1. Important Information

|  |  |
| --- | --- |
| **1.1** | Hollard Investments is a division of Hollard Life Assurance Company Limited and Hollard Investment Managers. |
| **1.2** | Should you elect to change your Financial Advisor Initial and/or Annual Fee and/or, increase your recurring debit order, an Effective Annual Cost (EAC) Disclosure must be requested from our Customer Care team on 0860 202 202 or [**customercare@hollardinvestments.co.za**](mailto:customercare@hollardinvestments.co.za) The EAC Disclosure number must be inserted in the appropriate section of this form and the disclosure document attached to this instruction. Should this change be made for more than one policy, a disclosure for each policy is required. |
| **1.3** | It is imperative that you familiarise yourself with the Hollard Linked Endowment Information Document. This is available from your Financial Services Provider, the Hollard Investments Client Service Centre or on our web site at [**www.hollard.co.za**](http://www.hollard.co.za/)**.** |
| **1.4** | All documents can be sent via email to [**customercare@hollardinvestments.co.za**](mailto:customercare@hollardinvestments.co.za) or faxed to +27(0)11 351 3816. |

1. Document Checklist

|  |  |
| --- | --- |
|  | Completed change of details form. |
|  | For changes to your Financial Advisor Initial and/or Annual Fee, increases in recurring debit order amounts or for new debit order elections, an EAC Disclosure document (s). This can be obtained from the Hollard Investment Customer Care team on 0860 202 202. |
|  | For a Model Portfolio investment, a Hollard Investment Managers Client Mandate. The Client Mandate is available from your Financial Advisor. |
|  | Change of Banking Details: Proof of banking details (cancelled cheque or bank statement, not older than 3 months). |
|  | Change of Name: FICA documents as per the FICA requirements list available on the Hollard website [**www.hollard.co.za**](http://www.hollard.co.za/)**.** |
|  | Change of Residential Address: FICA documents as per the FICA requirements list available on the Hollard website [**www.hollard.co.za**](http://www.hollard.co.za/)**.** |
|  | Change of Tax Number: Confirmation of income tax number. |
| **For changes or additions of a representative acting on your behalf, the following must be supplied for such a person:** | |
|  | Proof of authority to act. |
|  | FICA documents as per the FICA requirements list available on the Hollard website [**www.hollard.co.za**](http://www.hollard.co.za/)**.** |

1. Policyholder Details

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **3.1** | Policyholder Name: | |  | | | |
| **3.2** |  | Apply the changes requested in this form to all my policies. | | | | |
|  | **OR** |  | | | | |
|  |  | Apply the changes requested in this form to the following policy numbers, as listed below: | | | | |
|  |  | 1st Policy Number : | |  | 2nd Policy Number : |  |
|  |  | 3rd Policy Number : | |  | 4th Policy Number: |  |
|  |  | 5th Policy Number : | |  |  | |

1. New Policyholder Details

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Complete only the details you wish to change.** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Title: |  | | | Full Name & Surname: | | | | | | |  | | | | | | | | | | | | | | |
| ID/Passport No: | | | | |  | | | | | | | | | | | **Date of Birth:** | | | |  | | | | | |
| **Residential Address:** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Complex Name: | | | | |  | | | | | | | | | | | | | | | | | Unit No: | | |  |
| Street/Farm Name: | | | | | | |  | | | | | | | | | | | | | | | Street No: | | |  |
| Suburb/District: | | | | |  | | | | | | | | | | | | | | | | |  | | | |
| City/Town: | | |  | | | | | | | | | | | | | | | | | | | Code: | |  | |
| **Postal Address:** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Postal address is as per the residential address | | | | | | | | | | | | | Yes | | No | | | If No, please complete a postal address below? | | | | | | | |
| **Address Type:** | | | | PO Box | | | | | Private Bag | | | | Postnet Suit | | | | | | Box/Bag/Suite No: | | | | |  | |
| Post Office Name: | | | | | |  | | | | | | | | | | | | | | | | Code: | |  | |
| **Contact Details:** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Home: | |  | | | | | | | | Mobile: | |  | | | | | | | **\***Email: | |  | | | | |
| **\*Unless specifically instructed, Hollard Investments will send all investment statements via email. Refer to the section on Reporting and Correspondence.** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Source of income is a requirement in terms of the Financial Intelligence Centre Act (FICA) 38 of 2001. Supporting documents may be required. | | | | | | | | | | | | | | | | | | | | | | | | | |
| Source of income (e.g. Salary, Pension, Savings): | | | | | | | | | | | | | |  | | | | | | | | | | | |
| Country of Residence: | | | | | | | |  | | | | | | | | | **Income Tax Number:** | | | | | |  | | |
| **If you are unable to provide an Income Tax Number, please state the reason thereof below:** | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |

