BENEFICIARY REGISTRATION OR TERMINATION / OPTION CHANGE / BANK DETAIL CHANGE FORM

PROSPERITY LIFE

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

Policy Number (New)	Processed by/Date	Representative Information (Representative Number)

Insurer Notes:	Approved by:
1	
2	

Section A - Applicant Details *(Applicant will be the Policyholder. *The Insurer may request proof for the Source of Funds.)*

*Source of Income	Salary		Private Business		Parental Support		Source of funds, please specify								
Title		Initials			Full Names										
Surname															
Previous Names (If any)							Nationality								
Physical Address															
Postal Address							Postal code								
Telephone Number	**(H)** Code						**(W)** Code								
Cellphone Number							Fax Number								
I.D./Passport Number							Passport Expiry Date								
E-mail Address															
Date of Birth	D	D	M	M	Y	Y	Y	Y	Age						
Marital Status	Single		Married		Divorced		Widowed		Common Law						
Proposed Date of Joining	0	1	M	M	Y	Y	Y	Y							

Section B - Employment Details *(Please tick appropriate box / Compulsory for Policyholders belonging to an Employer Group)*

Private		Company		CB Number											
Company Name															
Telephone Number															
Company Postal Address															
Employee Number									Employment Date	D	D	M	M	Y	Y	Y	Y
Management Representation									Date	D	D	M	M	Y	Y	Y	Y
Name									Company Stamp								
Designation																	
Signature of Company Representative																	

Section C - Beneficiaries to be Covered *(Attach copy of ID/s/full birth certificates)*

I.D. / Passport no	First Name	Surname	Relationship	Gender		Date of Birth					
				F	M	D	D	M	M	Y	Y
				F	M	D	D	M	M	Y	Y
				F	M	D	D	M	M	Y	Y
				F	M	D	D	M	M	Y	Y
				F	M	D	D	M	M	Y	Y
				F	M	D	D	M	M	Y	Y

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Section D - Termination of Beneficiaries

Dep Code	FULL NAMES	SURNAME	TERMINATION DATE (One calendar month notice in advance is required.)	REASON FOR TERMINATION (COMPULSORY)
			D D M M Y Y Y Y	
			D D M M Y Y Y Y	
			D D M M Y Y Y Y	
			D D M M Y Y Y Y	
			D D M M Y Y Y Y	

Section E - Policy Option Selection *(Medical Insurance Policy)*

Please indicate with an (X) in the appropriate block which cover you wish to select.

OXYGEN MEDICAL INSURANCE

Optional MEDBUX - Choose level of cover

Level 1 *N$ 200*		Level 2 *N$ 300*		Level 3 *N$ 400*		Level 4 *N$ 500*		Level 5 *N$ 700*	
Level 6 *N$ 1,000*		Level 7 *N$ 1,500*		Level 8 *N$ 2,000*		Level 9 *N$ 2,500*		Level 10 *N$ 3,000*	
Level 11 *N$ 4,000*									

Section F - Optional Add-On / Termination of Add on Policies

Please mark with an (X) if cover is required.		Effective Date									Termination Date							
*Funeral Standard Policy		D	D	M	M	Y	Y	Y	Y		D	D	M	M	Y	Y	Y	Y
*Funeral Select Policy		D	D	M	M	Y	Y	Y	Y		D	D	M	M	Y	Y	Y	Y
Complimed Plus		D	D	M	M	Y	Y	Y	Y		D	D	M	M	Y	Y	Y	Y
3-in-1 Combo (Funeral Cover / Complimed Plus / Hospicash)		D	D	M	M	Y	Y	Y	Y		D	D	M	M	Y	Y	Y	Y
RescueMe		D	D	M	M	Y	Y	Y	Y		D	D	M	M	Y	Y	Y	Y

Section G - Beneficiary *(*The beneficiary who will be paid the funeral benefit in the event of a death.)*

Name	Surname	I.D. / Passport Number	Relationship

Section H - Bank Details *(For Debit Order Premiums or EFT Claim Refunds) (Attach proof of bank account details)*

IMPORTANT NOTICE: It is compulsory to supply Prosperity Life with this information. (In the event that refunds should be deposited into a different bank account, attach details as well.)										Effective Date	D	D	M	M	Y	Y	Y	Y
Claims Refund																		
Premium Payments via Debit Order Date	1st of every month		20th of every month		25th of every month		26th of every month											
Name of Account Holder																		
Bank Name										Bank Branch Name								
Account Number										Bank Branch Code								
Type of Account	Cheque / Current		Savings							Signature of Account Holder								

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Section I - Medical History

Supply full details on questions below. Where an answer to a question is "Yes", please provide details in the space provided below.
Questions pertain to Policyholder and **ALL BENEFICIARIES**.

