

# FUNERAL PLAN APPLICATION FORM



## CHECKLIST:

- Application Form
- Certified Copy of Namibian Identity Document / Passport (Premium Payer)
- Confirmation of Banking Details (Premium Payer)

Staff Application  YES  NO

NedNamibia Life Assurance Company **will only accept** original certified copies of the Supporting Document, duly certified by a Commissioner of Oaths.

## 1. PLAN DETAILS *(Please note that you and all lives covered under this plan must be permanent residents of Namibia, unless specifically stated otherwise)*

<b>Option A:</b> <input type="checkbox"/> <b>Individual Funeral Plan</b> <i>(Mark X to select cover amount and Premium)</i>		<b>Cover</b> Monthly Premium	<b>N\$ 5000</b> <input type="checkbox"/> N\$ 19.50	<b>N\$ 10 000</b> <input type="checkbox"/> N\$ 39.00	<b>N\$ 15 000</b> <input type="checkbox"/> N\$ 58.50	<b>N\$ 20 000</b> <input type="checkbox"/> N\$ 78.00	<b>N\$ 30 000</b> <input type="checkbox"/> N\$ 117.00
<b>Option B:</b> <input type="checkbox"/> <b>Family Funeral Plan</b> <i>(Mark X to select cover amount and Premium)</i>		<b>Cover</b> Monthly Premium	<b>N\$ 5000</b> <input type="checkbox"/> N\$ 26.00	<b>N\$ 10 000</b> <input type="checkbox"/> N\$ 52.00	<b>N\$ 15 000</b> <input type="checkbox"/> N\$ 78.00	<b>N\$ 20 000</b> <input type="checkbox"/> N\$ 104.00	<b>N\$ 30 000</b> <input type="checkbox"/> N\$ 156.00
<b>Option C:</b> <input type="checkbox"/> <b>Parents Funeral Plan</b> <i>(Mark X to select cover amount and Premium)</i>		<b>Cover</b> Monthly Premium	<b>N\$ 5000</b> <input type="checkbox"/> N\$ 27.50 N\$ 63.50	<b>N\$ 10 000</b> <input type="checkbox"/> N\$ 55.00 N\$ 127.00	<b>N\$ 15 000</b> <input type="checkbox"/> N\$ 82.50 N\$ 190.50	<b>N\$ 20 000</b> <input type="checkbox"/> N\$110.00 N\$254.00	<b>N\$ 30 000</b> <input type="checkbox"/> N\$165.00 N\$381.00
<b>NOTE:</b> The same cover must be selected for each parent	Father <input type="checkbox"/>	Younger than 64 64 years and younger than 75 years next birthday	N\$ 27.50 N\$ 63.50	N\$ 55.00 N\$ 127.00	N\$ 82.50 N\$ 190.50	N\$110.00 N\$254.00	N\$165.00 N\$381.00
	Mother <input type="checkbox"/>	Younger than 64 64 years and younger than 75 years next birthday	N\$ 27.50 N\$ 63.50	N\$ 55.00 N\$ 127.00	N\$ 82.50 N\$ 190.50	N\$110.00 N\$254.00	N\$165.00 N\$381.00
	Father-in-law <input type="checkbox"/>	Younger than 64 64 years and younger than 75 years next birthday	N\$ 27.50 N\$ 63.50	N\$ 55.00 N\$ 127.00	N\$ 82.50 N\$ 190.50	N\$110.00 N\$254.00	N\$165.00 N\$381.00
	Mother-in-law <input type="checkbox"/>	Younger than 64 64 years and younger than 75 years next birthday	N\$ 27.50 N\$ 63.50	N\$ 55.00 N\$ 127.00	N\$ 82.50 N\$ 190.50	N\$110.00 N\$254.00	N\$165.00 N\$381.00

## 2. FINANCIAL NEEDS ANALYSIS *(If you answer 'No' to question 1 and/or 3 below, please ensure that this is addressed with your Broker/Agent)*

- Has this Product been explained to you adequately? Yes  No
- Do you have any dependents? Yes  No
- Can you afford this premium? Yes  No

## 3. APPLICANT'S DETAILS *(only to be completed if different from Main Insured under Point 4)*

Title  Gender  Male  Female

Surname

Maiden Name *(if applicable)*

First Name(s)

Initial(s)  ID/Passport  Date of Birth

Marital Status  Divorced  Married  Single  Separated  Widowed  Other

Tel (w)  Cell  Tel (h)

Email Address

Postal Address  
 Line 1   
 Line 2   
 Suburb   
 Town

Relationship to the Insured Life/s

**4. MAIN INSURED LIFE - INDIVIDUAL & FAMILY PLAN (If Applicable)**

Title  Gender  Male  Female

Surname

Maiden Name (if applicable)

First Name(s)

Initial(s)  ID/Passport  Date of Birth

Marital Status  Divorced  Married  Single  Separated  Widowed  Other

Tel (w)  Cell  Tel (h)

Email Address

Postal Address

Line 1

Line 2

Suburb  Town

**5. INSURED LIVES - FAMILY PLAN (If Applicable)**

Relationship	Initials	First Name	Surname	ID/Passport (Mandatory for Spouse)	Date of Birth
Spouse	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Child 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Child 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Child 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Child 4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Child 5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Child 6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Child 7	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Child 8	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Child 9	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**6. INSURED LIVES - PARENTS PLAN (If Applicable)**

Relationship	Initials	First Name	Surname	ID/Passport (Mandatory)	Date of Birth
Father	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Mother	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Father-in-law	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Mother-in-law	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**7. TOTAL PREMIUMS**

