



Residential Address   
  
 Code

Preferred means of communication  SMS  Email  Mail

**Alternative Contact Person**

First Name(s) (in full)  Surname   
 Contact Details Home No. (  )  Mobile No.

**SECTION D: LIFE ASSURED DETAILS (Complete only if the Policy Owner is not the same as the Life Assured)**

First Name(s) (in full)  Title   
 Surname  Initials   
 Maiden Name (if applicable)  Gender

ID No.  Income Tax No.

Marital Status  Single  Married  Divorced  Widowed

Contact Details Home No. (  )  Work No. (  )   
 Fax No. (  )  Mobile No.

Email Address

Postal Address   
 Code

Residential Address   
  
 Code

Preferred Means of Communication  SMS  Email  Mail

**SECTION E: PREMIUM COLLECTIONS**

Debit Order  PERSAL (Stop Order)  
 \* Premium collection from credit cards not allowed \* Please attach your salary advice slip (certified copy)  
 \* Please complete and attach the Stop Order supplementary form

Preferred Debit Order date  1st OR  15th OR  17th OR  25th OR  30th

Premium Payment Frequency  Monthly  Annually

\* Debit Orders will be processed on the day that you have elected above, however in the event that the latter date falls over a weekend or public holiday it will be processed on the first business day thereafter.

\* Return products: Should the Premium Payer differ from the Life Assured, please complete the Return RUM supplementary form.



POLICY OWNER SIGNATURE

**Account Details of Premium Payer**

Name of Account Holder																															
ID No.																															
<i>(Only to be completed if the Premium Payer is different to the Policy Owner)</i>																															
Bank Name																Branch Code															
Account No.																Branch Name															
Account Type																															

I, the undersigned, request Resolution Life to arrange with my bank to collect Premiums in terms of the application provisions against my bank account in terms of the Debit Order. I authorise Resolution Life to draw against this account all amounts due in terms of this application. This authorisation will remain in force until terminated by Resolution Life or myself. I commit to advise Resolution Life in writing of any changes that may occur. I warrant that the information supplied is true and correct. Furthermore if there are insufficient funds in the nominated account to meet the obligation, you are entitled to track my account and represent the instruction for payment as soon as sufficient funds are available in my account.

Signature of Account Holder: \_\_\_\_\_

Date 

D	D	M	M	Y	Y	Y	Y
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If Account Holder is not the Life Assured please confirm relationship with Life Assured \_\_\_\_\_

**SECTION F: BENEFICIARY DETAILS FOR Reinvent (Life Cover)**

BENEFICIARY 1																			
First Name(s)(in full)																Title			
Surname																Initials			
ID No.											Gender	<input type="checkbox"/> M	<input type="checkbox"/> F						
Relationship <i>(with Policy Owner)</i>																Percentage			%

BENEFICIARY 2																			
First Name(s)(in full)																Title			
Surname																Initials			
ID No.											Gender	<input type="checkbox"/> M	<input type="checkbox"/> F						
Relationship <i>(with Policy Owner)</i>																Percentage			%

BENEFICIARY 3																			
First Name(s)(in full)																Title			
Surname																Initials			
ID No.											Gender	<input type="checkbox"/> M	<input type="checkbox"/> F						
Relationship <i>(with Policy Owner)</i>																Percentage			%

BENEFICIARY 4																			
First Name(s)(in full)																Title			
Surname																Initials			
ID No.											Gender	<input type="checkbox"/> M	<input type="checkbox"/> F						
Relationship <i>(with Policy Owner)</i>																Percentage			%



POLICY OWNER SIGNATURE





I/We, the undersigned, confirm that I/we have read this declaration and understand its implications.

Date 

D	D	M	M	Y	Y	Y	Y
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\_\_\_\_\_  
Signed at (*Place*)

\_\_\_\_\_  
Signature of Policy Owner

\_\_\_\_\_  
Official Capacity (*Keyman, Partnerships etc.*)

\_\_\_\_\_  
Signature of Parent or Guardian (*if applicable*)

\_\_\_\_\_  
Signature of Financial Advisor



POLICY OWNER SIGNATURE

## DISCLOSURES BY RESOLUTION LIFE IN TERMS OF THE POLICY OWNER PROTECTION RULES

Details for Resolution Life are listed below:

- Your Policy is underwritten by Resolution Life, registration no. 2008/014840/06

Physical Address: Boskruin Office Park,  
President Fouché Avenue. (Entrance in Boskruin Village Centre)  
Boskruin, Randburg  
Gauteng  
South Africa

Postal Address: P O Box 1555  
Fountainbleau  
2032

- Communication details of the Client Services Division of Resolution Life

Help desk toll free number: 0861 543 326 / 0861 LIFECO

E-mail: [info@resolutionlife.co.za](mailto:info@resolutionlife.co.za)

Hours: Monday - Friday: 08:00 to 17:00

- Moonstone Compliance (Pty) Ltd is the businesses compliance officer. Moonstone Compliance can be contacted at: Valerida Centre, Piet Retief Street, 1st floor, Stellenbosch, 7600. Fax: (021) 883 8005, Tel: (021) 883 8000, website: [www.moonstoneinfo.co.za](http://www.moonstoneinfo.co.za)
- Any complaints in respect of the Policy, product or service must be submitted by you in writing and addressed to Resolution Life Compliance Officer. Upon receipt of the complaint, we will issue a notice of receipt. An investigation team, appointed from time to time by the Board of Directors of Resolution Life, will investigate the complaint. Once the investigation is completed, the investigation team will reach a decision and you will be notified in writing. Upon receipt of this notification, you will have twenty one (21) days to challenge the decision. Should you wish to challenge the decision, you may lodge a complaint with the Long Term Insurance Ombudsman
- Resolution Life Limited is an authorized Financial Services Provider. FSP number 39697
- Resolution Life has Professional Indemnity cover to the value of R10 000 000

**STATUTORY NOTICE TO LONG-TERM INSURANCE POLICY HOLDERS**

**IMPORTANT– PLEASE READ CAREFULLY  
DISCLOSURE AND OTHER LEGAL REQUIREMENTS**

As a long-term insurance policy holder, or prospective policy holder, you have the right to the following information:

<p><b>1. The intermediary (insurance broker or representative) dealing with you must, at the earliest opportunity, disclose:</b></p> <ul style="list-style-type: none"> <li>(a) Name, physical and postal address and telephone number.</li> <li>(b) Legal capacity: whether independent or representing an insurer or brokerage.</li> <li>(c) Concise details of relevant experience</li> <li>(d) Insurance products that may be sold.</li> <li>(e) Insurers whose products may be marketed.</li> <li>(f) Indemnity cover help – Yes/No.</li> <li>(g) Shareholdings in insurers if 10% or more.</li> <li>(h) Name of insurers from which the intermediary received 30% or more of total commission and remuneration during the past calendar year.</li> </ul> <p>(The intermediary must be able to produce proof of contractual relationship with and accreditation by the insurers concerned).</p>	<p><b>2. Your right to know the impact of the decision you elect to make:</b></p> <ul style="list-style-type: none"> <li>(a) The intermediary or insurer dealing with you must inform you of:             <ul style="list-style-type: none"> <li>• The premium you may be paying.</li> <li>• The nature and extent of benefits you may receive.</li> </ul> </li> <li>(b) If the benefits are linked to the performance of certain assets:             <ul style="list-style-type: none"> <li>• How much of the premium will go towards the benefits?</li> <li>• To what portfolio will your benefits be linked?</li> </ul> </li> <li>(c) The possible impact of this purchase on your finances.</li> <li>(d) The possible impact of this purchase on your other policies (affordability).</li> <li>(e) The possible impact of this purchase on your investment portfolio (affordability).</li> <li>(f) The flexibility of changes you make to the proposed contract.</li> <li>(g) The contract terms of the product you intend to purchase.</li> </ul> <p>(It is very important that you feel quite sure that the product or transaction meets your needs and that you feel you have all the information you need to make a decision).</p>
<p><b>3. Your right when being advised to replace an existing policy:</b> You may not be advised to cancel a policy to enable you to purchase a new policy or amend an existing policy, unless:</p> <ul style="list-style-type: none"> <li>(a) The intermediary identifies the policy as a replacement policy.</li> <li>(b) The implications of cancellation of the policy are disclosed to you such as:             <ul style="list-style-type: none"> <li>• The influence on your benefits under the old policy.</li> <li>• The additional costs incurred with the replacement.</li> </ul> </li> <li>(c) The insurer, which issued the original policy, will contact you. You are advised to discuss the matter with its representative.</li> </ul>	<p><b>4. Your right to be informed by the insurer:</b> The insurer will forward you documentation confirming policy details as discussed in paragraph 2 of this Notice, which will also include:</p> <ul style="list-style-type: none"> <li>(a) The name of the insurer.</li> <li>(b) The product being purchased.</li> <li>(c) The cost in Rands of the transaction and specifically:             <ul style="list-style-type: none"> <li>• The loadings, if any.</li> <li>• The initial expense, and</li> <li>• The amount of commission and other remuneration being paid to the intermediary.</li> </ul> </li> <li>(d) In the case of policies with an investment element, the ongoing expense and any other fees or charges payable.</li> <li>(e) The summary in terms of section 48 of the Long-Term Insurance Act 1998.</li> <li>(f) The contract number and address of the complaints and compliance officers of the insurer.</li> </ul> <p>(The insurer may disclose the above information on a generic basis with additional policy holder specific disclosure).</p>
<p><b>5. Your right to cancel the transaction:</b></p> <p>In most cases, you have a right to cancel a policy within 30 days after receipt of the summary contemplated in section 48 from the insurer.</p> <p>The same applies to certain changes you make to a policy. The insurer is obliged to confirm to you whether you have this right and explain how to exercise it.</p> <p>Please bear in mind that you may not exercise if you have already claimed under the policy or if the event, which the policy insures you against, has already happened.</p> <p>If the policy has an investment component, you will carry an investment loss.</p>	<p><b>6. Important Warning:</b></p> <ul style="list-style-type: none"> <li>• It is very important that you are quite sure that the product or transaction meets your needs and that you feel you have all the information you need before making a decision.</li> <li>• It is recommended that you discuss with the intermediary or insurer the possible impact of the proposed transaction on your finances, your other policies or your broader investment portfolio. You should also ask for any information about the flexibility of the proposed policy.</li> <li>• Where paper forms are required, it is advisable to sign them only once they are fully completed. Feel free to make notes regarding verbal information and ask for written information or copies of documents.</li> <li>• Remember that you may contact either the Long-Term insurance Ombudsman or the Registrar of Long-Term Insurance, whose details are set out below, if you have any concerns regarding a product sold to you or advice given to you.</li> </ul>
<p><b>7. Particulars of the Long-Term Insurance Ombudsman:</b></p> <p>Long-Term Insurance Ombudsman Private Bag X45 Claremont 7735</p> <p>Tel: (021) 657 5000 Fax: (021) 674 0951</p>	<p><b>8. Particulars of the Registrar of Long-Term Insurance</b></p> <p>Financial Services Board PO Box 35655 Menlo Park 0102</p> <p>Tel: (012) 428 8000 Fax: (012) 347 0221</p>

This does not form part of the insurance contract