		Non-disclosure of information may result in termination of policyholder insured cover or non-payment of some medical treatment. Have you / your spouse or any one of your beneficiaries ever experienced any of the following? **Please mark (X) the relevant box.**	Answer	
			Yes	**No**
1	Cardio Vascular	Chest pain/angina, heart attack, heart failure, heart valve disease, rheumatic fever, high blood pressure, (hypertension), high cholesterol, heart murmurs, circulatory problems/disorders, varicose veins, deep vein thrombosis(DVT), or any other heart or circulatory problems.		
2	Respiratory & Breathing	Asthma, difficulty with breathing, bronchospasm, turbeculosis(TB), coughing up blood, emphysema, pneumonia, cystic fibrosis, chronic bronchitis, shortness of breath, any other breathing problems. Smoking.		
3	Bladder & Kidneys	Blood in urine, kidney failure, polycystic kidneys, kidney or bladder infections, removal of kidney(nephretomy), kidney stones, abnormal kidney or urine tests or any other kidney problems.		
4	Reproductive & Gynae	Endometriosis, infertility, ovaria cysts, hysterectomy, abnormal PAP smear, laser treatment, cervix and breast biopsies, fibro-adenosis of the breast, laparoscopies, hormone replacement therapy, prostate infections or surgery, prostate enlargement or any other reproductive problems.		
5	Digestive System	Duodenal ulcers, gastric ulcers, peptic ulcers, hiatus hernia, colon problems, crohn's disease, ulcerative clitis, gall bladder problems, liver problems or any other digestive problems. Obesity.		
6	Ear, Nose & Throat	Deafness, ear infections, sinus problems, nasal surgery, throat surgery, tonsils.		
7	Dental	Orthodontic treatment, dental surgery, speech impairment, harelip, cleft palate, or any other such surgery.		
8	Eyes	Blindness (partial or full), eye surgery, lens implant, cataracts, glaucoma, renitis pigmentosa, renita detachment, impaired vision, or any other eyesight problems.		
9	Endocrine	Diabetes mellitus or insipidus, underactive thyroid, overactive thyroid, thyroid surgery, crushing's syndrome, addison's disease, pituitary gland, gland problems or any other glandular problems.		
10	Back & Muscles	Neck or back problems or operations, recurrent back pain, osteoporosis, ankylosing spondylitis, rheumatoid arthritis, osteo-arthritis, disease, or any other bone or skeletal disorders.		
11	Neurological	Epilepsy, stroke (CVA), migraine, brain or head injuries, spinal cord injuries, paralysis, multiple scelerosis, mental retardation, narcolepsy, motor neuron disease,parkinson's disease, alzheimer's disease, or any other neurological problems.		
12	Psychological	Depression, anxiety, psychosis, suicide attempts, biopolar disorders, manic depression, "stress", schizophrenia, tourete's syndrome, anorexia nervosa, received advice, counselling or hospitalisation for alcohol or drug abuse, attention deficit disorders, Bulimia or any other psychological conditions.		
13	Tumours & Growths	Benign or malignant growths or lumps or tumours including melanomia, lymph gland cancer, leukaemia, breast cancer or any other tumours, growths and cancers.		
14	Blood	Blood or bleeding disorders e.g. haemophilia, christmas factor deficiency, platelet or any other blood clotting disorders.		
15	Skin	Eczema, acne, dermatomyositis, psoriasis, scleroderma, or any other skin disorders.		
16	Sexually Transmitted Disease	Advice, treatments or counselling for any of the following: HIV/AIDS, syphilis, gonorrhoea, herpes, genital ulcers, pelvic infectious disease, genital warts, hepatisis B or any other sexually transmitted disease or disorder.		
17	Hospitalisation	Have you, your spouse or any dependants ever been hospitalised? If yes, provide information below.		
18	Treatment & Surgery	Are you, your spouse or any dependants expecting any medical or dental advice, treatment, or are you planning any such treatment within the next three to six months?		
19	Dangerous Pastimes	Are you, your spouse or any dependants participating in any hazardous sport or occupations, e.g. motor or motorbike or motorboat racing, dragster racing, bungee jumping, skydiving, scuba diving or any other hazardous pursuits?		
20	Pregnancy	Are you, your spouse, or any dependants currently pregnant? Should the answer be "yes", when is the expected date of delivery (yyy/mm/dd)		
21	Other	Are there any other factors related to you or your beneficiaries' health that is not disclosed above?		
22	Planned Treatment	During the last 12 months, have you, your spouse or any dependants had any treatment or are you planning any treatment within the next six months?		

If the answer to any of the above questions is "Yes", please give a short summary.

Section J - Exclusions

In accordance with the terms and conditions of the insurance policy the Insurer may impose waiting periods depending on the level of risk ranging from 3 (three) months waiting period to a lifelong exclusion on new applications. The insurer may decline a new application depending on the level of risk. The policyholder hereby acknowledge his/her understanding of the policy terms and conditions and agree to the applicable waiting period and exclusion that may be imposed.

Signature of Policyholder	

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Section K - 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 L - 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 polichyolder
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.

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Section M - Financial Intermediary Review

The Policyholder hereby acknowledges his / her understanding of the below.

1. The applicant was in fact assisted in person / telephonically by the financial intermediary.	2. The applicant was given a thorough understanding of the policy and the insured covered.
3. The applicant was asked to declare any previous treatment received in the last 24 months prior to joining date.	4. The applicant understands that exclusions and waiting period may be imposed by the insurer even if found to be pre-existing conditions that were not declared upon joining.

5. The applicant understand that treatment may be declined for pre-exiting conditions for which treatment was received within 24 months prior to joining where such conditions were not declared upon application.

Applicant Signature		Date	D	D	M	M	Y	Y	Y	Y

Section N - 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).

Section O - Declaration by Financial Intermediary

1	I confirm that I have ascertained and verified the identity of the proposed policyholder where relevant, as required by FIA and the Regulations thereto.
2	I confirm that I have, in addition, seen the identity document or passport of the proposed client and herewith declare that the information contained therein coincides with the details provided as part of the application process.

Signed at		on this		day of		2	0	Y	Y

Financial Intermediary Name	
Financial Intermediary Signature	
NAMFISA Reference Number (Where Applicable)	