MEDBUX PAY-OUT FORM

PROSPERITY LIFE

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		Company		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	