

Conversion Option Proposal Form

This block to be completed by OLD MUTUAL only						Policy Number													
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AS THE STATEMENTS IN THIS PROPOSAL CONSTITUTE WARRANTIES, ALL FACTS THAT MAY AFFECT THE ASSESSMENT AND TERMS OF ACCEPTANCE OF THIS PROPOSAL MUST BE DISCLOSED.

All questions must be fully answered using block letters in the same colour ink. The Proposer must sign for any amendments made to the proposal. Please submit proof of age by Birth Certificate or other acceptable document.

FOR HEAD OFFICE USE ONLY
Age admitted refer.....

Please complete information for all sections in block letters

1. LIFE TO BE ASSURED **D.O.B.**

SURNAME Mr/Mrs/Miss/Ms/.....	Maiden or Former Surname	National I.D. No	Spouse's Initials	Spouse's D.O.B
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FIRST NAMES **Telephone:** Home.....Bus

Mobile..... Fax..... E-MAIL ADDRESS:.....

RESIDENTIAL ADDRESS:.....

POSTAL ADDRESS: (IF DIFFERENT)..... AREA CODE.....

Cover will commence when the first premium has been paid and OLD MUTUAL has conveyed written acceptance of the risk to the Proposer but a specific date of commencement may be requested here if necessary:.....

2. DESCRIPTION OF PLAN indicate thus (X) in the appropriate boxes.

i. BASIC ASSURANCE (Description in words)	GREENLIFE SPECIAL		INITIAL COVER \$.....
	COMFORT PLUS SPECIAL		INITIAL PREMIUM \$.....

ii. a. RETIREMENT AGE (Last birthday) <input style="width: 50px;" type="text"/>	Old Mutual reserves the right to review premium rates			
		Mode of Payment	Yearly	Monthly
	b. Term (Years) <input style="width: 50px;" type="text"/>	Has the first premium in respect of this proposal been paid?		Yes

iii. COMPULSORY CONDITIONS Automatic Contribution Increase (ACI) NB The premium and cover will increase by a percentage of the Retail Price Index as determined by Old Mutual on a regular basis.	OPTION BEING EXERCISED Tick <input checked="" type="checkbox"/> appropriate option			
	<input type="checkbox"/> Enhanced Conversion	<input type="checkbox"/> Preservation Conversion		
	INVESTMENT FUNDS (for Comfort Plus) Tick <input checked="" type="checkbox"/> appropriate fund			
	<input type="checkbox"/> Performance Profits Fund	<input type="checkbox"/> Stable Fund		
OFFICE USE ONLY: OCCUPATION CLASS			RATE	

3. GENERAL. Full details of Life Assured must be given below for all "YES" answers.

3.1 Is your life already insured with— OLD MUTUAL? — Any other Insurer?	YES	NO				
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3.2 Is any other proposal for Insurance on your life now pending or contemplated? YES NO

3.3 Have any policies been issued on your life in the last 12 months by OLD MUTUAL or any other Insurer? YES NO

3.4 Is this proposal to replace any existing assurance or proposal with OLD MUTUAL or with any other insurer? YES NO

The Introducer must countersign question 3.4 here irrespective of answer.....

3.5 What is your main occupation..... Who is your employer?.....

3.6 (a) What academic, professional or trade qualification do you possess? e.g. highest level of school attained, university degree, qualified artisan, etc)

(b) What is your regular **monthly** income? (Specify overtime separately).....

Please complete the details below if you answered YES to any of 3.1, 3.2, 3.3, or 3.4

NAME OF INSURER	POLICY NUMBER	COVER AMOUNT

4. State the code and the name of the Group Scheme under which option is being exercised.....

5. LIFE ASSURED'S PERSONAL STATEMENT AND DECLARATION REGARDING PRE-EXISTING CONDITIONS

I declare that I am aware that if my death occurs during the first twelve months from the date of entry of the policy , as a result of a condition pertaining to sickness, illness or physical injury which prevailed during the twelve month period immediately preceding the date of entry, no benefit shall become payable.

- 6.
- a. State name and address of your usual medical doctor.....
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 - b. For how long has he/she been your doctor?.....

7. DECLARATION – FOR UNIT LINKED POLICIES ONLY

ACKNOWLEDGEMENT OF FLUCTUATIONS IN THE VALUE OF THE POLICY

I am aware that the assessed value of the proposed policy will increase and decrease with fluctuations in the market value of the assets in which premiums are invested.

Signature of LIFE TO BE ASSURED

Signature of LEGAL GUARDIAN (where required)

8. BANK DEBIT ORDER

Information is required to enable amounts due in respect of the proposed contract to be paid to OLD MUTUAL. Complete details from a bank cheque and attach cancelled blank cheque or old used cheque. If payment is made other than by debit order, OLD MUTUAL may alter the premium in accordance with its then current practice.

Full name in which a/c operates.....Name of Bank.....Bank Code.....
 Payer's date of birth.....A/C Number.....Branch.....Town/City.....
 Debits are to operate on theday of the month/year. (Delete the inapplicable) Date.....

Signature of payer or authorised person.....

Office use only
Debit order Code

If a company is the payer the authorised person (indicating authorised capacity) must sign.

9. INFORMATION SUPPLIED BY INTRODUCER

Name(s) of introducer(s) Independent Contractor/Other. Address if I.C.	Codes		% Split of	
	Prefix	Suffix	Commission	Figures

Occupational code.....Industry code.....Monthly Income \$.....Survival rate.....

Is source of business a lead? YES NO If YES state lead type/code

OYP

Is the client at present paying premiums – to the OLD MUTUAL?

GROSS S/A

Answer Yes or No in the box. to any other company?

SPECIAL INSTRUCTIONS (If space insufficient, please use separate sheet of paper and attach)