1. Person Acting on Behalf of Policyholder

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Complete only the details you wish to change.** | | | | | | | | | | | | | | | | | | | | | | |
| **Capacity:** | | | | | | | | | | | | | | | | | | | | | | |
| Power of Attorney | | | | | | | | | | | | Curatorship | | | | | | | | Estate Late Executors | | |
| Court Appointed Guardianship | | | | | | | | | | | | Trustees | | | | | | | | Power of Attorney | | |
| **Please note that certified proof of the capacity stated above will be required on the submission of this application, without which it will not be processed.** | | | | | | | | | | | | | | | | | | | | | | |
| Title: |  | | | Full Name & Surname: | | | | | |  | | | | | | | | | | | | |
| **Residential Address:** | | | | | | | | | | | | | | | | | | | | | | |
| Complex Name: | | | | |  | | | | | | | | | | | | | | | Unit No: | |  |
| Street/Farm Name: | | | | | | |  | | | | | | | | | | | | | Street No: | |  |
| Suburb/District: | | | | |  | | | | | | | | | | | | | | |  | | |
| City/Town: | | |  | | | | | | | | | | | | | | | | | Code: |  | |
| **Postal Address:** | | | | | | | | | | | | | | | | | | | | | | |
| Postal address is as per the residential address | | | | | | | | | | | | | Yes | | No | If No, please complete a postal address below? | | | | | | |
| **Address Type:** | | | | PO Box | | | | Private Bag | | | | | | Postnet Suit | | | Box/Bag/Suite No: | | | |  | |
| Post Office Name: | | | | | |  | | | | | | | | | | | | | | Code: |  | |
| **Contact Details:** | | | | | | | | | | | | | | | | | | | | | | |
| Home: | |  | | | | | | | Mobile: | |  | | | | | | | **\***Email: |  | | | |

|  |  |  |  |
| --- | --- | --- | --- |
|  | | | |
| Signature of person acting on behalf on Policyholder: |  | | |
| Date: | |  |  |

1. Beneficiary for Ownership Details

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **6.1** | **THE BENEFICIARY NAMED BELOW WILL REPLACE THOSE PREVIOUSLY NOMINATED ON THE POLICY.** | | | | | | | | | | | | | | | | | |
| **6.2** | A Beneficiary for Ownership is a natural person or trust nominated by the Policyholder to become the owner of the policy in the event of Policyholder’s death, should the Policyholder not be the last Life Assured. | | | | | | | | | | | | | | | | | |
| **6.3** | If no Beneficiary for Ownership is nominated, the deceased’s estate will become the Policyholder, should the Policyholder not be the last Life Assured. | | | | | | | | | | | | | | | | | |
| **6.4** | **Beneficiary for Ownership details - INIDIVIDUAL/NATURAL PERSON:** | | | | | | | | | | | | | | | | | |
| **Title:** | | |  | | **Full Name & Surname:** | | | | | |  | | | | | | |
| **ID/Passport Number:** | | | | | |  | | | | | | **Relationship:** | | | |  | |
| **Contact Details:** | | | | | |  | | | | | |  | | | |  | |
| **Home:** | | | |  | | | | **Mobile:** | | |  | | | | **\*Email:** | |  |
|  |  | | | | | | | | | | | | | | | | |
| **6.5** | **Beneficiary for Ownership details - TRUST:** | | | | | | | | | | | | | | | | |
| **Registered Trust Name:** | | | | | | |  | | | | | | **Reg. Number:** | | | |  |
| **Contact Details:** | | | | | | | | | | | | | | | | | |
| **Tel:** | |  | | | | | | | **Fax** |  | | | | **\*Email:** | | |  |

1. Beneficiaries for Proceeds

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **7.1** | **The beneficiary named below will replace those previously nominated on the policy.** | | | | | | | | | | |
| **7.2** | A Beneficiary for Proceeds is a party nominated by the Policyholder to receive a benefit from the policy in the event of the death of the last life assured. | | | | | | | | | | |
| **7.3** | If no beneficiary is nominated on this policy, it will be assumed, in the case of the policyholder being a natural person and on their death, that the beneficiary will be the estate of the deceased. | | | | | | | | | | |
| **7.4** | **Beneficiary Nominations:** | | | | | | | | | | |
|  |  | | | | | | | | | | |
| |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **First Name** |  | **Surname** |  | **Relationship** |  | **ID Number/Reg.No.** |  | **Share of Benefits** | | | | | | | | | | | | |
|  | |  |  |  |  |  |  | |  | | **%** |
|  | |  |  |  |  |  |  | |  | | **%** |
|  | |  |  |  |  |  |  | |  | | **%** |
|  | |  |  |  |  |  |  | |  | | **%** |
|  | |  |  |  |  |  |  | |  | | **%** |
|  | |  |  |  |  |  |  | |  | | **%** |
|  | |  |  |  |  |  |  | **Total:** | | **100%** | |

