FUNERAL PLAN / PREMIUM PROTECTOR CLAIM FORM

PROSPERITY LIFE

Tel: +264 83 2999 000
E-mail queries: life@prosperitynam.com

Kindly do not use tippex in the completion of this form - kindly initial where corrections 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)*

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

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

Full Name		Date of Birth	D D M M Y Y Y Y
Member/Policy Number	Spouse	Dependant	Employer
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 - Medical Aid / Insurance Cover Required *(Kindly tick applicable box)*

*Do you wish to continue your medical / Insurancecover?	Yes		No		Date Deceased	D	D	M	M	Y	Y	Y	Y

*If yes kindly complete Section C. Kindly note that your medical / policy cover number and product will remain as is for the rest of the benefit year.

Section F - Payment Method *(Kindly 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.)	

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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		

Section H - Documentation *(The following documentation should accompany the Amendment form as per the FIA Legislation.)*

ID / Passport of Applicant		Birth certificate / proof of guardianship of child / grandchild (full birth certificate)	
Proof of banking details (Kindly provide confirmation from the bank not older than 3 months)		Marriage certificate when registering a spouse / ID / Passport of spouse / Declaration of cohabitation	
Payslip or other proof of income		Proof of source of funds	

*Verified Copy

In terms of the FIA Legislation, all documents must be verified, in respect of which we elect to have a certified copy. Financial Intermediaries and authorized employees may verify a copy against the original document. A copy will not be verified without the original document.

Identification and Verification in terms of FIA Legislation

I hereby confirm that information provided to me by the Applicant has been verified in compliance with the FIA Legislation and the identity of the Applicant established.

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

Section I - Prominent Influential Persons ("PIPs") as per the FIA Legislation.

PIPs are persons holding a prominent public position or function, whether in Namibia or a foreign country or entrusted with a prominent position by an International Organization. In the event that you are a family member, close associate or a nominated beneficiary of a policy held by a PIP or for the benefit of a PIP, you are also considered a PIP. Should you be unsure whether you or your proposed beneficiary is a PIP, kindly inform the authorized employee assisting you at your nearest Prosperity Office or your financial intermediary, to provide clarity in this regard.

Are you a PIP?	YES		NO	
Are you the contact person of, or close associate of or family member of a PIP?	YES		NO	

Should you have answered "yes" to any of the above, please provide a brief description of the reasons for your answer and kindly stipulate the requisite source of funds and/or source of income.

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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. Kindly 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 kindly feel free to contact the Client Services Department at Tel: +264 83 2999 000 or email: life@prosperitynam.com

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 Applicant 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 Applicant 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 Applicant 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 Applicant to the Insurer in as far as same applies to the policyholder.
8. In compliance with the Prevention of Organised Crime Act, No 29 of 2004 as amended, the Applicant confirms that the funds 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 Applicant additionally avails themselves to provide, upon request, any added clarity or documentation as may be required by the Insurer to ensure the legality of the source of the funds.
9. The Applicant 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 Applicant 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 Applicant 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

Full birth certificate		Marriage certificate		Required documentation for Funeral Payout	
Invoice – Undertaker		Executors Letter		Certified ID / Passport of Policyholder	
Estate late account		Portal Benefit		Undertaker registration documents	
Termination/Amendment form		Premium sign off		Bank Confirmation Letter	
Nomination letter/sign off by HR		Funeral Beneficiary form		Medical Certificate for cause of death	
Valid account documents for Credit Life		Death Certificate		Bank Confirmation Letter	

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	