



# Application Form

## PARTICULARS OF APPLICANT

Surname: \_\_\_\_\_

First name/s: \_\_\_\_\_

Title: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Town: \_\_\_\_\_

Employer: \_\_\_\_\_

Work No.: \_\_\_\_\_

Home: \_\_\_\_\_

Cell: \_\_\_\_\_

Next of kin's cell: \_\_\_\_\_

Date of birth: \_\_\_\_\_

ID No.: 

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If the person responsible for the payment is the Insured.

If the person responsible for the payment is NOT the Insured. Relationship: \_\_\_\_\_

I wish to pay the above option by Debt Order on my bank account on the \_\_\_\_\_ of every month.

Name: \_\_\_\_\_

Postal address: \_\_\_\_\_

Tel:(w) \_\_\_\_\_ (h) \_\_\_\_\_ (cell) \_\_\_\_\_

Name of Bank: \_\_\_\_\_ Branch Name: \_\_\_\_\_

Acc. Number: \_\_\_\_\_ Acc. Type: \_\_\_\_\_

I wish to pay the above option by Salary Stop Order every month. Please arrange this with my employer.

Employer: \_\_\_\_\_

Salary number: \_\_\_\_\_

Salary: \_\_\_\_\_

Pay point: \_\_\_\_\_

First deduction date: \_\_\_\_\_

## PARTICULARS OF INSURED

Main Insured: \_\_\_\_\_

ID or Date of Birth: \_\_\_\_\_

Spouse: \_\_\_\_\_

ID or Date of Birth: \_\_\_\_\_

Children 1) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

2) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

3) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

4) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

5) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## Sun Shield Beneficiary Bank Details

Account holder's name: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Branch Name: \_\_\_\_\_

Branch Code: \_\_\_\_\_

Account Number: \_\_\_\_\_

Account Type: \_\_\_\_\_

Are you, or any of the persons in the table above, suffering from or receiving medical treatment/advice for any disease/illness or have you, or any of the persons in the table above, suffered from any disease/illness or received any medical treatment/advice in the past 12 months?

Yes:  No:  If you answered yes to the above question, full details of the disease/illness/treatment must be attached.

## I hereby nominate the following beneficiaries

**Funeral Shield** Ben: \_\_\_\_\_  
ID: \_\_\_\_\_

**Funeral Shield Plus** Ben: \_\_\_\_\_  
ID: \_\_\_\_\_

**Sun Shield** Ben: \_\_\_\_\_  
ID: \_\_\_\_\_

**Elite Plan** Ben: \_\_\_\_\_  
ID: \_\_\_\_\_

## How do you prefer to obtain your card, contract & schedule:

Mail to me

I shall collect it from the office

I shall collect it from the Mobile Office

<b>Funeral Shield</b>		<b>Debit order</b>	<b>Salary order</b>
<input type="checkbox"/>	Single HIV Excluded	<input type="checkbox"/> N\$ 40	<input type="checkbox"/> N\$ 39
<input type="checkbox"/>	Single HIV Included	<input type="checkbox"/> N\$ 68	<input type="checkbox"/> N\$ 65
<input type="checkbox"/>	Single Plus HIV Excluded	<input type="checkbox"/> N\$ 69	<input type="checkbox"/> N\$ 66
<input type="checkbox"/>	Single Plus HIV Included	<input type="checkbox"/> N\$ 147	<input type="checkbox"/> N\$ 141
<input type="checkbox"/>	Family HIV Excluded	<input type="checkbox"/> N\$ 96	<input type="checkbox"/> N\$ 91
<input type="checkbox"/>	Family HIV Included	<input type="checkbox"/> N\$ 138	<input type="checkbox"/> N\$ 132
<input type="checkbox"/>	Family Plus HIV Excluded	<input type="checkbox"/> N\$ 121	<input type="checkbox"/> N\$ 116
<input type="checkbox"/>	Family Plus HIV Included	<input type="checkbox"/> N\$ 239	<input type="checkbox"/> N\$ 228
<input type="checkbox"/>	Extra Funeral HIV Excluded	<input type="checkbox"/> N\$ 152	<input type="checkbox"/> N\$ 145
<input type="checkbox"/>	Extra Funeral HIV Included	<input type="checkbox"/> N\$ 207	<input type="checkbox"/> N\$ 198
<input type="checkbox"/>	Extra Funeral Plus HIV Excluded	<input type="checkbox"/> N\$ 175	<input type="checkbox"/> N\$ 166
<input type="checkbox"/>	Extra Funeral Plus HIV Included	<input type="checkbox"/> N\$ 304	<input type="checkbox"/> N\$ 289
 <input type="checkbox"/> <b>Elite Plan</b>		<input type="checkbox"/> N\$ 105	<input type="checkbox"/> N\$ 100

<input type="checkbox"/>	<b>Sun Shield</b>	
<input type="checkbox"/>	<b>Child Option A</b>	<input type="checkbox"/> <b>Child Option B</b>
<input type="checkbox"/>	1 N\$ 116.00	<input type="checkbox"/> 1 N\$ 215.00
<input type="checkbox"/>	2 N\$ 160.00	<input type="checkbox"/> 2 N\$ 281.00
<input type="checkbox"/>	3 N\$ 204.00	<input type="checkbox"/> 3 N\$ 347.00
<input type="checkbox"/>	4 N\$ 248.00	<input type="checkbox"/> 4 N\$ 413.00
<input type="checkbox"/>	5 N\$ 292.00	<input type="checkbox"/> 5 N\$ 479.00
 <input type="checkbox"/>	<b>Child Option C</b>	
<input type="checkbox"/>	1 N\$ 336.00	
<input type="checkbox"/>	2 N\$ 424.00	
<input type="checkbox"/>	3 N\$ 501.00	
<input type="checkbox"/>	4 N\$ 589.00	
<input type="checkbox"/>	5 N\$ 677.00	

If more than the permissible options were selected, Trustco Life Ltd will accept the lowest option selected as the valid option.

I hereby certify that the particulars given above are true and correct, and understand that this application is subject to Trustco Life Ltd standard terms and conditions, as amended from time to time.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**First deduction date:**

**Your Legal Shield number:**

**Agent's code:**