OPTION TRANSFER / DEBIT ORDER FORM

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.

COMPLIMED GAP
PRIVATE HOSPITAL GAP PLAN FOR
PSEMAS HIGHER OPTION &
PSEMAS STANDARD OPTION

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Screened		Captured		QC		Scanned	
Date		Date		Date		Date	
Signature		Signature		Signature		Signature	

Section A - Policyholder Details

Policy Number									
*Source of Funds	Salary		Private Business		Parental Support		If other, please specify		
Full Names				Surname					
I.D./Passport Number									
Physical Address									
Postal Address						Postal code			
Telephone Number	H	Code			Cellphone Number				
E-mail Address									

Section B - Policy Option Selection *(Attach proof of PSEMAS membership)*

Please indicate with an (X) in the appropriate block which policy you wish to select or if you wish to remain on the same policy.
Please attach proof of your bank account details and a copy of your PSEMAS membership card / proof of membership to this form. If you are a member on the PSEMAS Higher Option you need to provide proof to be able to change to the Complimed HIGHER Option Policy.

Complimed GAP STANDARD Policy *(This plan is for PSEMAS Standard Option Members ONLY)*		**Complimed GAP HIGHER Policy** *(This plan is for PSEMAS Higher Option Members ONLY)*	

Section C - Premium and Refunds *(For Debit Order Premiums, Claim Refunds) (Kindly provide proof of bank details not older than 3 months.)*

IMPORTANT NOTICE: It is compulsory to provide 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		
Premium Payments	Debit Order (select debit order date below)				Claims Refund											
Debit Order Date	1st of every month				20th of every month				26th of every month							
Employee Number																
Name of Account Holder																
Bank Name							Bank Branch Name									
Account Number							Bank Branch Code									
Type of Account	Cheque		Transmission		Savings											

I hereby authorize Prosperity Lifecare Insurance Limited to initiate premium deductions from my bank in accordance with the terms and conditions of this policy. I understand and agree that I am responsible for satisfying the amount as agreed. I understand and agree that any amount that is due and owing at the time of my termination, regardless of whether my termination was voluntary or not, will be deducted from my bank.

Signature of Account Holder		Date	D	D	M	M	Y	Y	Y	Y

Underwritten by PROSPERITY LIFE

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Section D - Documentation *(The following documents are to be submitted together with the FIA Form.)*

In terms of the FIA Legislation, the documents marked with an * must be certified or verified. Financial Intermediaries and authorized employees may verify a copy against the original document.

Namibian Citizen	Yes		No		
*ID / Passport of Main Policyholder			ID / Passport of spouse		
Proof of banking details (Kindly provide confirmation from the bank not older than 3 months)			Marriage certificate		
*Proof of source of funds			Birth certificate / proof of guardianship of child / (full birth certificate)		

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 E - 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.

Why are we requesting the information from you?

The Namibian Financial Intelligence Act, No 13 of 2012 read with its Amendment Act, No 6 of 2023 (the "FIA Legislation"), requires us to ascertain the identity of our Policyholder, beneficiaries and/or Beneficial Owners of the policy and to maintain proper record of such persons.

Confidentiality

Your confidential information is stored securely within Namibia. We may disclose your personal information to our employees or representatives or when required, experts engaged by us, directly concerned with this mandate. However, we undertake all reasonable steps to ensure that they have the necessary privacy policies in place. We may also disclose your information where we have a duty or a right to disclose same, in terms of applicable legislation, court order, industry codes or where it may be necessary to protect our rights. We are bound by our policies and professional standards and Prosperity Lifecare and its employees maintain complete independence in relationship to policyholders.

To protect the integrity of your information, no amendments to any information provided to us will be accepted without written confirmation from yourself or an authorised representative.

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Section F - 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.

Section G - Acknowledgement

1. I acknowledge that the information provided and the details which have been completed on this form are correct and that I have the necessary authority to sign this document.
2. I herewith consent to the capturing, storage and recording of information as provided electronically on a computer, Prosperity's 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. I additionally consent to the processing and storage of my 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.
3. I acknowledge that I have the right to request and to have directly submitted to me, upon due request , a copy of any documentation that is submitted by or on my behalf to the Insurer.
4. And, I herewith indemnify Prosperity 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.

Policyholder Name		Date	D	D	M	M	Y	Y	Y	Y
Policyholder Signature										
Prosperity Lifecare Representative Name		Date	D	D	M	M	Y	Y	Y	Y
Signature										

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1	I herewith confirm that this form has been reviewed against the FIA Legislation and all persons referenced on this form have been screened against the United Nations Security Council's Sanctions List, as required by the Prevention and Combating of Terrorist and Proliferation Activities Act, No 4 of 2014 read with its Amendment Act, No 8 of 2023 ("PACOTPAA Legislation")									
Signed at		on this		day of		2	0	Y	Y	
Prosperity Lifecare Representative Name										
Signature										

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1	I confirm that I have diligently reviewed this form in compliance with FIA Legislation. Enhanced Due Diligence (EDD) processes, inclusive of Screening against the United Nations Security Council's Sanctions List, was conducted. I hereby approve the Prominent Influential Person Status.									
Signed at		on this		day of		2	0	Y	Y	
Principal Officer Name										
Signature										