 34.00	☐
N$ 66.00	☐

N$ **B**

ILLUSTRATIVE VALUES - LONG TERM SAVINGS

PLAN	5 YEARS	10 YEARS	15 YEARS	18 YEARS
PLAN 1	N$ 7 347.00	N$ 18 294.00	N$ 34 603.00	N$ 48 008.00
PLAN 2	N$ 11 021.00	N$ 27 441.00	N$ 51 905.00	N$ 72 012.00
PLAN 3	N$ 14 695.00	N$ 36 589.00	N$ 69 207.00	N$ 96 017.00
PLAN 4	N$ 18 369.00	N$ 45 736.00	N$ 86 509.00	N$ 120 021.00
PLAN 5	N$ 36 738.00	N$ 91 473.00	N$ 173 019.00	N$ 240 043.00

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. This benefit is payable to the child nominated on this policy after the child reaches the age of 21 years as per Terms & Conditions.
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 joinging 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			

CHILD TO BE COVERED (Ages of 0-18 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			

BENEFICIARY (Should be child)			
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 _____