

Life Insured Request Form



1. Life Insured Details

Title:	<input type="text"/> Mr <input type="text"/> Mrs <input type="text"/> Ms <input type="text"/> Dr <input type="text"/> Adv <input type="text"/> Min <input type="text"/>	Surname:	<input type="text"/>
First name(s):	<input type="text"/>	Nationality:	<input type="text"/>
Date of Birth:	<input type="text"/> d <input type="text"/> d <input type="text"/> m <input type="text"/> m <input type="text"/> c <input type="text"/> c <input type="text"/> y <input type="text"/> y	Gender:	<input type="text"/>
ID / PP number:	<input type="text"/>		
Postal Address:	<input type="text"/>		
Residential Address:	<input type="text"/>		
Telephone (h):	<input type="text"/>	Telephone (w):	<input type="text"/>
Telephone (c):	<input type="text"/>	Fax:	<input type="text"/>
E-Mail:	<input type="text"/>		
Marital Status:	<input type="text"/> Single <input type="text"/> Married <input type="text"/> Divorced <input type="text"/> Widowed		
Do you currently smoke, or have you smoked in the last 12 months?	<input type="text"/> Yes <input type="text"/> No		

2. Employment Details

Highest Level of Education:	<input type="text"/>	Are you Self-Employed:	<input type="text"/> Yes <input type="text"/> No
Present Occupation:	<input type="text"/>	Details of Monthly Income:	<input type="text"/>
Date of Birth:	<input type="text"/> d <input type="text"/> d <input type="text"/> m <input type="text"/> m <input type="text"/> c <input type="text"/> c <input type="text"/> y <input type="text"/> y		
ID / PP number:	<input type="text"/>		
Present Taxable Salary:	N\$ <input type="text"/>		
Monthly After-Tax Income:	N\$ <input type="text"/>		

3. Spouse Details

Title:	<input type="text"/> Mr <input type="text"/> Mrs <input type="text"/> Ms <input type="text"/> Dr <input type="text"/> Adv <input type="text"/> Min <input type="text"/>	Surname:	<input type="text"/>
First name(s):	<input type="text"/>	Nationality:	<input type="text"/>
Date of Birth:	<input type="text"/> d <input type="text"/> d <input type="text"/> m <input type="text"/> m <input type="text"/> c <input type="text"/> c <input type="text"/> y <input type="text"/> y	Gender:	<input type="text"/>
ID / PP number:	<input type="text"/>		
Postal Address:	<input type="text"/>		
Residential Address:	<input type="text"/>		

3. Spouse Details (continued)

Telephone (h):	<input type="text"/>	Telephone (w):	<input type="text"/>	
Telephone (c):	<input type="text"/>	Fax:	<input type="text"/>	
E-Mail:	<input type="text"/>			
Marital Status:	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Divorced <input type="checkbox"/>	Widowed <input type="checkbox"/>
Do you currently smoke, or have you smoked in the last 12 months?	Yes <input type="checkbox"/> No <input type="checkbox"/>			

4. Spouse Employment Details

Highest Level of Education:	<input type="text"/>	Are you Self-Employed:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Present Occupation:	<input type="text"/>	Details of Monthly Income:	<input type="text"/>	
Date of Birth:	<input type="text"/>			
ID / PP number:	<input type="text"/>			
Present Taxable Salary:	N\$			
Monthly After-Tax Income:	N\$			

5. Other Insurance Details

Current Cover Amounts:	Death	N\$
	Disability	N\$
	Income Disability	N\$
	Critical Illness / Severe Illness	N\$
	Funeral Cover	N\$
	Other Benefits	N\$
Current Total Premium:	Monthly	N\$
	Annually	N\$
Savings / Investment Fund Value:	N\$	
Type of Investment (policy, Unit Trust, platform ex. SP2):	<input type="text"/>	
Total Savings / Investment amount (monthly contribution or single investment):	<input type="text"/>	

CLIENT CONSENT TO OBTAIN INFORMATION

I acknowledge the following:

1. Appropriate financial advice can only be furnished after full and proper disclosure of relevant personal and private information about the client; 2. Such information is furthermore required to – a. determine my financial situation, financial product experience and financial needs and objectives; b. acquire, maintain and service any financial product or to render related intermediary services. 3. Such information may include any information relating to, or interest in – a. long-term insurance; b. collective investment schemes; c. pension funds; d. any other financial product or service. 4. My/our interests will be best served for stated purpose if any and all such information is provided by – a. any other authorized financial services provider.

I/we herewith give consent to the Financial Service Provider and / or his / her / its authorized user(s) below to obtain such information.

I/we confirm that the Financial Service Provider and / or his / her / its authorized user(s) will be acting on my/our behalf and I/we hereby waive any right to privacy only for the stated purpose. All information so obtained must be treated as confidential by the Financial Service Provider and / or his / her / its authorized user(s) and may not be made public in any way without my/our written consent.

This consent to obtain information will remain effective until cancelled by me/us in writing, or, This consent shall remain valid for a period of 30 [days] from the date of my signature.

Signed at _____ this _____ day of _____ 20 _____

Client signature:

Spouse signature:

