

SECTION 3 – CONTACT DETAILS

(Always complete this section. These are the contact details of the Policyholder. It is important that this information is correct, as it will enable us to keep the policyholder up to date on what is happening on their policy and to notify them about our products that may be of value to them)

Telephone number

Mobile number

Email address

Residential address

Postal code

Postal address

Postal code

Preferred Correspondence Method

Email

Post

SECTION 4 – BENEFIT SELECTION (Always complete this section)

FUNERAL PRODUCT

FUNERAL BENEFIT (Please indicate with a (✓) the funeral benefit amount selected)

Description	Silver	Gold	Platinum	Sapphire	Diamond
Family Funeral Benefit*	5,000	10,000	20,000	30,000	50,000
Premium	E32	E51	E89	E127	E203

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

Description	Cover amount	Cover Amount	Cover Amount	Number of dependents	Total premium for all dependents
Parents cover ** 1	5,000	10,000	20,000		
Premium for Parents	E25	E50	E100		
Extended Family cover ** 2	5,000	10,000	20,000		
Premium for Extended Family	E12	E24	E48		

*Includes Funeral, Family Support and Double Accidental Death benefits

**Cover selected for parents, parents in law, and extended family members cannot exceed Family Funeral Benefit selected.

1 All Parents and Parents in Law added to the funeral product must each be covered under the same cover amount

2. All Extended family members added to the funeral product will each be covered under the same cover amount

Total premium payable for Funeral Benefit (incl. Optional benefits)

***Please note that premiums indicated are inclusive of commission, outsourcing fees, and any other applicable charges within the regulatory requirements. For a detailed breakdown, please contact your financial advisor.

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

First Name	Surname	Date of birth	Relationship	ID Number	Gender

SECTION 5 – BENEFICIARY / NEXT OF KIN DETAILS

(Always complete this section for new applications and complete for amendments if relevant. In the event of the Policyholder becoming deceased, these are persons nominated by the Policyholder to receive payment of benefits. Allocation share is always 100%)

Surname													Date of Birth	D	D	M	M	Y	Y	Y	Y
Middle Name																					
First Name																					
Identity number/Passport number													Gender				M	F			
Passport Expiry Date	D	D	M	M	Y	Y	Y	Y	Marital Status				S	M							
Contact Number													Relationship								

SECTION 6 – 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.)

Payment method

Debit Order

Cash

Staff Payroll

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 account holder																								
Name of bank																								
Account number																								
Branch code																								
Branch																								
Debit order date	03	20	25	Last day of the month																				

I, the undersigned authorize Liberty to, in terms of the agreement, deduct the premium from this account, including any applicable premium increases I have selected or any increases that Liberty may apply as agreed with me, until the due premium on this policy is paid. I also understand that if the deduction is unsuccessful on the date selected, Liberty will attempt a deduction for a maximum number of three days after the date I have selected. After two successful debits to this new date, Liberty will automatically change my debit order date to this new date.

Account holder's name and surname

Account holder signature

Date

SECTION 7 – 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

City / Town

Intermediary full name and surname

Intermediary signature

Date

Underwritten by Liberty Life Eswatini Reg No. R7/29653

SECTION 8 – 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

Policyholder's signature Date

Guardian's name and surname (if applicable)

Guardian's Signature Date