TRUSTCO life | Plus

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JANUARY 2021

UNDERWRITTEN BY TRUSTCO LIFE LIMITED

☐ **Trustco 4 Life Plus premium increase** ☐ **Trustco 4 Life Plus level** ☐ **Trustco 4 Life Plus premium cover increase**

☐ **Cash Back Option**

CIF No: | | | | | | | | | | |

Policy No: | | | | | | | | | | |

APPLICATION FOR TRUSTCO 4 LIFE PLUS

A. Personal Information

First name: _____ Surname: _____

ID number: | | | | | | | | | | | | | | | Maiden Name: _____

Home number: _____ Best time to call: _____ a.m. _____ p.m. _____

Cell number: _____ Work number: _____

Physical address:(Street name) _____ (City/Town) _____

Postal address:(City/Town) _____

Please send correspondence via: ☐ Mail ☐ Business ☐ Email: _____

Preferred Language: _____

Gender: ☐ Male ☐ Female Age: _____ Birth date: _____ /_____/_____ Birthplace: _____

Marital status: ☐ Married ☐ Divorced ☐ Single ☐ Widow/Widower

Are you a Namibian citizen? ☐ Yes ☐ No If "no": ☐ Domicille ☐ Work Permit ☐ Permanent Resident

(a) Life Cover Amount Applied for: N$ _____

(b) Disability Cover Amount Applied for: N$ _____

(c) Dread Disease Cover Amount Applied for: N$ _____

B. Payer Information

Method of Payment: ☐ DO ☐ SO **PAYER** ☐ If the person responsible for the payment is the Insured.

Source of income: _____

Gross individual monthly income: ☐ N$1 000 - N$5 000 ☐ N$5 000 - N$10 000 ☐ N$10 000 - above

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PAYER Details *(If the person responsible for payment is NOT the insured)*

Relationship: _____ Surname: _____ Full Names: _____

DOB/ID No.: | | | | | | | | | | | | | Email: _____

Physical Address: _____

Telephone number: (W) _____ (H) _____ Cell: _____

Employer: _____ Occupation: _____

Signature: _____

Source of income: _____

Gross individual monthly income: ☐ N$1 000 - N$5 000 ☐ N$5 000 - N$10 000 ☐ N$10 000 - above

Bank Details *(If the method of payment is Debit Order)*

Account Holder Name & Surname: _____ Name of Bank: _____

Account Number: _____ Branch Code: _____ Account Type: _____

☐ I wish to pay the above option by Debit Order from my bank account on the _____ day of every month.

Salary Details *(If the method of payment is Salary Order)*

Employer: _____ Salary No.: _____

HR Officer: _____ Preferred Deduction Date: _____

Do you use tobacco in any form? ☐ Yes What form? _____ No. per day: _____

☐ No ☐ Never used ☐ Stopped on: _____ /_____ /_____

Highest Qaulification: ☐ Grade 10 ☐ Grade 12 ☐ 3-year degree ☐ 4-year degree

(a) Height: _____

(b) Weight: _____

HIV/AIDS ☐ YES ☐ NO

Name, address and telephone number of personal physician/medical doctor:

_____

(a) Date late seen: _____

(b) State reason, findings and treatment: _____

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Life Insurance Beneficiary (give full names and relationships)

Note: unless you specify otherwise, payments will be shared equally by all primary beneficiaries who survive the Insured.

Primary Beneficiary(ies)

Name: _____ Relationship: _____ ID no: _____ % Split: _____

Name: _____ Relationship: _____ ID no: _____ % Split: _____

Name: _____ Relationship: _____ ID no: _____ % Split: _____

Political Exposed Person ☐ YES ☐ NO (If Yes) Designation: _____

Are you related to a Political Exposed Person ☐ YES ☐ NO (If Yes) Relationship: _____

I hereby certify that the particulars given above are true and correct, and understand that this application is subject to standard terms and conditions of the insurer, as amended from time to time. ☐ Agree

Member Signature: _____ Date: _____

1st Deduction Date: _____ Agents Code: _____

Extension: _____ Time: _____

For Internal use only:

Document attached:

Main member ID (verified/certified): _____ ☐ Comments: _____

Payee ID (verified/certified): _____ ☐ _____

Bank statement: _____ ☐ _____

Payslip: _____ ☐ _____

Matric certificate: _____ ☐ _____

Diploma/Degree: _____ ☐ _____

Non Namibian: ☐ Domicile

☐ Work Permit

☐ Permanent Residence

☐ Foreigner Questionnaire

Submit Form When finish filling in form and you details are correct, click the submit button.

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