



# LIFE ASSURANCE COMPANY ZIMBABWE LIMITED

## Personal Money Management Abbreviated Proposal Form

This block to be completed by OLD MUTUAL only	Number of lives to be assured	LIFE ASSURED NUMBER	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 (No abbreviations) in all sections in block letters-ticks and dashes must not be used.**

**1. LIFE TO BE ASSURED**

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.....

DATE OF BIRTH:	PLACE OF BIRTH:	Age next Birthday	Is proof of age now submitted?	Yes/No	GENDER	MARITAL STATUS
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Occupation (in full) Regular monthly income \$

Name of Employer (in full)

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. NOMINEE (FOR PROCEEDS ON DEATH OF LIFE ASURED).**

SURNAME (TITLE) .....FIRST NAMES.....

DO.B.....RELATIONSHIP.....

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

i. Description of Plan	Initial Premium to be paid \$
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ii. a. RETIREMENT AGE (Last birthday)		Bank Debit Order details (Refer last page)				
b. Term (Years)		Yearly	Monthly	Has the first premium in respect of this proposal been paid?	Yes	No

iii. COMPULSORY CONDITIONS  Automatic Contribution Increase (ACI) <b>NB</b> The premium and cover will increase by a percentage of the Retail Price Index as determined by Old Mutual on an annual basis.	INVESTMENT FUNDS (for Retirement Plans) Tick <input checked="" type="checkbox"/> appropriate fund selected in the box below.		
	PERFORMANCE PROFITS FUND		STABLE FUND

Has the first premium in respect of this application been paid? Yes No

**4. GENERAL**

Is this application to replace any existing assurance or application with OLD MUTUAL or with any other insurer? [ ] [ ]

If yes give name if insurer.....

The Introducer must countersign this question here, irrespective of the answer.....

**5. DECLARATION**

1. I warrant that all the information given in this application, and in all documents which have been or will be signed by me in connection with the proposed assurance, *whether in my handwriting or not*. Is true and complete.
2. I agree that the statements in this application and the documents mentioned above shall be the basis of the proposed contract.
3. I agree that no statement, whether made by myself or the person canvassing for or handling this application or by any other person, shall be binding upon the OLD MUTUAL unless the same be reduced to writing, submitted to the head office of the OLD MUTUAL and made part of the contract.
4. Retirement Annuities only: I hereby apply for membership of the Retirement Annuity Fund underwritten by OLD MUTUAL and I agree to be bound by the Rules of the appropriate Fund and the conditions of the contract (both as amended from time to time) between the Trustees of the Fund and OLD MUTUAL.

Signed at.....on.....2.....

Signature of LIFE TO BE ASSURED

**6. 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

- 7. 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 the .....day of .....and every.....months thereafter.  
 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.

**8. INFORMATION SUPPLIED BY INTRODUCER**

Name(s) of introducer(s) Independent Contractor/Other. Address if I.C.	Codes		% Split of	
	Prefix	Suffix	Commission	Figures
Details of Proposer (If Proposer and Life Assured are not the same, give details of Life Assured.				
Occupational code.....Industry code.....Annual 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?			Commission	
(Answer Yes or No in the boxes.) to any other company?				

**SPECIAL INSTRUCTIONS**