

MEMBER AMENDMENT FORM

Tel: +264 83 2999 000

E-mail queries: rmember@prosperitynam.com

Kindly do not use Tippex in the completion of this form - kindly initial where corrections have been made and complete accordingly.



For **OPTION CHANGE**: Complete sections A, B, F, H
 For **BENEFIT BUILDERS**: Complete sections A, C, F, H
 For **BANK DETAIL UPDATE**: Complete sections A, E, F, G, H
 For **INSURANCE ADD ONS**: Complete sections A, D, F, H

Section A - Principal Member Details

Member Number													
*Source of Income	Salary		Private Business		Other								
*Source of funds, please specify													
Title		Initials		Full Names									
Surname													
Previous Names (If any)						Nationality							
Physical Address													
Postal Address					Postal code								
Telephone Number	(H) Code			(W) Code									
Cellphone Number				Fax Number									
I.D./Passport Number				Passport Expiry Date	D	D	M	M	Y	Y	Y	Y	
E-mail Address													
Date of Birth	D	D	M	M	Y	Y	Y	Y	Age				

Section B - Option Change Selection (Effective annually on 1 January)

Elite Care		Prestige Care		Status Care	
Caliber Care		Esteem Care		Evolve Care	
Premiere Care		Premiere Care - Network			

Section C - Benefit Builder Selection (Period of cover up to 31 December)

General rules

- We pro-rate Benefit Builders according to when you buy the options.
- Benefit Builders are not available if you belong to the Evolve Care or Premiere Care options.
- Benefit Builders may only be purchased once per family per annum.

80% of unused benefits in a family Benefit Builder selected by the member in previous benefit year will be transferred in the following year to the member's Benefit Wallet as a top up medical benefit for use when needed. (Note: The balance is transferred after 4 months to allow for the run-off of medical claims incurred in the previous year.)

Benefit Builders		Add / Change		Termination				Date		D	D	M	M	Y	Y
Family Benefit	Monthly Contribution	Effective Date				Family Benefit	Monthly Contribution	Effective Date							
N\$ 3,000	N\$ 225	D	D	M	M	Y	Y	N\$ 15,000	N\$ 1,125	D	D	M	M	Y	Y
N\$ 5,000	N\$ 375	D	D	M	M	Y	Y	N\$ 17,000	N\$ 1,275	D	D	M	M	Y	Y
N\$ 7,000	N\$ 525	D	D	M	M	Y	Y	N\$ 20,000	N\$ 1,500	D	D	M	M	Y	Y
N\$ 10,000	N\$ 750	D	D	M	M	Y	Y	N\$ 22,000	N\$ 1,650	D	D	M	M	Y	Y
N\$ 12,000	N\$ 900	D	D	M	M	Y	Y	N\$ 25,000	N\$ 1,875	D	D	M	M	Y	Y

Optional Insurance Products:

Underwritten by a registered insurer, Prosperity Lifecare Insurance Ltd.

Please mark with an (X) if cover is required.	Effective Date							Termination Date					
	D	D	M	M	Y	Y	Y	D	D	M	M	Y	Y
*Funeral Standard Policy													
*Funeral Select Policy													
Complimed Plus													
Combo (Funeral Cover / Complimed Plus / Hospicash)													

Section D - Funeral Beneficiary *(The beneficiary who will be paid the benefit in the event of a death.)*

Name	Surname	I.D. / Passport Number	Relationship

Section E - Bank Details *(For Debit Order Contributions or EFT Claim Refunds)*

IMPORTANT NOTICE: It is compulsory to supply RMA with this information. (In the event that refunds should be deposited into a different bank account, attach details as well.) Kindly provide proof of banking details.

Effective Date	D	D	M	M	Y	Y	Y	Y	
Claims Refund									
Date for Contribution Payments via Debit Order	1st of every month			26th of every month					
Name of Account Holder									
Bank Name					Bank Branch Name				
Account Number					Bank Branch Code				
Type of Account	Cheque / Current			Savings		Signature of Account Holder			

Section F - Declaration by Principal Member

I the undersigned declare that the given information is true and correct.

Signed at		on this		day of		2	0		
Print Principal Member Name									
Principal Member Signature									

Section G - Documentation

The following documentation should accompany the application form as per the Financial Intelligence Act 2012 (FIA) where applicable:

Proof of source of fund + Certified ID or valid passport		Payslip for options Esteem Care, Evolve Care and Premiere Care	
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Identification and Verification: Financial Intelligence Act, 13 of 2012 (FIA)

I hereby confirm that the information provided to me by the RMA member, has been verified against the documentation provided and that the identity of the member has been established and verified as required in terms of FIA.

Financial Intermediary Name		Date	D	D	M	M	Y	Y	Y	Y
Financial Intermediary Signature										

Section H - Employer Warranty

Compulsory for members belonging to Employer Group.

Name of Company		Date	D	D	M	M	Y	Y	Y	Y
Management Representation	Company Stamp									
Name										
Designation										
Authorised Signatory Signature										