





BONA LIFE INSURANCE (PTY) LTD COMPANY NO: BW000001362750

GROUP LIFE ASSURANCE NOMINATION OF BENEFICIARIES

For official use:	Signature of M I give Bona Life	By signing this	CONSENT		Name	NOMINAT	4. Selected G	3. Total & Pen	1. Monthly Premium	POLICY DETAILS	10. Email Address	8.Postal Address	4.Date of Birth	1.Title	MAIN ME
••	ain Member: Insurance (Pty	contract, I cor		9	40	NOMINATED BENEFICIARIES	4. Selected Guardian for Minors	L manent Disab	<b>P</b>	)FTAII S	ress	ess		2. Fo	MAIN MEMBER DETAILS
	Signature of Main Member:	nfirm to have read a			Surname	ICIARIES	inors	y Sum-Assured	7 0. 0 0				\( \times \)	2. Forename (s)	AILS
	Date:	nd understood the te			Omang/ID			P 2 0 0, 0	2. Death Sum-Assured				5.Gender *		
97520	rsonal information a	erms and conditions			Gender			0	ssured P 2 0			9.Physical Address	M		
	nd to use and share	of this policy. Field			Date of Birth				0, 0 0 0.			Address .	6. Omang/Passport Number *	(N	
	 this information with legitin	By signing this contract, I confirm to have read and understood the terms and conditions of this policy. Fields with an asterisk (*) are mandatory			Relationship			8	0 0				* *	3. Surname	
	Signature of Main Member:	mandatory			Benefit Allocation %								7		
	oose of this insu						Phone Number						7.Cell Number *		
	rance contract.			# 	Physical Address										
	***************************************				Phone Number			æ							

Received By:

Processed By:

## GENERAL CONDITIONS

The terms and conditions of cover in this policy apply for the duration of the policy. These cannot be modified except in writing by an authorized official of Bona Life Insurance (Pty) Ltd.

or all the premiums received information has not been disclosed, the company may void the policy from the policy date and retain some The company relied on the information provided by the Policyholder to issue this policy. If all material

# PROTECTION OF PERSONAL INFORMATION

By accepting this contract, you give Bona Life Insurance (Pty) Ltd ("Bona Life") consent to retain your personal information and to use and share this information with legitimate sources only for the purpose of this insurance contract.

### AGE AT ENTRY

The maximum age of entry is 65 years for the member

#### CESSATION

A Life Assured's Assurance cover shall cease on the earliest of the following:

- i. The Life Assured reaching 60 years for Total & Permanent Disability Cover. There is no cease age for
- ii. Termination of this Policy by the Insurer or the Policyholder
- iii. Cessation of payment of premiums,
- iv. The Life Assured ceasing to be an Eligible Member

### WAITING PERIOD

of the policy, unless death is due to an accident. The company is not obligated to settle any accidental A waiting period of six (6) months will apply to the member. This is after the starting or reinstatement date death claim before it has received the first premium.

#### CLAIMS

of date of death The claim must be notified within six (6) months and claim documents submitted within twelve (12) months

Documents required to claim a benefit on this policy

Death Benefit:	Total and Permanent Disability Benefit:
<ul> <li>Original certified copy of Death certificate</li> </ul>	Certificate of employer
• Completed death claim form obtainable from	Valid medical report
ה מית בות הימית בות	<ul> <li>KYC documents (proof of source of income,</li> </ul>
<ul> <li>KYC documents (proof of source of income, proof of residence, certified copy of ID/passport)</li> </ul>	proof of residence, certified copy of ID/passport)

Bona Life Insurance reserves the right to call for any additional documentation to ensure that the claim is valid. If any claim under this policy is fraudulent in any manner all benefits will be forfeited.

7.W

## **GENERAL CONDITIONS**

# DEATH BENEFIT, TOTAL AND PERMANENT DISABILITY

training, knowledge and experience, as determined by Bona Life Insurance in its sole discretion. a Life Assured to perform his/her own occupation or suited occupation by virtue of his/her own education, Total and Permanent Disability shall mean total and permanent inability, as a result of injury or sickness of

# **Special Conditions And Exclusions**

Disability Benefit previously paid in respect of the Life Assured under this Policy The Death Benefit paid in respect of a Life Assured under this Policy shall be reduced by the amount of any

The life insurance benefit will not be paid in the event of death being a direct result of

- i. The Assured committing suicide in 12 months of his/her effective date in the event of death
- ii. Invasion, rebellion, war or war-like operation (whether war be declared or not), or from any involvement in any riot or civil commotion (whether participation was active or passive)
- . Wilful self-inflicted injury, use of narcotics or abuse of alcohol
- iv. Extreme sports including but not limited to extreme sports such as bungee jumping, diving, mountain motorcycling and BMX racing, skii jumping, kayaking surfing and shark cage diving biking, scuba diving, parasailing, paragliding, barefoot skiing, free flying, bungee jumping, zip-lining,
- v. The effects of radioactivity or nuclear explosion
- vi. Involvement in criminal activity
- Non-compliance to medical treatment

### Pre-existing condition

No Disability Benefit shall be payable under this Policy during the first twelve (12) months following the Life Life Assured was diagnosed with, treated for, or displayed symptoms of within the six months prior to the Life Assured's Entry Date if, in the opinion of the Insurer, the claim arises from any disease or condition which the Assured's Entry Date

# **REVISION OF TERMS AND CONDITIONS**

However, the insured will be notified. This policy is renewable on an annual basis. The insurer reserves the right to amend, revoke, vary or alter any terms and conditions of this policy.

policy takes precedence The above is the summary of terms and conditions, should there be a dispute in interpretation, the master

## QUERIES/COMPLAINTS

Please contact the following for any queries on the policy:

Tel: 3981800 Tel: 3586100
---------------------------