

FUNERAL PLAN / PREMIUM PROTECTOR CLAIM FORM



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E-mail queries: clientservices@prosperitynam.com

"Please do not use Tippex in the completion of this form - kindly initial where errors have been made and complete accordingly".

Section A - Applicant Details

| | | | | | | | | | | |
|------------------------------|---|-------------------|---|---|---|---|---|---|-----------|--|
| Full Name | | Ref / Inc. Number | | | | | | | | |
| Surname | | ID Number | | | | | | | | |
| Residential Address | | Telephone Number | | | | | | | | |
| Relationship to the deceased | | | | | | | | | | |
| Date of Application | D | D | M | M | Y | Y | Y | Y | Signature | |

Section B - Main Member / Policyholder Details (Attach copy of ID)

| | | | | | | | | | | | | |
|----------------------|---|---------------|---|---|---|---|---|---|---|---|--|--|
| Full Name | | | | | | | | | | | | |
| Surname | | Date of Birth | D | D | M | M | Y | Y | Y | Y | | |
| Member/Policy Number | | Employer | | | | | | | | | | |
| Postal Address | | | | | | | | | | | | |
| E-mail Address | | | | | | | | | | | | |
| Telephone Number | | Fax Number | | | | | | | | | | |
| Joining Date | D | D | M | M | Y | Y | Y | Y | | | | |

Section C - Deceased Details (Please attach copy of Death Certificate & ID)

| | | | | | | | | | | | | | | | | | |
|----------------------|--------|---------------|---|---|---|---|---|---|---------------|---|---|---|---|---|---|---|---|
| Full Name | | Date of Birth | D | D | M | M | Y | Y | Y | Y | | | | | | | |
| Member/Policy Number | Spouse | Dependant | | | | | | | | | | | | | | | |
| Cause of Death | | Date Deceased | D | D | M | M | Y | Y | Y | Y | | | | | | | |
| Date Joined | D | D | M | M | Y | Y | Y | Y | Date Resigned | D | D | M | M | Y | Y | Y | Y |
| Postal Address | | | | | | | | | | | | | | | | | |
| Telephone Number | | Fax Number | | | | | | | | | | | | | | | |

Section D - Beneficiary Details (Attach copy of ID of beneficiary if person is not the Principal Insured)

| | | | | | | | | | | | | |
|------------------|---|--------------------------|---|---|---|---|---|---|-----------|--|--|--|
| Full Name | | Relationship to Deceased | | | | | | | | | | |
| ID Number | | | | | | | | | | | | |
| Postal Address | | | | | | | | | | | | |
| Telephone Number | | Fax Number | | | | | | | | | | |
| Date | D | D | M | M | Y | Y | Y | Y | Signature | | | |

Section E - Cover Required (Please tick applicable box)

| | | | | | | | | | | | |
|--|-----|----|---------------|---|---|---|---|---|---|---|---|
| *Do you wish to continue your medical cover? | Yes | No | Date Deceased | D | D | M | M | Y | Y | Y | Y |
| *If yes please complete Section C. Please note that your medical / policy cover number and product will remain as is for the rest of the benefit year. | | | | | | | | | | | |

Section F - Payment Method (Please tick applicable box)

| | | | | | |
|--------------------|--|--|--|---|--|
| Claims Refunds EFT | | Third Party Claims (e.g. Avbob Namibia, Tommy Jarman Funeral Services) | | Claims Refunds to other account (Provide Proof of bank account details and bank confirmation that account belongs to registered beneficiary.) | |
|--------------------|--|--|--|---|--|

Section G - Banking Details (Attach proof of bank account details)

| | | | | | | | | | | | | |
|-----------------------|------------------|---|---|---|---|-------------|---|---|-----------------------------|--|--|--|
| Account Holder's Name | | | | | | | | | | | | |
| Bank Name | | | | | | | | | | | | |
| Account Type | Current / Cheque | | | | | Savings | | | | | | |
| Account Number | | | | | | | | | | | | |
| Branch Code | | | | | | Branch Name | | | | | | |
| Date | D | D | M | M | Y | Y | Y | Y | Signature of Account Holder | | | |

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Section H - Documentation *(The following documentation should be certified copies / *verified copy to accompany the application form.)*

| | | | |
|--|-----|---|--|
| Namibian Citizen | Yes | No | |
| ID / Passport of Policyholder | | Birth certificates of children (full birth certificate) | |
| Proof of banking details (Please attach confirmation from the bank) | | Proof of full-time study at a registered technikon or university for child dependants 21 to 25 years of age | |
| Payslip | | | |
| Marriage certificate when registering a spouse / ID / Passport of spouse | | Medical certificate for mentally/physically disabled children over 21 | |

Source of funds:

*Verified Copy

In terms of the Financial Intelligence Act, 2012 (Act 13 of 2012) (FIA) in compliance with Section 22 of FIA all documents should be verified, in respect of which we elect to have a certified copy. Financial Intermediaries and certain employees may verify/ascertain a copy against the original. To verify a copy without the original is in contravention of FIA and constitutes a criminal offence.

