



Financier: _____

PLEASE COMPLETE IN BLACK OR BLUE INK ONLY

PLEASE COMPLETE THE FORM USING CAPITAL LETTERS ONLY

LIFE ASSURED DETAILS

NAME/S		SURNAME	
ID NUMBER		DATE OF BIRTH	
GENDER (MALE/FEMALE)		MARITAL STATUS	
CELLPHONE NUMBER		EMAIL ADDRESS	
HOME ADDRESS		EMPLOYER & WORK ADDRESS	

BENEFICIARY DETAILS

FIRST NAME/S		SURNAME	
CELLPHONE NUMBER		ID NUMBER	

PARTICULARS OF LOAN

LOAN NAME	
AMOUNT OF LOAN	
PERIOD OF COVER	
INSURANCE PREMIUM	

HEALTH DECLARATION

Has your application for life insurance ever been declined?

Yes	No
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If YES, please provide details below.

Name of insurance company: _____ Date: _____

Reason: _____

Have you been hospitalized as an in-patient or had consultations for any illness or serious injury at any time during the last 6 months?

Yes	No
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If YES, please provide details below.

Nature of Illness: _____ Attending Physician: _____

Date of Consultation/Confinement: _____ Clinic/Hospital: _____

I declare that the above answers are true and correct to the best of my knowledge and that I have not withheld any relevant information that might have otherwise affected the acceptance of my proposal.

Signed at _____ on this _____ day of _____ 20____

Name _____

Signature _____



LIFE COVER (DEATH)

Definition of cover

Cover will be in the form of a lump sum benefit.

Submission of Life Assurance Claims

The Proposer must lodge claims with Old Mutual on Old Mutual's prescribed forms. The completed forms, together with such other documentation as is specified in such forms are to be submitted to Old Mutual within 52 weeks of the member's death.

PERMANENT DISABILITY COVER

Definition of cover

Cover will be in the form of a lump sum benefit.

Submission of Disability Claims

The Proposer must lodge claims with Old Mutual on Old Mutual's prescribed forms. The completed forms, together with such other documentation as is specified in such forms, and relevant specialist medical evidence, are to be submitted to Old Mutual no later than 4 weeks after the expiry of the Waiting Period or 13 weeks after the date of disablement in the event of the loss of limbs, whichever is applicable to the member's condition.

Waiting period

The waiting period is a period of absence from the Employer's service, equal to 6 consecutive months from the first day of absence from work.

CONDITIONS FOR ASSESSMENT OF DISABILITY CLAIMS

Old Mutual will assess the disability claim subject to

- a) the member's having entered the Waiting Period, if applicable,
- b) uninterrupted continuation of the disability cover throughout the Waiting Period, if applicable,
- c) full and uninterrupted payment of all premiums due in terms of the policy (this provision continues to apply during the Waiting Period), and
- d) compliance with Old Mutual's requirements for submission of claims.

Old Mutual has the right to call for such information relating to any aspect of the claim as may be required. This may include further medical evidence from the member's medical specialist or such other medical specialist as Old Mutual stipulates. If these requirements are not met within a period of 8 weeks from the date on which the Proposer was notified thereof, the claim becomes null and void on the expiry of such 8-week period, unless Old Mutual agrees to extend this period.

Old Mutual may also request that the Proposer submit the member's Credit Loan Agreement to Old Mutual, along with such additional information relating thereto as Old Mutual may require to satisfy itself as to the authenticity and validity of such Credit Loan Agreement.

Old Mutual will also have the right to decline the disability claim if the member is not compliant with medical treatment which he could reasonably be expected to follow, taking into account

- a) the recommendations of his medical specialist;
- b) the expected reduction in symptoms and/or the probable reduction in the member's physical and/or psychological impairment which may be brought about by such treatment;
- c) the affordability and availability of such treatment; and
- d) the risks and/or side-effects inherent in such treatment.

For the purposes hereof, medical treatment includes, but is not restricted to, rehabilitation, counselling, medication and regular medical review.

Manner of Assessment of Disability

Subject to compliance with the above conditions, Old Mutual will assess the member's condition in order to determine whether

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he has completed the Waiting Period and the whole duration of such Waiting Period was occasioned by an injury or illness which rendered the member totally incapable of performing his Own Occupation (i.e. the type of work he was performing immediately prior to the commencement of the Waiting Period) as well as any Alternative Occupation (i.e. any functions with any Employer which will enable the Insured Person to generate an income taking into account his age, education, training, knowledge, ability and experience).

EXCLUSIONS

No claim will be payable if it is directly or indirectly attributable or traceable to:

- a) willful self-inflicted injury, or
- b) active participation in war, invasion, acts of foreign enemies, hostilities, warlike operations (whether war be declared or not), civil war, insurrection, rebellion, revolution, civil commotion or uprisings, military power, or
- c) the use of nuclear, biological or chemical weapons, or any radioactive contamination arising from the use thereof, irrespective of whether this has been performed with the specific use of information technology, or
- d) any attack on or sabotage of facilities (including but not limited to nuclear power plants, reprocessing plants, repository sites and research reactors) and storage depots, which leads to the release of radioactivity or nuclear, biological or chemical warfare agents, irrespective of whether this has been performed with the specific use of information technology.

No claim will be payable during the 12 months after the date on which the member first became a member if the claim is attributable to:

- a. an illness or injury for which the member received (or would reasonably have received) medical advice, a diagnosis or treatment during the 6 months immediately before the date on which he first became a member, or
- b) an intentional self-inflicted injury or suicide.

These pre-existing conditions also apply to any increases in cover granted to the member.