

BENEFICIARY DETAILS *(In the event of the policyholder becoming deceased, these are persons nominated by the policyholder to receive payment of benefits. Please ensure that % share adds up to 100% across all beneficiaries)*

I hereby instruct that any benefits in my name which shall become due under this policy on death be paid to the beneficiaries detailed in the proportion(s) indicated against the name of each beneficiary.

For any beneficiaries under the age of 18 years (minors), please attach a birth certificate for each minor beneficiary.

FULL NAMES	DATE OF BIRTH	RELATIONSHIP	FULL NAMES OF GUARDIAN	CONTACT DETAILS	% SHARE

COMMISSION

Specify commission percentage from 0 - 5% (if applicable) - % of each premium

DECLARATION BY THE INTERMEDIARY *(Always complete this section)*

By submitting an application, I declare that I have explained all material terms and conditions of the policy to the policyholder. I also confirm that I have verified the identity of the policyholder in accordance with the regulations set out in the related legislation, regulations or guidelines.

Brokerage / Agency name

City / Town

Intermediary full name and surname

Intermediary signature Date - -

DECLARATION BY THE POLICYHOLDER *(Always complete this section)*

This declaration contains guarantees and undertakings that I, as the Policyholder:

Confirm that I understand the product/service

- I confirm that I understand the nature of the product/services, and that it meets the identified need and that the Intermediary has explained the relevant rule, terms and conditions, and marketing material.
- I understand that it is my responsibility to make sure that Liberty Life always has up-to-date contact information for me and anyone that I nominated to benefit from this policy.
- I acknowledge that this product does not guarantee that the actual education costs will be covered. Any projections provided are only estimates and are subject to change such as if investment returns are lower than expected or actual education costs are higher than expected.
- I understand the benefits provided by the product depend on the investment returns after any tax and charges have been deducted and that any particular benefit is not guaranteed.
- I understand that the retrenchment premium waiver will only cover me if I have been employed for at least 12 months and that I can claim for a total of 3 retrenchment claims during the life of the policy. I also confirm that:
 - I am not aware of any pending retrenchments or imminent dismissal at application stage.
 - I acknowledge that I understand that a retrenchment claim will not be valid if:
 - Loss of employment is due to fraud, dishonesty, misconduct, partaking in any illegal strikes, sickness, disease, accident, injury, pregnancy, mental disorder or medical condition.
 - My employment is seasonal or unemployment is a regular feature of my working life or the employment comes to an end due to expiry of a fixed-term contract, resignation, retirement or acceptance of voluntary retrenchment or if I am a partner in a partnership, a member of a Close Corporation, the director of a company, self-employed or employed by a family-owned business.
- I understand the Liberty Life will carry out checks (including but not limited to verification of identity, sanctions screening) as required by law. My Personal Data or other information may be used in the detection and/or prevention of money laundering. I authorise Liberty Life to use my Personal Data and other information to perform the above checks in relation to my application.
- In the event Liberty Life becomes aware of any illegal activity, Liberty Life may not be in a position to approve this application.
- I will notify Liberty Life immediately if my residency of Foreign Account Tax Compliance Act ("FATCA") or equivalent classification changes in the future, or if there are any changes in circumstances that may impact my tax residency status or FATCA classification.

Guarantee that I am giving information correctly

- