



Botswana Life

APPLICATION FOR GROUP FUNERAL SCHEME

Please complete in BLOCK LETTERS. Tick appropriate block unless otherwise indicated.

Scheme Name

Joining Date

D	D	M	M	Y	Y	Y	Y
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New Application

☐

Amendment to existing Contract

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MEMBER DETAILS

MEMBER DETAILS Note: Cover is only available for a member who is younger than 64 on the starting date of the Policy. This applies to the member and his immediate family (spouse and children). Death benefits are not payable during the first 6 (six) months following the starting or restarting date of the Policy except in the event of accidental death. This applies to the member and his immediate family (spouse and children)

	First Names	Surname	Gender	Date of Birth	ID number	Age	Cover Level	Premium
Member	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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"/>

CHILDREN DETAILS MAXIMUM (6)

First Names	Surname	Gender	Date of Birth	Cover Level
<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"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PLEASE READ THE FOLLOWING:

I declare and agree to the following terms and conditions:

- There will be 12 months waiting period for suicide causes of death for the main member, suicide for dependents is 6 months.
- All the information on this form, or supplied in connection with application, is true and complete and will form the basis of this Policy.
- This Policy will be activated only once the first payment has been received.
- I accept this insurance and understand that I am bound by the standard terms and conditions that apply to this Policy.
- I also agree that I give full permission to investigate me to assess the risk of the Policy or to assess for any claim of benefits under this Policy, or for any other proposals for insurance that I have made. I therefore curtail my right to privacy as the member.

PARENTS AND PARENTS-IN-LAW DETAILS

First Names	Surname	Gender	Date of Birth	Cover Level	Premium
<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"/>	<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"/>	<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"/>

Parents and Parents-in-law Details (Maximum 4) Note:

Cover is for your parents and parents-in-law. Cover is only available for applicants that are younger than 85 on the starting date of the Policy. The amount of cover chosen will be the same as for all extra applicants. Death benefits are not payable within the first 6 (six) months following the starting or restarting date of the Policy except in the event of accidental death.

BENEFICIARY DETAILS

BENEFICIARY DETAILS Note: on the death of the member the beneficiary stated below is to receive the benefits of the Plan. It is recommended that the beneficiary be a major, over the age of 21 and that you do not nominate your estate as your beneficiary.

First Names Surname Relationship

MEMBERS CONTACT DETAILS

Residential Address

Cell

Postal Address

Res

Work

DECLARATION

Declaration: I clearly understand that full cover for me and my family only commences after 6 months from date of joining, for my parents and extended family. I declare that everyone listed above has not suffered a major illness in the past 6 months and we are all in good health.

Signed at

Signature of Member

Joining Date

D	D	M	M	Y	Y	Y	Y
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PROTECTION OF PERSONAL DATA NOTICE & CLIENT INFORMATION SHARING CONSENT

Botswana Life Insurance Limited ("Botswana Life") will process and protect your personal information as required by relevant laws in the provision of services. Such processing may include personal identifiable information as well as financial and relevant health information. You have the right to ask us for a copy of your personal information and to update or correct. Our complete privacy policy is available on our company website.

We collect, process, record, collate, store, analyse, disclose and disseminate personal information for purposes:

- 1. To conclude and administer your account or policy(ies) which may include underwriting;
- 2. Collection of payments;
- 3. Assessing and processing amendments and claims/pay-outs;
- 4. To comply with all legal and regulatory requirements, including applicable prudential
- 5. Rules and codes of conduct in our industry
- 6. To protect the Botswana Life's interests;
- 7. Reinsurance; and
- 8. Any purposes related to the above.

If you do not provide the requested information, Botswana Life cannot provide the requested services. By signature hereof, you give consent for sharing of your personal information with Botswana Life Insurance Limited, including its parent company Botswana Insurance Holdings Limited and its subsidiaries (collectively "the BIHL Group") in connection with services rendered by the Group and with other service providers where required for any of the purposes listed above, including law enforcement agencies.

We may send your personal information to service providers outside Botswana for the storage or further processing on the Botswana Life's behalf. We will ensure we adhere to the provisions of the Data Protection Act before such transborder transfer of your personal information.

Botswana Life may provide you with information about its financial products and other services which may include text messages, emails and other related platforms. If you do not wish to receive such information, you have the right to withdraw such consent.

Is this application to replace the whole or part of any application to this or any office, or to replace all part of existing assurances with any office (whether replacement is to occur immediately or to replace an insurance policy discontinued within the past six months or to be discontinued within the next six months)?

