

FUTURE COVER OPTION FORM

(To be completed by the policyholder and life insured)

The following documentation must accompany this form:

- a) Where changes are made to an existing policy: a signed What If quote.
- b) Where changes are added to a new policy: a signed new business quote and application form.

Kindly note additional documentation may be requested by Hollard Life where required.

Return the completed form and supporting documentation to mypolicy@hollard.co.za.

Section A: Policy Information

If the policyholder is a company or trust, please ignore this section and complete the applicable addendum.

Policy no.			
Policyholder full name		Life insured full name	
Identity no.		Cell no.	
Email address		Tel. no.	
Residential address			
Postal address			
Employer name		Occupation	
Source of income		Source of wealth	

Section B: Changes to be made to the existing policy

	Existing benefit amount	Amount to be increased	Amount to be banked	New benefit amount
Comprehensive Disability				
Core Disability				
Comprehensive Impairment				
Core Impairment				
Disability Plus				
Max Comprehensive Critical Illness				
Severity Comprehensive Critical Illness				

Section C: Declaration of Health

Required if you were underwritten more than 5 years ago or you have not used the Future Cover benefit in the past 5 years

1. Have you been admitted to hospital for two or more consecutive days in the last three years? (Hospitalisation for maternity and appendectomies excluded)

☐ Y ☐ N

2. Are there any health factors (past or present) which may influence the risk on this policy such as heart attack or heart diseases, stroke or any other neurological conditions, cancer, liver or kidney disease, impaired vision (other than reading glasses and contact lenses), diabetes, hypertension where chronic medication has been recommended, HIV or AIDS, respiratory disorders requiring ongoing medication, back problems, psychological conditions or any other disease requiring chronic medication on an ongoing basis?

☐ Y ☐ N

3. Do you engage in any high-risk occupation, sport, hobby or pastime which may expose you to a higher-than-average risk of injury, such as speed contests, flying a helicopter or plane, diving below 40 meters, mountaineering, boxing or similar?

☐ Y ☐ N

4. Has any application for life cover, dread disease cover or disability cover been declined, withdrawn, accepted with a loading or terms other than applied for?

☐ Y ☐ N

5. Have you exercised the Future Cover option previously? If so, please advise dates.

☐ Y ☐ N

If you answered yes to any of the above, supply full details below.

Question	Nature & duration of complaints or symptom	Date	Name & address of attending doctor/hospital	Date of last symptoms

Section D: Option Event

Please select the applicable option event.

Option events	Limit per option event
Policy anniversary	50% of annual earnings
Divorce	200% of annual earnings
Death of spouse	200% of annual earnings
Birth/adoption of child	200% of annual earnings
Marriage	200% of annual earnings
Purchase of a vehicle	200% of the value of vehicle financing
Purchase of a home	200% of the value of home financing
Business venture	300% of ownership share of Annual earnings of the venture
Professional partnership	300% of ownership share of Annual earnings of the partnership

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The addition or increase in Benefit Amounts, subject to any restrictions, can either be applied to:

- The existing policy; or
- A new policy, subject to minimum premium requirements that may apply at the time of issuing the new policy.

Declaration

By signing this declaration:

I declare that the statements above are true and complete and shall form part of my application for insurance and I declare that the statements together with my application shall be the basis of the contract between Hollard Life and myself.

Please take note of the following Hollard disclosures:

Protection of Personal Information Act (POPIA)

Hollard cares about your privacy. In order to provide you with our service, we and our service providers have to process the personal information you provide us with by completing this form. We will treat this information with caution and we have put reasonable security measures in place to protect it.

Financial Intelligence Centre Act (FICAA)

In accordance with applicable anti-money laundering laws in South Africa, we are required to obtain specific information and evidence to verify your identity (and in many cases the identities of related persons, such as, but not limited to, directors, beneficial owners and persons instructing us on your behalf (where applicable) when applying for cover and on an on-going basis. If we ask you for information or documents (including original or certified copies) you must provide them to us as soon as possible. If we do not receive adequate information and evidence within reasonable time of our request, we may be unable to provide you with cover or may cancel the policy in accordance with applicable law.

Signed at	_____	Signed at	_____																
Date	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	Date	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y												
D	D	M	M	Y	Y	Y	Y												
Policyholder name	_____	Life insured name	_____																
Signature	_____	Signature	_____																