

# INVESTMENT PLAN **APPLICATION FORM**

SECTION A - REPLACEMENT QUESTION	
IMPORTANT NOTE: REPLACEMENT OF ANY INSURANCE MAY BE TO THE DISA	DVANTAGE OF THE POLICYHOLDER
Do you have an existing policy with BLIL Yes No	
Is application to replace an existing insurance policy with any insurer?	Yes No
<b>Declaration by intermediary</b> I hereby declare that I have explained the meaning and implications of the repl possible detrimental consequences of the replacement of an insurance policy.	acement to the policyholder and that I am fully aware of the
Names of Intermediary	ignature
Date D M M Y Y Y	
SECTION B - PLAN TYPE	
	IVENTIONAL
SECTION C - POLICY HOLDER/ APPLICANT	
SECTION C - POLICY HOLDER/ APPLICANT	Single Married Divorced Widowed
	Single Married Divorced Widowed Date of Birth D M M Y Y Y Y
Title	
Title	Date of Birth
Title First Names Surname Maiden Name and /	Date of Birth D D M M Y Y Y Y
Title First Names Surname Maiden Name and / or Former Surname Omang Number Postal	Date of Birth D D M M Y Y Y Y Age Next Gender M F
Title   First Names   Surname   Maiden Name and / or Former Surname   Omang Number   Postal Address   Residential	Date of Birth D D M M Y Y Y Y Age Next Gender M F Cell
Title First Names Surname Maiden Name and / or Former Surname Omang Number Postal Address Residential Address	Date of Birth D D M M Y Y Y Y Age Next Gender M F Cell Res
Title   First Names   Surname   Maiden Name and / or Former Surname   Omang Number   Postal Address   Residential	Date of Birth D D M M Y Y Y Y Age Next Gender M F Cell Res Mork

# SECTION D - PREMIUM PAYER IF NOT APPLICANT

Title First	Date of Birth D D M M Y Y Y Y
Surname	Age Next Gender F
Omang Number	Cell
Maiden Name and /   or Former Surname	Res
Postal Address	Work
Occupation	Relationship to Applicant: Parent Spouse
Nationality	Other
SECTION E - PREMIUM TYPE	
Commencement Date	
PREMIUM FREQUENCY: Single Monthly Qu	Jarterly Bi Annually Annually
PREMIUM UPDATE:         0%         5%         109	%
Term (words)	Client Signature
SECTION F - METHOD OF PAYMENT	
DEBIT ORDER STOP ORDER CASH (AN	NNUAL ONLY) EFT
Account Holder's Name	Strike Date
Premium	Branch Name
Bank Name	Type of Account
Date D M M Y Y Y Y	

# **SECTION G -** FUND SELECTION

# FUNDS AVAILABLE TO CLIENTS TAKING UP ISAGO INVESTMENT PLAN

FUNDS	FUND OBJECTIVE	INVESTMENT STRATEGY	INVESTMENT HORIZON	RISK PROFILE	PROPORTION
BALANCED LIFE FUND	Aims to preserve capital while generating current income and moderate long-term capital growth	Invests in diversified assets, both local and offshore	Medium to long term	Medium	
MODERATE LIFE FUND	Aims to preserve capital while generating current income and moderate long-term capital growth	Invests in diversified assets, both local and offshore	Medium to Long term	Low	
GROWTH OFFSHORE FUND	Aims to preserve capital while generating current income and moderate long-term capital growth	Invests in diversified assets, offshore	Long term	High	
SHARIAH MODEL PORTFOLIO	The primary objective is to provide Shariah-compliant above-average total returns over an investment horizon of 3 years or more by investing in quality Shariah-compliant ordinary shares on the JSE	Invest in Shariah compliant stocks	Medium to Long term	High	