SECTION I: PROTECTION OF PERSONAL DATA NOTICE

CLIENT CONSENT DECLARATION

- 1. I/We understand that the Botswana Life may hold information gathered about me from the other BIHL Group subsidiaries and as such my rights under the Data Protection Act will not be affected.
- 2. I/We understand that all my personal information is treated as private and confidential by BLIL staff, independent contractors, agents and volunteers.
- 3. I/We understand that personal information is held about me.
- 4. I/We have had the opportunity to discuss the implications of sharing or not sharing information about me.
- 5. I/We have the right to see any information that Botswana Life holds about me, and to have my details removed.
- 6. I/We understand my/our right to privacy and the right to have my/our personal information processed in accordance with the conditions for the lawful processing of personal information.
- 7. I/we consent to share my/our personal information voluntarily and understand that such consent may be withdrawn at any time.
- 8. I/We agree that personal information about me may be shared and gathered from the following BIHL Group companies (including their subsidiaries):

- a) Botswana Insurance Fund Management Limited (BIFM) b) BIFM Unit Trusts (Pty) Limited (BIFM UT)
- c) Botswana Life Insurance Limited (BLIL)
- d) Botswana Insurance Company Limited (BIC)
- e) BIHL Insurance Company trading as Legal Guard

Full names Capacity

Authorised Signature Date

D	D	M	M	Y	Y	Y	Y
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GENERAL CONDITIONS

The completed application form with all the declarations and information will form the basis of the contract between the underwriter and the member. Any incorrect statements made in good faith will not cancel any of the benefits applied for, unless they change the risk of the underwriter at the time of application.

This is a whole of life policy for principal life assured, spouse, children with special needs and extended family members over the age of 21 years at entry.

Child cover and extended family members under the age of 21 years at entry covers will terminate at the age of 25 years provided they remain unmarried up to the age of 25 years, otherwise it will end on marriage of the child. The policyholder may, in writing, request in writing for the child to be covered under cover for children over 21 years and pay a higher premium

NOMINATED BENEFICIARY

The member may nominate a beneficiary to receive the proceeds of the funeral policy following death of the member. The member may appoint a natural person only and may withdraw the nomination at any time. The change or withdrawal of the nomination shall not be binding on the underwriter unless the member informed the underwriter in writing, allowing enough time for the underwriter to record the nomination.

The nomination of a beneficiary shall not allow the beneficiary to claim benefits under the Policy during the lifetime of the member. The appointment of a beneficiary will be determined automatically by the death of the beneficiary during the lifetime of the member, the legal disqualification of the beneficiary, or if the underwriter is unable to locate the beneficiary within a reasonable period of time after the death of the member. If the member dies without a nominated beneficiary the benefits payable in terms of the Policy will be paid to claimants who submit the required claim documents. If the nominated beneficiary cannot be located within a reasonable period of time, the claimant who submits the required documents will be paid.

Other nominations or provisions in a will or other testamentary instruments that the member agrees to, shall not affect or invalidate any existing beneficiary nomination that the underwriter has recorded.

OWNER OF FUNERAL POLICY

The member is the premium payer and owner of the funeral policy the funeral policy has no restrictions regarding residence, travel and occupations, unless otherwise stated in an additional endorsement. Any money payable under the scheme, whether this consists of premiums payable to the underwriter or benefits payable to the member, must be in the lawful currency of the republic of Botswana, the Pula. The Policy has no loan, cash or paid-up value and can therefore not be ceded for collateral purposes. If the Policy is cancelled it may be restarted after complying with the terms and conditions that the underwriter may impose.

PREMIUMS

The policyholder will pay premiums for life. Policies with the 12-month waiver of premium benefit will reach paid up status on the last day of the month following principal life's death. The policy will remain in this status for a maximum period of 12 months. In those 12 months, all lives that were covered at the time of death of the principal life assured will remain covered under the policy without premiums being paid to Botswana Life. At the end of the month following the first anniversary of the death of the principal life assured, the benefits will fall away and the policy ceases.

CLAIMS PROCEDURE

Please note that in the event of a claim, the sum insured will not earn any interest during the claims process. The insured amount in accordance with the schedule, is payable in the event of a claim that is supported by the documents mentioned in this Policy Information leaflet. We will provide continuous cover to the

insured persons listed in the nomination form, provided that the underwriter receives all the premiums regularly, in advance and in the intervals that the Policy schedule states. Claims must be submitted within 3 (three) months of the death of the member. The premiums for parents will decrease once a parent benefit expires because a claim has been paid. This will not change if anyone of the immediate family dependant dies. This will also not change if the scheme is based on a crosssubsidy basis where rates are Parents inclusive. Cover starts after the member has paid the first premium. We will allow a grace period 30 (thirty) days for the payment of each premium. After this period, cover will automatically end if the member has not paid the correct premiums by the time the grace period expires.

ADDITIONS

Please note: Additions in respect of family members, parents and parents-in-law will be allowed during the life of the Policy, provided the changes fall within the maximum number and parameters stated in the Policy.