Monthly Premium	Individual Plan	Option A	N\$ <input type="text"/>	
Monthly Premium	Family Plan	Option B	N\$ <input type="text"/>	
Monthly Premium	Parents Plan	Option C	N\$ <input type="text"/>	
				<b>TOTAL MONTHLY</b> N\$ <input type="text"/>

**8. BENEFICIARY (TO BE COMPLETED IN ALL INSTANCES) Beneficiary must be over 18 years**

Relationship  ID Number (Mandatory)

Surname  First Name

Tel (w)  Cell  Tel (h)

**9. PAYMENT OPTIONS (Select either Option A or B)**

**9.1 OPTION A: DEBIT ORDER (Premium Payer)**

Monthly Premium N\$  Account Holder

Source of Funds

Bank  Branch

Account Number  Branch Code

Account Type  Current  Savings  Transmission Preferred Date  20  26  Last day of the month

I hereby authorise NedNamibia Life Assurance Company Limited to arrange with the above bank to deduct payment of the premiums due (current and/or in arrears in terms of the policy, including amendments), via debit order, from my account every month for the duration of the life of this policy.

Signed  at  on

**9.2. OPTION B: STOP ORDER DEDUCTION (Employer)**

I (full name)  hereby declare and undertake that the above policy will be maintained, subject to the conditions of the policy, and that I will pay the premium of **N\$**  and any stamp duty payable on the policy.

Pay point  Salary Number

Ministry of  Initial deduction end of

Department  Town

1. So far as it may be necessary by law, this stop order deduction document, when produced to the salary office, serves as notice to the salary office that NedNamibia Life Assurance Company Limited is entitled to claim and obtain payments as stipulated above.
2. The aforementioned conditions shall be fully valid from the date hereof and shall remain valid until the employee mentioned, resigns.

Applicant Signature  Date

**10. DECLARATION (To be signed by the Applicant)**

1. I understand that, for death due to natural causes, the plan includes a waiting period as defined in the policy certificate, commencing as soon as the first premium is paid. Death due to accident will, however, be covered immediately.
2. I declare that I am liable for the funeral costs of all lives covered under the funeral plan. Proof of the relationship of all lives covered under the plan may be required at claim stage, failing which the claim may be repudiated.
3. I understand that the premium rates under this policy are not level or guaranteed and may be altered by NedNamibia Life Assurance Company Limited. In such case I will be given one month's written notice of any change in rates.
4. I acknowledge that, when NedNamibia Life Assurance Company Limited assesses my application, NedNamibia Life Assurance Company Limited may accept, decline or propose adjustments to the cover I have chosen.
5. This application form has been fully completed and signed by me in the presence of an authorised representative.
6. I acknowledge that NedNamibia Life Assurance Company Limited has the option of accepting or refusing my application depending on NedNamibia Life Assurance Company Limited's assessment thereof.
7. I undertake to keep NedNamibia Life Assurance Company Limited informed of changes to my banking details or address, in order to enable NedNamibia Life Assurance Company Limited to communicate with me.
8. I warrant that all information given in this application form, whether in my handwriting or not, is true and complete. I understand that any misrepresentation or non-disclosure can lead to an annulment of this policy and premiums paid will be forfeited.
9. I further acknowledge that NedNamibia Life Assurance Company Limited and the parties with whom it has business arrangements may share my personal information, which must be in their possession or under their control, and may include financial information. I understand that, if NedNamibia Life Assurance Company Limited and/or the parties give each other access to this information, it will only be used to identify my financial needs and provide me with financial services to meet those needs.
10. I understand and agree to both my rights and obligations in terms of the abovementioned application form.
11. I understand that, within 30 days of the commencement, I will receive my policy document and that, should I wish to do so, I may cancel this policy with no loss.
12. I hereby enter into contract with NedNamibia Life Assurance Company Limited with the knowledge that NedNamibia Life Assurance Company Limited will electronically store information that is unique to me.
13. I bind myself to the practices NedNamibia Life Assurance Company Limited applies in the respect of handling electronic information.
14. All policy benefits will be paid in Namibian currency.
15. Accepting that I am thereby curtailing my right to privacy, but acknowledging the necessity thereof in order to facilitate the assessment of the risks and the consideration of any claim for benefits, under a policy related to this or any other proposal for insurance made to me, or in respect of me as life assured, I irrevocably authorise NedNamibia Life Assurance Company Limited:
  - a) to obtain from any person, whom I hereby so authorise and request to give, any information which NedNamibia Life Assurance Company Limited deems necessary; and
  - b) to share with other insurers that information and any information contained in this proposal or in any related policy or other document, either directly or through a database by NedNamibia Life Assurance Company Limited or by the operators of such database.

I, the undersigned, confirm that I have read this declaration and authorisation and understand the implications thereof.

Surname

First Name(s)

Signed  at  on

**Preferred means of receiving correspondence from Nednamibia Life Assurance Company?**  Email  Postal Service

**Note:** For purpose hereof, the details as provided in Part 3 herein will be use.

**11. CONSULTANT DETAILS (Mandatory)**

**Note:** Failure to complete this section in detail would entitle NedNamibia Life Assurance Company Limited to retain any commission to which the Consultant shall be entitled.

Surname

First Name(s)  Staff

Namfisa Registered  Yes  No If, 'Yes', Namfisa License Number

Signed  at  on

If **NOT REGISTERED**, application to be countersigned by registered Namfisa agent

Counter-signed (Registered)  at  on