



CBZ LIFE COMFORTSURE FUNERAL PLAN

Application, Personal Declaration and Stop, Debit Order Authorization

CBZ Life Limited, 5 Campbell Road, Pomona, Borrowdale, Harare

Tel: 08677004050/52, E-Mail: cbzlifemarketing@cbz.co.zw

Principal Member/Applicant Details			
Surname	Name(s)	National ID Number	
E-mail Address		Date of Birth	
Postal/Physical Address		Mobile/Tel. Number	

Next of Kin Details			
Full Name	Mobile Number	National ID Number	

Immediate Family (Principal Member, Spouse(s), Biological Children, Parents and In-Laws)				
Full Name	Date of Birth	Relationship	Specify Level of Funeral Cover (in multiples of \$50,000)	Tombstone Cover

Adult Dependents (Children or Adult Relatives for whom there is Insurable Interest)				
Full Name	Date of Birth	Relationship	Specify Level of Funeral Cover (in multiples of \$50,000)	Tombstone Cover

Description		
INDIVIDUAL: Personal information of Individuals. Repeated structure nested inside the CONTRACT structure. Tick Yes or No		
Are you a USA Resident? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you a USA Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you hold a USA Permanent Resident Green Card (Green Card)? Yes <input type="checkbox"/> No <input type="checkbox"/>

Sources of funds					
Employment Type. Tick applicable:	Permanent <input type="checkbox"/>	Part-time <input type="checkbox"/>	Retired <input type="checkbox"/>	Self-employed <input type="checkbox"/>	Retired non-Pensioner <input type="checkbox"/>
	Temporary <input type="checkbox"/>	Student <input type="checkbox"/>	Pensioner <input type="checkbox"/>	Unemployed <input type="checkbox"/>	
Employer's Business Type. Tick applicable:	Government <input type="checkbox"/>	Local Company <input type="checkbox"/>	Multinational <input type="checkbox"/>	Other (specify) <input type="checkbox"/>	

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CHOOSE YOUR BENEFITS FROM THE MENU SHOWN BELOW

1.	MAIN COMFORTSURE BENEFIT (COMPULSORY) Indicate level of cover in multiples of \$50,000
2.	BREADWINNER'S GROCERY BENEFIT (OPTIONAL) Indicate level of cover in multiples of \$50,000 This benefit applies to Principal Member and/ or Spouse ONLY
3.	ADDITIONAL SCHOOL FEES CASH BENEFIT (OPTIONAL) Indicate level of cover in multiples of \$50,000 This benefit applies to Principal Member ONLY
4.	TOMBSTONE CASH BENEFIT (OPTIONAL) Indicate level of cover in multiples of \$50,000

5. IMPORTANT NOTES

- 5.1 The policy is annually renewable.
- 5.2 There shall be a 3 calendar month waiting period for natural deaths of lives assured below 65 years of age at the date of joining.
- 5.3 There shall be a 6 calendar month waiting period for natural deaths of lives assured above 65 years of age at the date of joining.
- 5.4 There shall be no waiting period for accidental death once the policy has commenced. The policy shall commence on the first day of the following month after payment of the first premium.
- 5.5 Suicidal deaths, whether sane or insane, are excluded (not covered) in the first 6 months of the policy.
- 5.6 The cover for ALL other dependents should always be equal to or less than that of the Principal Member.
- 5.7 Groceries, school fees and tombstone options shall only be paid on condition that the funeral claim has already been paid and in line with the general terms and conditions of this policy.
- 5.8 Main funeral cover is a pre requisite to get any additional benefit optional listed above.
- 5.9 Although CBZ Life shall take reasonable steps to collect premiums, it is the responsibility of the Principal Member to ensure that premiums are paid.
- 5.10 The policy holder may either pay the premiums in foreign currency using free funds or local currency.
- 5.11 The benefits shall be payable in the lawful currency of Zimbabwe.
- 5.12 The application form shall be read in conjunction with the Comfortsure policy document/certificate.

6. FOR OFFICE USE ONLY-TOTAL PREMIUM CALCULATION

Main Benefit \$	Grocery Benefit \$	Tombstone Cover \$	School Fees Benefit \$	Total Premium \$

7. DECLARATION

I certify that the information overleaf is correct to the best of my knowledge. I do hereby accept to pay premiums through my Organization or authorize CBZ Life to deduct the required premiums from account whose details are shown below.

Name of Bank	Account Name	Account Number	Premium Payment Date
Signature of Principal Member/Applicant			Date:

FOR OFFICE USE ONLY-CLIENT RISK RATING

Client AML/CFT Risk Rating (Tick one Box)	Low <input type="checkbox"/>	Medium <input type="checkbox"/>	High <input type="checkbox"/>
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Agent Name:	Policy Number:
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NB: No CBZ Agent is allowed to collect and pay premiums on behalf of the client

Terms and Conditions apply

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5 Campbell Road, Pomona, Borrowdale, Zimbabwe, Tel:+263 08677004052, Email: contactcentre@cbz.co.zw, Website:www.cbz.co.zw