WAITING PERIOD

A waiting period of 6 (six) months will apply to the member and his/her immediate family and 6 (six) months for parents and parents-in-law unless otherwise stated in the policy schedule. This is after the starting or restarting date of the Policy, unless death is due to an accident. The underwriter is not obliged to settle any accidental death claim before it has received the first premium.

CESSATION AGE

This is a whole of life policy for principal life assured, spouse, children with special needs and extended family members over the age of 21 years at entry. The policy ceases upon death of the principal life.

PROCEDURE ON THE DEATH OF THE MEMBER OR DEPENDANTS WHO QUALIFY FOR BENEFITS UNDER THIS FUNERAL COVER

Contact Botswana life Insurance limited ("blil") on 364 5100 within 3 (three) months of the death of any persons covered under this policy, failing to do so, blil reserves the right to repudiate the claim. The following information is also required:

- Group Funeral Application Form.
- A certified copy of the death certificate.
- A certified copy of the deceased's omang/Passport.
- A certified copy of the claimant's omang/Passport.
- A Funeral claim form fully completed by the claimant obtainable from blil.
- A policy report in the event of an accidental death.
- In the case of stillbirth, a copy of the stillbirth certificate.
- Botswana life Insurance limited reserves the right to call for any other documentation to ensure that the claim is valid.



Botswana Life

GROUP FUNERAL SCHEME - EXTENDED FAMILY NOMINATION FORM

Please complete in BLOCK LETTERS. Tick appropriate block unless otherwise indicated.

Scheme Name	<input type="text"/>	Joining Date	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y	New Application	<input type="checkbox"/>	Amendment to existing Contract	<input type="checkbox"/>
Branch	<input type="text"/>	Payroll Number	<input type="text"/>				

SECTION A: MEMBER DETAILS

First Names	<input type="text"/>	Joining Date	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
Surname	<input type="text"/>	Cell	<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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Residential Address	<input type="text"/>	Res	<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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Postal Address	<input type="text"/>	Work	<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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Omgang	<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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

First Names	Surname	Relationship	Gender	Date of Birth	Omgang number	Age Attained

Units (Tick Where applicable) Please note that a member can only cover his/her dependents under one selected benefit. (e.g. If a member decides to cover his/her extended family under P1,000 benefit level he/she cannot cover other members under P3,000 benefit level).

1000 Units ☐ 2000 Units ☐ 3000 Units ☐ 4000 Units ☐ 5000 Units ☐ 7500 Units ☐ 10 000 Units ☐

Acceptable Relations Child 21 +, Brother, Sister, Uncle, Aunt, Nephew, Niece, Parent, Parent-in-Law, Grandmother, Grandfather, Grandson and Granddaughter. Maximum age of joining is 85 years.

SECTION B: DECLARATION

Declaration: I clearly understand that full cover for me and my family only commences after 6 months from date of joining, for my parents and extended family. I declare that everyone listed above has not suffered a major illness in the past 6 months and we are all in good health.

Signed at	<input type="text"/>	Signature of Member	<input type="text"/>	Joining Date	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
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PROTECTION OF PERSONAL DATA NOTICE & CLIENT INFORMATION SHARING CONSENT

Botswana Life Insurance Limited ("Botswana Life") will process and protect your personal information as required by relevant laws in the provision of services. Such processing may include personal identifiable information as well as financial and relevant health information. You have the right to ask us for a copy of your personal information and to update or correct. Our complete privacy policy is available on our company website.

We collect, process, record, collate, store, analyse, disclose and disseminate personal information for purposes:

- To conclude and administer your account or policy(ies) which may include underwriting;
- Collection of payments;
- Assessing and processing amendments and claims/pay-outs;
- To comply with all legal and regulatory requirements, including applicable prudential rules and codes of conduct in our industry
- To protect the Botswana Life's interests;
- Reinsurance; and
- Any purposes related to the above.

If you do not provide the requested information, Botswana Life cannot provide the requested services. By signature hereof, you give consent for sharing of your personal information with Botswana Life Insurance Limited, including its parent company Botswana Insurance Holdings Limited and its subsidiaries (collectively "the BIHL Group") in connection with services rendered by the Group and with other service providers where required for any of the purposes listed above, including law enforcement agencies.

We may send your personal information to service providers outside Botswana for the storage or further processing on the Botswana Life's behalf. We will ensure we adhere to the provisions of the Data Protection Act before such transborder transfer of your personal information. Botswana Life may provide you with information about its financial products and other services which may include text messages, emails and other related platforms. If you do not wish to receive such information, you have the right to withdraw such consent. Is this application to replace the whole or part of any applica tion to this or any office, or to replace all part of existing assurances with any office (whether replacement is t o occur immediately or to replace an insurance policy discontinued within the past six months or to be discontinued within the next six months)?

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 - d. Botswana Insurance Company Limited (BIC)
 - e. BIHL Insurance Company trading as Legal Guard

Full Names: Capacity:

Authorised:

Signature: Date: