

# Family Funeral Plan Application Form



INSURE INVEST HEALTH

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NEW APPLICATION     
  AMENDMENT     
 POLICY NUMBER (For Amendments)

## POLICYHOLDER DETAILS

(Always complete this section. This individual is the owner and the principal life assured under the policy terms and conditions. This individual is entitled to receive all benefits ascribed to this policy.)

Surname   
 First names  Gender  M  F  
 ID /Passport number  Date of birth   -   -      
 Telephone  Mobile number   
 Email address   
 Postal address   
 Postal code   
 Occupation

## BENEFICIARY / NEXT OF KIN DETAILS

(In the event of the Policyholder becoming deceased, these are persons nominated by the Policyholder to receive payment of benefits. Please ensure that %share adds up to 100% across all beneficiaries)

FIRST NAME	SURNAME	DATE OF BIRTH	CONTACT NUMBER	RELATIONSHIP	% SHARE

## BENEFIT SELECTION (Always complete this section)

Please select lives to be covered:

Individual     
  Family

Please select Funeral Plan:

Tsépo Funeral Plan\*     
  Khothatso Funeral Plan\*\*     
  Hlompho Funeral Plan\*\*\*

Sum assured selected  Premium

\*Includes Funeral Benefit only

\*\*Includes Funeral Benefit, Premium Waiver, Grocery Benefit, Tombstone and Double Accidental Benefit

\*\*\*Includes Funeral Benefit, Premium Waiver, Grocery Benefit, Tombstone, Double Accidental Benefit and Cow Benefit

## OPTIONAL BENEFITS ON FUNERAL PLAN (Please indicate with a (✓) the optional benefit selected)

BENEFIT TYPE	NUMBER OF DEPENDENTS COVERED	SUM ASSURED PER DEPENDENT	PREMIUM PER DEPENDENT	TOTAL PREMIUM FOR ALL DEPENDENTS
Parents and Parents in law* ^				
Extended Family** ^				

\*All parents and parents in law added to the funeral product will each have the same level of cover as selected here

\*\*All extended family members added to the funeral product will each have the same level of cover as selected here

^ Level of cover selected cannot be higher than the Policyholder Level of cover

**DEPENDANTS DETAILS** (Complete if family or parents and parents in law or extended family benefit is selected)

FIRST NAME	SURNAME	DATE OF BIRTH	RELATIONSHIP	GENDER

Total premium payable for Funeral Plan (incl. Optional benefits)\*\*\*

\*\*\*Please note that premiums indicated are inclusive of all fees charged within the regulatory requirements. For a detailed breakdown, please contact your financial advisor.

Policyholder's full name and surname

Policyholder's signature  Date   -   -

**PAYMENT DETAILS** (Always complete this section for new applications, and complete for amendment if relevant. The Policyholder and Premium payer must be the same person. Please indicate with a (✓) the selected payment method.)

Debit order  Stop order

**DEBIT ORDER PAYMENT DETAILS** (Complete if Debit Order Payment is selected)

(Please attach a copy of the latest bank statement - must not be older than 3 months, or confirmation of account details from the Policyholder's Bank on the Bank's letterhead.)

Name of accountholder

Name of bank

Branch name

Account number  Branch code

Reference number (if company or trust)

Debit order date

I, the undersigned authorise Liberty Life to deduct the premium for the amount as specified in this form, from this account (including any applicable premium increases I have agreed to) until the due premium on this policy is paid.

Account holder's full name and surname

Account holder's signature  Date   -   -

**STOP ORDER DETAILS** (Complete if Stop Order Payment is selected)

(Please attach a copy of the latest bank statement - must not be older than 3 months, or confirmation of account details from the Policyholder's Bank on the Bank's letterhead.)

Name of employer

Contact number of Employer (Landline)  Employee salary reference

Gross monthly pay  Net monthly pay

Current insurance deductions

I, the undersigned authorise the Employer to deduct the premium for the amount as specified in this form (including any applicable premium increases I have selected or any increases I have agreed to) from my salary and remit it to Liberty Life on a monthly basis, with effect from \_\_\_\_/\_\_\_\_/\_\_\_\_ until such time as I cancel this authority in writing or I substitute this with a new authority.

Policyholder's full name and surname

Policyholder's signature  Date   -   -

## DECLARATION BY THE AUTHORISED REPRESENTATIVE *(Always complete this section)*

By submitting an application, I declare that I have explained all material terms and conditions of the policy to the policyholder. I also confirm that I have verified the identity of the policyholder in accordance with the regulations set out in the related legislation, regulations or guidelines. I have loaded copies of all required documents on the Liberty system.

Brokerage / Agency name	<input type="text"/>			
City / Town	<input type="text"/>			
Intermediary full name and surname	<input type="text"/>			
Intermediary signature	<input type="text"/>	Date	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

## DECLARATION BY THE POLICYHOLDER *(Always complete this section)*

This declaration contains guarantees and undertakings that I, as the Policyholder and the Principal Life Assured agree to.

I confirm that I understand the product and policy:

- I confirm that I understand the nature of the product and that the authorised representative has explained the product rules, Terms and Conditions, and relevant marketing material.
- I confirm that Terms and Conditions have been explained and issued to me by the authorised representative.

I guarantee that I am giving information correctly:

- All information given to the Underwriter in respect of any transaction is true and accurate and can be relied on for contracting.
- Where any material information is not fully disclosed, or is found to be untrue, the Underwriter will declare the Policy invalid from the outset and will not pay any claim or benefits.

I guarantee to keep my details up to date:

- I undertake to keep the Underwriter informed of any changes to the information supplied on this application, which includes but is not limited to my contact details to enable the Underwriter to communicate with me.

I authorise the Underwriter and the authorised representative:

- To collect and process certain personal and financial information from me if relevant to my policy.

I authorize the Underwriter to collect and share information:

I accept that with this authorisation I am limiting my right to privacy. However to assess the insurance risk, I irreversibly authorize the Underwriter to:

- a. Obtain from any person, whom I hereby permit and request to give any information which the Underwriter needs, and
- b. Share with other insurers that information and any information in this application or any related source at any time, in a form approved by the Underwriter or the Regulator.

I, the undersigned, confirm that the information supplied on this form is to the best of my knowledge true and correct. I further acknowledge that the Underwriter and the authorised representatives accept no responsibility or liability for the accuracy of the information provided by myself.

Policyholder name and surname	<input type="text"/>			
Policyholder's signature	<input type="text"/>	Date	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Guardian's name and surname (if applicable)	<input type="text"/>			
Guardian's Signature	<input type="text"/>	Date	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	