1. Additional Lives Assured

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **8.1** | **The life assured(s) named below will replace those previously nominated on the policy.** | | | | | | | | | | |
| **8.2** | **Please note:** A life assured that is nominated must be a natural person. | | | | | | | | | | |
| **8.3** | In the case of the Policyholder being a natural person, it is assumed that the Policyholder is the first life assured and any details completed below will be deemed to be an additional life assured. | | | | | | | | | | |
| **8.4** | The death benefit will be paid to the nominated beneficiaries on the death of the last life assured. | | | | | | | | | | |
|  | | | | | | | | | | | |
| **1st Life Assured:(Subsequent to the Policyholder for Individual Policyholders)** | | | | | | | | | | | |
| Title: | |  | | Full Name & Surname: | | |  | | | | |
| ID/Passport No: | | | | |  | | | | | Date of Birth: |  |
| **Contact Details:** | | | | | | | | | | | |
| Tel.: | | |  | | | **\***Email: | | |  | | |
|  | | | | | | | | | | | |
| **2nd Life Assured:** | | | | | | | | | | | |
| Title: | |  | | Full Name & Surname: | | | |  | | | |
| ID/Passport No: | | | | |  | | | | | Date of Birth: |  |
| **Contact Details:** | | | | | | | | | | | |
| Tel.: | | |  | | | **\***Email: | | |  | | |

1. Change of Recurring Debit Order Details

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Please complete this section if you wish to change/cancel your existing debit order on your Hollard Linked Endowment. No new debit orders are permitted on the Hollard Linked Endowment.** | | | | | | | | | | | | | | | |
| **9.1** | The minimum recurring debit order amount of **R500 per month** must be met for the policy. | | | | | | | | | | | | | | |
| **9.2** | Please note, debit orders are restricted to a maximum **R1 000 000** per debit. | | | | | | | | | | | | | | |
| **9.3** | Hollard Investments must receive this instruction 5 days prior to the debit order date. | | | | | | | | | | | | | | |
| **9.4** | Should you elect to **increase** your existing debit order amount, an Effective Annual Cost (EAC) Disclosure must be requested for each Policy from our Customer Care team on 0860 202 202 or [**customercare@hollardinvestments.co.za**](mailto:customercare@hollardinvestments.co.za)**.** The EAC Disclosure number must be inserted in 9.5 below and the disclosure document (s) attached to this instruction form. | | | | | | | | | | | | | | |
| **9.5** | **Please select from the following options:** | | | | | | | | | | | | | | |
|  |  | | Cancel debit order Investment. | | | | | | | | | | | | |
|  |  | | Change an existing debit order. | | | | | | | | | | | | |
|  |  | Monthly Debit Order Amount: | | | | | | | **R** | | | |  | | |
|  | **1st Policy No.:** | | | |  | | | | |  | **EAC Disclosure No.:** | | |  | |
|  | **2nd Policy No.:** | | | |  | | | | |  | **EAC Disclosure No.:** | | |  | |
|  | **3rd Policy No.:** | | | |  | | | | |  | **EAC Disclosure No.:** | | |  | |
|  | **4th Policy No.:** | | | |  | | | | |  | **EAC Disclosure No.:** | | |  | |
|  | **5th Policy No.:** | | | |  | | | | |  | **EAC Disclosure No.:** | | |  | |
| **9.6** | If you would like to change the date on which your monthly debit order runs, please select from the options below: | | | | | | | | | | | | | | |
|  | 1st | | | **OR** | | 20th | |  | | | | | | |  |
| **9.7** | If you would like to increase your recurring contribution automatically each year, please select from the options below. Please note that debit order escalations take place one year after your first debit order. Should you change your debit order, the escalation will only take place one year after your new debit order has changed. | | | | | | | | | | | | | | |
| **9.8** | Effective Date of Change: | | | | | |  | | | | |  | | | |
|  | Percentage Increase Per Annum:  5%  10%  15% | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **9.9** | **Investment Allocation:**   1. Please refer to the latest Hollard Linked Endowment investment portfolio list for the list of investment portfolio options. This is available on the Hollard website of from your Financial Advisor. 2. Please indicate the Hollard Linked Endowment portfolio list version number used when selecting your investment portfolios: | | | | | | | |
|  |  | Portfolio list version number: |  | | |  | | |
|  | 1. If you are investing in a model portfolio, please provide the model portfolio name in the table below (and not the names of the investment portfolios in which the model portfolio invests). You may invest into one or a combination of investment portfolios and/or model portfolios. | | | | | | | |
| **\*Please specify the debit order details below. This instruction will replace any existing debit orders on your policy/s. Should you have more than one policy that you would like this change to be effected for, but you wish for the allocation to be different across the policies please complete a new change of details form for each policy.** | | | | | | | | |
|  | | | | | | | | |
| **Investment Portfolio Name** | | | |  | **Investment Portfolio Code\*** | | **Or** | **Recurring Debit Order %** | |
|  | | | |  |  | |  | **%** | |
|  | | | |  |  | |  | **%** | |
|  | | | |  |  | |  | **%** | |
|  | | | |  |  | |  | **%** | |
|  | | | |  |  | |  | **%** | |
|  | | | |  | **Total** | | | **100%** | |
| **\* Mandatory Field. This code can be found on the investment portfolio list available Hollard website.** | | | | | | | | | |

1. Change of Banking Details

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Please complete this section if you would like to change your banking details.** | | | | | | | | | | | | | |
| **10.1** | | Please supply proof of banking details for the bank account provided. | | | | | | | | | | | |
| **10.2** | | Payments to 3rd party bank accounts are not allowed. Payment will only be made to a bank account in your name. | | | | | | | | | | | |
| **10.3** | | No payments will be made to offshore bank account, credit cards or market linked accounts. | | | | | | | | | | | |
| **10.4** | | For Debit Order Transactions: FICA documents are required for the bank account holder, should the bank account holder be a party other than the Policyholder. Please refer to the FICA Requirements list for details. | | | | | | | | | | | |
| **10.5** | | Is the change in banking details applicable to a recurring debit order?  Yes | | | | | | | | | | | |
| **10.6** | | The bank account holder hereby authorises Hollard Life to draw direct debits against the bank account detailed below. | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **New Banking Details:** | | | | | | | | | | | | | |
|  | Bank Name: | |  | | | Branch Name: | |  | | | | Code: |  |
|  | Account Holder: | | |  | | | | Account Number: | |  | | | |
|  | **Account Type:** | | | Savings | Cheque/Current | | Transmission | | Other: | |  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Signature of Bank Account Holder:** |  | | |
|  | **Date:** | |  |  |

1. Reporting and Correspondence

|  |  |
| --- | --- |
| **Complete this section if you would like to add or remove your Financial Services Provider (FSP) as a correspondence recipient.** | |
| **11.1** | It is your responsibility to ensure that the details for reporting and correspondence held by Hollard Investments are current and accurate. Hollard Investments will not be held liable for communications of any nature not being received by you, or any circumstances that may arise as a result of such non-receipt. |
| **11.2** | Do you require all correspondence to be sent to your nominated FSP (Financial Services Provider) in addition to being sent to you?  Yes |

