

MEDBUX PAY-OUT FORM



Tel: +264 83 2999 000

E-mail queries: medbux@prosperitynam.com

Kindly Note: Only fully completed forms will be processed

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

Section A - Policyholder Details

| | | | | | | | | | | |
|---------------------|--|----------------------|---|---|---|---|---|---|---|---|
| Policyholder Number | | Date of Birth | D | D | M | M | Y | Y | Y | Y |
| First Name | | Surname | | | | | | | | |
| Telephone Number | | Cellphone Number | | | | | | | | |
| E-mail Address | | Product Joining Date | D | D | M | M | Y | Y | Y | Y |
| Postal Address | | Termination Date | D | D | M | M | Y | Y | Y | Y |
| Residential Address | | | | | | | | | | |

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

| | | | | | | | | | | | | | | | | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|---------|--------------------------|-----------|--|--|--|--|--|--|-----------------|---|---|---|---|---|---|---|---|--|
| Private | <input type="checkbox"/> | Company | <input type="checkbox"/> | CB Number | | | | | | | | | | | | | | | | |
| MEDBUX Pay-Out to | | | | | | | | | | | | | | | | | | | | |
| Company Name | | | | | | | | | | | | | | | | | | | | |
| Telephone Number | | | | | | | | | | | | | | | | | | | | |
| Company Postal Address | | | | | | | | | | | | | | | | | | | | |
| Employee Number | | | | | | | | | | | Employment Date | D | D | M | M | Y | Y | Y | Y | |
| I hereby authorize the balance of MEDBUX Pay-Out account to be paid to the Policyholder. I also declare that I have the necessary authorization, given to me by the Company to take this decision. | | | | | | | | | | | | | | | | | | | | |
| Employer Representative | | | | | | | | | | | Date | D | D | M | M | Y | Y | Y | Y | |
| Name | | | | | | | | | | | Surname | | | | | | | | | |
| Designation | | | | | | | | | | | Company Stamp | | | | | | | | | |
| Authorised Signatory Signature | | | | | | | | | | | | | | | | | | | | |

Kindly take note that only the balance on the MEDBUX premiums, after deductions for all claims received as well as any premiums in arrears, will be refunded after (6) six months period from resignation date.

| | | | | | | | | | | |
|--------------------------|--|------|---|---|---|---|---|---|---|---|
| Policyholder's Signature | | Date | D | D | M | M | Y | Y | Y | Y |
| | | | | | | | | | | |

For Office Use

| | | | | | | | | | | | | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|--|--|------|---|---|---|---|---|---|---|---|
| Incident Number | | | | | | | | | | | | | | | | | | | |
| Name | | | | | | | | | | | Date | D | D | M | M | Y | Y | Y | Y |
| Signature | | | | | | | | | | | | | | | | | | | |

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

| | | | |
|-------------------------------------|-----|---------------------------------------------------------------------------------------------|--|
| Namibian Citizen | Yes | No | |
| Original verified/certified ID copy | | Medical certificate for mentally/physically disabled children over 21 | |
| Payslip | | Proof of banking details (Please attach confirmation from the bank) not older then 3 months | |
| Source of funds: | | | |

*Verified Copy

In terms of the Financial Intelligence Act, 2012 (Act 13 of 2012) (FIA) in compliance with 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.

Section D - 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, kindly inform your financial intermediary, 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)? | | |
| Where you have answered "yes" in respect of any of the above, kindly stipulate the requisite source of funds, being the manner in which income is derived for purposes of legislative compliance (attach source documentation where required). | | |

For Office Use - Special Project Department

| | | | | | | | | | |
|--------------|---|---|---|---|---|---|---|---|-----------|
| Processed by | | | | | | | | | |
| Date | D | D | M | M | Y | Y | Y | Y | Signature |
| | | | | | | | | | |