

BONA LIFE INSURANCE (PTY) LTD COMPANY No: BW00001362750
GROUP LIFE ASSURANCE NOMINATION OF BENEFICIARIES

MAIN MEMBER DETAILS

1. Title 2. Forename (s) 3. Surname

4. Date of Birth 5. Gender * 6. Omang/Passport Number * 7. Cell Number *

8. Postal Address 9. Physical Address

10. Email Address

POLICY DETAILS

1. Monthly Premium P 2. Death Sum-Assured P 3. Total & Permanent Disability Sum-Assured P

4. Selected Guardian for Minors: Forename (s) Surname

Date of Birth Gender * Omang/Passport Number * Cell Number *

NOMINATED BENEFICIARIES

Name	Surname	Omang/ID	Gender	Date of Birth	Relationship	Benefit Allocation %	Physical Address	Phone Number

CONSENT

By signing this contract, I confirm to have read and understood the terms and conditions of this policy. **Fields with an asterisk (*) are mandatory**

Signature of Main Member:..... Date:.....

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

For official use:

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.

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

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:

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

WAITING PERIOD

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

CLAIMS

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

Documents required to claim a benefit on this policy,

Death Benefit:	Total and Permanent Disability Benefit:
<ul style="list-style-type: none">Original certified copy of Death certificateCompleted death claim form obtainable from Bona LifeKYC documents (proof of source of income, proof of residence, certified copy of ID/passport)	<ul style="list-style-type: none">Certificate of employerValid medical reportKYC documents (proof of source of income, 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.

GENERAL CONDITIONS

DEATH BENEFIT, TOTAL AND PERMANENT DISABILITY

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

Special Conditions And Exclusions

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

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

- The Assured committing suicide in 12 months of his/her effective date in the event of death.
- 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.
- Extreme sports including but not limited to extreme sports such as bungee jumping, diving, mountain biking, scuba diving, parasailing, paragliding, barefoot skiing, free flying, bungee jumping, zip-lining, motorcycling and BMX racing, skii jumping, kayaking surfing and shark cage diving.
- The effects of radioactivity or nuclear explosion
- 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 Assured's Entry Date if, in the opinion of the Insurer, the claim arises from any disease or condition which the Life Assured was diagnosed with, treated for, or displayed symptoms of within the six months prior to the Life Assured's Entry Date.

REVISION OF TERMS AND CONDITIONS

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

DISCLAIMER

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

QUERIES/COMPLAINTS

Please contact the following for any queries on the policy:

Bona Life Insurance, Unit 3, Second Floor, Peelo Place Plot 54366, CBD, Gaborone Tel: 3981800 Fax: 3900282	Babereki Insurance Brokers Unit 2A, First Floor, Peelo Place Plot 54366, CBD, Gaborone Tel: 3939800	NBFIRA Insurance Department Private bag 00314, Gaborone Tel: 3686100 Fax: 3102376
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