### FUNDS AVAILABLE TO CLIENTS TAKING UP ISAGO EDUCATOR

FUNDS	FUND OBJECTIVE	INVESTMENT STRATEGY	INVESTMENT HORIZON	RISK PROFILE	PROPORTION
BALANCED LIFE FUND	Aims to preserve capital while generating current income and moderate long-term capital growth	Invests in diversified assets, both local and offshore	Medium to long term	Medium	
MODERATE LIFE FUND	Aims to preserve capital while generating current income and moderate long-term capital growth	Invests in diversified assets, both local and offshore	Medium to Long term	Low	

### FUNDS AVAILABLE TO CLIENTS TAKING UP THE RETIREMENT PLAN

FUNDS	FUND OBJECTIVE	INVESTMENT STRATEGY	INVESTMENT HORIZON	RISK PROFILE	PROPORTION
RETIREMENT ANNUITY FUND	Aims to preserve capital while generating current income and moderate long-term capital growth	Portfolios categorized into low risk, medium risk and high risk depending on outstanding duration to retirement	Long term	Mixture of low, medium and high risk depending on outstanding duration to retirement	
SHARIAH MODEL PORTFOLIO FUND	The primary objective is to provide Shariah-compliant above-average total returns over an investment horizon of 3 years or more by investing in quality Shariah-compliant ordinary shares on the JSE	Invest in Shariah compliant stocks.	Medium to Long term	High	

#### NB:

1. Low Risk Portfolio aims to achieve investment returns of inflation plus 2%

2. Medium Risk Portfolio aims to achieve investment returns of inflation plus 4%

3. High Risk Portfolio aims to achieve investment returns of inflation plus 6%

PFR 2 are pension funds investment rules issued by the regulatory authority in terms of the Retirements Fund Act. PFR 2 limits the extent to which pension (retirement) funds can invest in particular assets and/or assets classes.

The objective of the PFR 2 is to protect members' retirement savings from the effects of poor diversified investment portfolios through limiting exposure to more risky asset classes and ensuring that no unnecessary risk is taken with members' retirement savings. This aims to ensure that members' retirement provision is reasonably sufficient to provide them with income at retirement.

## **SECTION H - DECLARATION**

I hereby give consent for my personal data to be shared within the BIHL group, it's subsidiaries, brokers, agents and representatives for Marketing purposes only. This consent does not apply to any information relating to medical results.

