# FIA POLICYHOLDER INFORMATION FORM

Tel: +264 83 2999 000 / +264 83 2999 118
E-mail queries: FIA@prosperitynam.com

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

PROSPERITY LIFE

## Office Use Only

| Screened | | Captured | | QC | | Scanned | |
|---|---|---|---|---|---|---|---|
| Date | | Date | | Date | | Date | |
| Signature | | Signature | | Signature | | Signature | |

## 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.

## Section A - Policyholder Information

| | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Policy Number | | | | | | | | | | | | | | | |
| Title | | Initials | | Full Names | | | | | | | | | | | |
| Surname | | | | | | | | | | | | | | | |
| Physical Address | | | | | | | | | | | | | | | |
| Postal Address | | | | | | | | | | | | Postal code | | | |
| Telephone Number | H | Code | | | | W | Code | | | | | | | | |
| Cellphone Number | | | | | | | Fax Number | | | | | | | | |
| Gender | | | | | | | Nationality | | | | | | | | |
| Date of Birth | D | D | M | M | Y | Y | Y | Y | Age | | E-mail Address | | | | |
| I.D./Passport Number | | | | | | | Passport Expiry Date | | | | | | | | |
| Occupation | | | | | | | | | | | | | | | |

## Section B - Beneficiaries

| 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 | | | |

## Section C - Bank Details

| IMPORTANT NOTICE: It is compulsory to provide Prosperity Lifecare 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 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Debit | | | Credit | | | | | | | | | | |
| Name of Account Holder | | | | | | | | | | | | | |
| Bank Name | | | | | Bank Branch Name | | | | | | | | |
| Account Number | | | | | Bank Branch Code | | | | | | | | |
| Type of Account | Cheque / Current | | Savings | | Signature of Account Holder | | | | | | | | |

## 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) | | |

## Section E - 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 F - 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 | | | | | | | | | | |

## Office Use Only

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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 | | | | | | | | | |

## Office Use Only

| | |
|---|---|
| 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 | | | | | | | | | |