1. Change of Financial Services Provider (FSP)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Complete this section if you would like to change your FSP (Financial Services Provider) or Financial Advisor Annual Fee. Please note: your new nominated FSP must have a Hollard Investments Contract in order for this change to take effect.** | | | | | |
| Should you replace your FSP (as opposed to your Financial Advisor), you will be required to complete a switch form to switch out of your Model Portfolio investment (if applicable), as the Model Portfolio is a product offered exclusively to clients of your current FSP. | | | | | |
| **Please note:** A FSP change will only take effect from the date that Hollard Investments receives and processes this change instruction. | | | | | |
|  | | | | | |
| **Practice Name (FSP):** | |  | **FSP Number:** |  | |
| **Financial Advisor Name:** | |  | **Financial Advisor Code:** | |  |
|  | | | | | |
| **12.1** | **FAIS Declaration:**   1. I declare that I am a licensed FSP and have made the disclosures required in terms of the Financial Advisory and Intermediary Services Act, No. 37 of 2002 and subordinate legislation thereto, to the Policyholder. 2. I, the appointed FSP named herein, hereby declare that I have fully explained to the Policyholder named herein, the details and constraints of the investment in question and have received confirmation from them of their understanding thereof, that Hollard Investments has the right to review this investment application if at any time they feel the Policyholder does not understand the implications of their decision and the associated consequences. 3. Further, I warrant that I have explained all fees that relate to this investment to the Policyholder and I understand and accept that the Policyholder may withdraw his/her authority for payment to me in writing to Hollard Investments. | | | | |
| **12.2** | **FICA Declaration:**  The FSP declares and confirms in terms of the Financial Intelligence Centre Act, No 38 of 2001 (the Act) that:   1. I have identified and verified the details of the parties to this contract and transaction in terms of the requirements of Section 21 of the Act. 2. I have obtained copies of the clients’ identification and verification documents and will retain records thereof in terms of the requirements of Section 22 of the Act. 3. I will perform these functions in accordance with the Regulation 4(b) exemption in place between my FSP, who acts as the primary accountable institution herein, and the Product Provider.  Yes | | | | |
| **12.3** | **Policyholder Fee and Discretionary Mandate Declaration:**  This is only applicable if the FSP named herein holds a ‘Category II’ license with the FSB and is therefore an approved discretionary FSP: | | | | |
|  | 1. I confirm that I have entered into a mandate with the FSP named herein, who is an approved discretionary FSP and I have attached a signed copy of the mandate to this instruction.  Yes | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 1. I confirm my understanding that if I have not selected ‘Yes’, only transaction instructions received from, and signed by me, will be acted upon. | | | | | | | |
|  | 1. I further confirm my understanding of the fact that if I have selected ‘Yes’, Hollard Investments and/or the administrator will act on all transaction instructions received from the nominated FSP irrespective of whether or not authorization for the transaction in question is received from me. | | | | | | | |
|  | 1. I indemnify Hollard Investments and the administrator against any losses whatsoever that may occur as a result of transaction instructions carried out, where such instructions are signed and submitted to Hollard Investments and/or the administrator by the FSP without my knowledge. | | | | | | | |
|  | 1. I, the undersigned, confirm that I have read and completed, whether in my handwriting or not, this declaration and understand its implications. | | | | | | | |
|  | 1. I confirm that the Policyholder named herein and I have agreed to the payment of the specified initial Financial Advisor Fee and Initial Fee and Financial Advisor Annual Fee, as specified below (If a fee is not specified, a zero initial and annual fee will be applied). | | | | | | | |
|  |  | **Initial Fee for debit order:** | | **%** | **Excl. VAT (Initial Financial Advisor Initial Fee may not exceed 3.0% excl. VAT)** | | | |
|  |  | **Annual Fee of:** | | **%** | **Excl. VAT (Initial Financial Advisor Initial Fee may not exceed 1.0% excl. VAT)** | | | |
|  | 1. Should you elect to change your Financial Advisor Initial or Annual Fee, please provide the EAC Disclosure number for each investment account that you are applying the change to. This can be obtained from the Hollard Investments Customer Care team on 0860 202 202. | | | | | | | |
|  | 1st Policy No.: | |  | | |  | EAC Disclosure No.: |  |
|  | 2nd Policy No.: | |  | | |  | EAC Disclosure No.: |  |
|  | 3rd Policy No.: | |  | | |  | EAC Disclosure No.: |  |
|  | 4th Policy No.: | |  | | |  | EAC Disclosure No.: |  |
|  | 5th Policy No.: | |  | | |  | EAC Disclosure No.: |  |
|  | 1. I furthermore confirm that I have signed this declaration of my own free will and I regard it as binding. | | | | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | |  |  |  | | |
|  | Financial Advisor Signature: |  | |  | Policyholder Signature: |  | | |
|  | Date: |  |  | | Date: | |  |

1. Policyholder Declaration

|  |  |
| --- | --- |
| **13.1** | I confirm that all information provided in this form is correct. |
| **13.2** | I hereby agree that the policy conditions and Investor schedule, as provided along with the processing confirmation for this instruction, form the basis of my contract with Hollard Life, together with any annexures, written amendments and endorsements. Hollard Life may amend the terms and conditions of the policy after giving 30 days written notice of the proposed changes, provided that any such changes may not adversely affect any accrued right or benefit that I may have under the policy, unless such a change is required by legislation or a regulatory authority. |
| **13.3** | Should I be married in community of property in terms of the Matrimonial Property Act, I declare that, prior to the signature date of this instruction, I have obtained the consent of my spouse. |
| **13.4** | I have read and understood the Information Document applicable to the Hollard Linked Endowment. This is available from your Financial Services Provider, the Hollard Investments Client Service Centre or on our website [**www.hollard.co.za**](http://www.hollard.co.za/)**.** |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Signed at |  | | | on this | |  | | day of |  | |
| **(Place)** | | | | **(Day)** | | | | **(Month & Year)** | | |
| Policyholder Signature: | |  | | | | |  | | | |
| Official Capacity: | | |  | |  | | | |  |  |

**\* If the applicant is under the age of 18, this signature must be that of the Person Acting on Behalf of the Policyholder.**