Yes No	
Signature	
Life Assured	
Applicant, if other than the Life assured	

Date	D	D	М	М	Y	Y	Y	Y
Date	D	D	М	М	Y	Y	Y	Y
Date	D	D	М	М	Y	Y	Y	Y

# **DISCLOSURES TO THE POLICY HOLDER**

	DESCRIPTION	DISCLOSURE				
a.	Underwriter	Botswana Life Insurance Limited, Fair Grounds Office Park, Plot 50676, Gaborone. Tel: 364 5100 Fax: 390 5884 Website: www.botswanalife.co.bw				
b.	Complaints Procedure	If you have a complaint regarding the underwriter's policy or service, contact; 1. Your intermediary or 2. Our contact centre at 362 3700 3. The nearest Botswana Life Insurance Ltd office If you are still not satisfied with the way the complaint has been resolved through our internal complaints handling process, you can address your complaint to Non Bank Financial Institution Regulatory Authority, 3rd Foor Exponential Building CBD, Tel: 310 2595/368 6100, Fax 310 2376.				
С.	Name and type of policy	Isago Multi Fund Investment Plan is an investment policy which will pay out the accrued investment value upon maturity. Should the life assured pass on before maturity of the policy then funds will be paid to the beneficiaries.         Tapologo Multi Fund Investment Plan is a Retirement annuity which will be paid out at retirement age. Should the life assured pass on before maturity of the policy then funds will be paid to the beneficiaries.				
d.	Premium update	This policy is sold with a choice of 5% or 10% yearly premium update. The updates can be changed by notifying BLIL. The premium update will be cancelled automatically should you not pay the increased premium after 3 months.				
e.	Commission	The policy is sold by an intermediary who will earn a commission. This commission will not be deducted from your regular investment but will be paid by Botswana Life to the intermediary. Botswana Life will use a portion of the fund administration charge to recoup the commission over the term of the policy.				
f.	Charges and fees	Regular Premium         1. A twenty five Pula (P25) fee per month will apply.         2. Fund Administration charge of 2.9% per annum.         3. Asset Management charge of 0.5% per annum.         4. Service fee of P100 for partial withdrawals and surrender         5. A surrender penalty of 30 % in the first 5 years and 0 thereafter         Single Premium         1. A three hundred Pula (P300) one-off policy fee will apply.         2. Fund administration charge of 1.25% per annum.         3. Asset management charge of 0.5% per annum.         4. Service fee of P100 for partial withdrawals and surrender         5. A surrender penalty of 1.5% in the first 5 years and 0 thereafter				
g.	Limitations	The following are not applicable in this policy <ul> <li>Waiting Period</li> <li>Loans against the value of the policy</li> <li>Disability cover</li> <li>Underwriting</li> <li>Security/ lien against the policy/cession</li> <li>Termination Fee</li> </ul>				
h.	Investment	The total Premium less all applicable charges and fees will be invested in the chosen funds. The value of the policy will be determined by the performance of the chosen investment mix.				
i.	Cooling off	The policy holder has the right to cancel the policy within 30 days.				
j.	Replacement	In the event that this is a replacement of an existing Policy, this may have negative consequences for the policyholder. Replacement nearly always involves duplication of initial costs and charges to the policyholder.				
k.	Claim Events	Benefits are payable upon maturity and early surrender.				
L	Death before retirement	<ul> <li>If a member dies before retiring from the Botswana Life Retirement Annuity Fund (the Fund), the trustees of the Fund are responsible for allocating such deceased member's benefits in terms of Section 39 of the Retirement Funds Act (the Act). According to the Act, the trustees must perform the following duties;</li> <li>I. Identify and find all dependants. Section 1 of the Act explains dependants as spouses, children, anyone proven to have been financially dependent on you at the time of your death, anyone entitled to maintenance, as well as anyone who may in future have become financially dependent on you.</li> <li>Decide how to divide the benefit based on the outcome of their investigations. Any individuals that the deceased member may have asked the trustees to consider when they allocate the benefit (nominees) will also be considered.</li> <li>Decide on how the benefit will be paid to dependants and/or nominees.</li> </ul>				
m.	Compliance Office	Tel: 371 4953 Fax: 390 5884 Email: compliance@blil.co.bw				

Client No	First Names	Surname	Sex	Date of Birth	ID No / Passport no for non-citizens	Share (%)	Relationship to applicant
						Total share	e 100%

## **SECTION J:** INTRODUCER'S DETAILS

## **AGENT DETAILS**

Agent's Code	Name(s) of Agent(s)	Share
		%
		%

I hereby declare that I have explained the policy to the proposer, the meaning and implications of replacements to the proposer and that I am fully aware of the possible detrimental consequences of the replacement of any insurance policy. I declare that all the information contained in this proposal was obtained from the proposer and was completed in his/her presence. I also declare that I have seen satisfactory evidence of proof of age of the proposer.

Agent's Signature		Supervisor Name	
Telephone numbe	r	Supervisor Signature	
Cell Number		Cell Number	
Email		Email	
Date	D D M M Y Y Y	Date	D D M M Y Y Y Y
For Supervised Experience	Months		

NB. This is a declaration that I have checked the proposal form and other documents that make up the contract.

CHECKED BY SALES EXECUTIVE/ BROKER CONSULTANT	AUTHORISED BY MANAGER
Check was Personal Telephonic	Accept application which is Complete Not able to be spot checked
Result	Sales Manager's Name
Date D D M M Y Y Y	Signature
	Date D D M M Y Y Y
NEW BUSINESS	
Captured By	Accepted By
Date D M M Y Y Y	Date D D M M Y Y Y Y