Identification and Verification: Financial Intelligence Act, 13 of 2012 (FIA)

I hereby confirm that the information provided to me by the Policyholder, has been verified against the documentation provided and that the identity of the Policyholder has been established and verified as required in terms of Section 21 of FIA.

| | | | | | | | | | | |
|-------------------------------------|--|------|---|---|---|---|---|---|---|---|
| Financial Intermediary Name | | Date | D | D | M | M | Y | Y | Y | Y |
| Signature of Financial Intermediary | | | | | | | | | | |

Section I - Politically Exposed Persons (“PEPs”) as per the Financial Intelligence Act 13 of 2012

PEPs are persons who are currently or may have held prominent public function(s) in any country. Where a family member, associate or nominated beneficiary of the proposed policyholder is a PEP, for purposes of this application, you are also a PEP. PEP status is not only relevant to government employees or a person involved in politics. Where you are unclear as to whether yourself or any of your proposed beneficiaries may be a PEP, please inform your broker, advisor or nearest Prosperity Office in order to obtain clarity.

| | | |
|--|-----|----|
| Are you a PEP? | YES | NO |
| Are you or the contact person or any stakeholder (in the case of a legal entity, trust or unincorporated entity) a politically exposed person (PEP)? | YES | NO |

Where you have answered “yes” in respect of any of the above, please stipulate the requisite source of funds, being the manner in which income is derived for purposes of legislative compliance (attach source documentation where required).

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Section J - Addendum

Prosperity Lifecare Insurance Ltd hereby extends its sincerest gratitude to you for considering us as your potential Insurer of choice. Kindly note the below details prior to completing the application form. Please do not resign from your current medical aid fund or medical insurer prior to obtaining approval of your application in writing. Should any further information be required in this regard please feel free to contact the Client Services Department at Tel: +264 83 2999 000.

1. It is very important that the application form be completed in full in order to ensure that all duly considered information is provided.
2. We urge you to note the importance of the medical history section in respect of which we encourage prospective Policyholder to be most forthcoming as any omission or misrepresentation of fact may have serious consequences in respect of this policy.
3. Where Prosperity Lifecare Insurance Ltd elects to effect restrictions or exclusions on the principal Policyholder or any of the Policyholder's beneficiaries, this will be communicated in writing to yourself for approval of the restrictions/exclusions, once signed off by yourself, the registration process may then be completed.
4. Where a Policyholder applies for a policy during the course of a benefit year, it is important to take note that policy benefits will be pro-rated.
5. It may be required that you be requested to provide additional information or undergo medical testing in order to ensure the processing of your application, if this is required you will be duly informed.
6. You hereby guarantee that the information supplied by yourself is complete and accurate and this affirmation is extended to any information which in the reasonable opinion of the Insurer is relevant to the insurance risk and where it transpired that the information provided by yourself is incomplete and inaccurate the Insurer may cancel this policy and premiums paid up to such cancellation shall be deemed forfeited by yourself.
7. The Insured acknowledges that he or she has a right to request and to have directly submitted to themselves upon due request, a copy of any documentation that is submitted by or on behalf of the Policyholder to the Insurer in as far as same applies to the policyholder.
8. In due compliance with the Prevention of Organised Crime Act, Act 29 of 2004, the Insured herewith confirms that the fund that will be utilised for the payment of premiums, in terms of this policy, are and shall continue to be derived from a lawful source. The Policyholder additionally hereby avails themselves to provide, upon request any added clarity or documentation as requested by the Insurer to ensure the validity of the source of Funds.
9. The Policyholder herewith consents to the capturing, storage and recording of information as provided electronically on a computer, the Insurers computer system records will constitute the record of this transaction and may be utilised as evidence in a court of law should same be required. The Policyholder additionally consents to the processing and storage of their personal information and special personal information in compliance with and for due usage in regard to the purpose for which it is obtained, inclusive of direct marketing, with due cognisance of international best practice in this regard and requisite legislation.
10. In the case of the processing of special personal information of minor children, the parent or guardian of such child undertakes to provide or revoke such consent on behalf of the child.
11. The Policyholder herewith provides informed consent to and further consents to the disclosure to a Financial Intermediary / Health Care Professional as to medical information which gives rise to the completion of the application for the policy and which results as a consequence of an exclusion being applied or the declining of the policy in total or part thereof, this provision enable the Financial / Intermediary/Health Care Professional to provide the Insured with an explanation as to such underwriting or part or total cancellation.
12. The Insured herewith indemnifies the Insurer and its directors, agents, intermediaries and employees as well as any other person(s) against any claim arising from the provision and disclosure of the aforementioned information requests.
13. This policy is issued in Namibia.

1. For Office Use - Client Service Department

| | | | | | | | | | | |
|-----------------------------|---|------------------------|---|----------------------|---|---|---|---|-----------|--|
| Proof of identification | | Full birth certificate | | Marriage certificate | | Nomination letter / sign off by HR | | | | |
| Quotations - Companies | | Portal benefit | | Premium sign off | | Valid account documents for credit life | | | | |
| Proof of bank details | | Death certificate | | Executors letter | | Termination form / Amendment | | | | |
| Processed by | | | | | | | | | | |
| Date | D | D | M | M | Y | Y | Y | Y | Signature | |
| Manager verify and sign off | | | | | | | | | | |

2. For Office Use - Credit Control Department

| | | | | | | | | | | |
|--|---|--------------------|-----|---|----|---|---|---|-----------|--|
| Verify Premiums / Contributions vs status and sign off | | MIS Frame attached | Yes | | No | | | | | |
| Termination processed by | | | | | | | | | | |
| Premium Protection Plan processed by | | | | | | | | | | |
| Date | D | D | M | M | Y | Y | Y | Y | Signature | |
| Manager verify and sign off | | | | | | | | | | |

3. For Office Use - Claims Department

| | | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|-----------|--|
| Claims processing sheet and documentation to be attached | | | | | | | | | | |
| Processed by | | | | | | | | | | |
| Date | D | D | M | M | Y | Y | Y | Y | Signature | |

4. For Office Use - Finance Department

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|-----------|--|
| Verify and prepare final payment sign off | | | | | | | | | | |
| Processed by | | | | | | | | | | |
| Date | D | D | M | M | Y | Y | Y | Y | Signature | |