

MLM BENEFIT AMENDMENT FORM

Instructions

- > Complete policy details and life insured's details in all instances
- > Complete a Nomination Form in order to change a beneficiary or spouse and/or children on the original policy
- > Complete a Broker Nomination Form in order to change your financial advisor

Policy owner details

Policy no. Tel no.

Policy owner Cell no.

Email

What is your monthly gross income?

Additional life insured

Name	Surname	ID no.	Benefit	Sum assured	Relationship to policy owner

Amend my existing policy

Attach a signed quotation that shows

- (a) All new benefits to be added to the existing policy, and
- (b) The total amount of cover required after the amendment for the existing and/or new benefits

Indicate below the benefits that you would like to increase, decrease, remove or add from your policy

Benefit	Sum assured*	Increase	Decrease	Remove	Add
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* If a benefit is being removed, the sum assured will be zero. If a benefit is being decreased, the sum assured needs to be the new decreased amount.

Stop order authorisation details

Scheme code PERSAL table Code

Reservation no.

I, (full name and surname)

the undersigned persal no. hereby authorise Hollard to facilitate the below instruction including all prescribed protocols, (affordability checks etc), for this policy to inception (inception date)

I authorised the human resources department of to deduct the premium of

R . (household content premium) and or R . (life cover premium)

from my salary on (deduction date) and monthly thereafter, and to remit to Hollard from whom

I have obtained insurance until such time as I cancel this authorisation in writing, or until I substitute it with a new authorisation. Should the relevant premium be decreased or increased by Hollard as a result of an inflation related increase in premium, I confirm that the adjusted premium may be deducted from my salary until such time as I cancel this authorisation in writing. Please note that the premium deduction is for both life and short-term policy. Confirm your agreement with a tick. Should the stop order fail, I authorise Hollard to change the deduction method to debit order, and use the account details provided above.

Please note that the debit order details must be completed.

Signature (premium payer)

Date

Current bank account details

Hollard Life will only process policies where payment is by debit order. Payments by credit card or cash are not accepted.

Account holder

Bank

Branch

Branch code

Account no.

Account type Cheque Savings Transmission

Preferred debit date

Premium amount R

Declaration

I understand that this form and the attached signed quotation with reference no.

shall form part of the basis of the policy contract. I further agree, that if any material information is withheld I shall forfeit the additional sum insured and related premiums paid to Hollard Life.

Signature (life insured)

Date

Signature (policy owner)

Date

Signature (intermediary)

Date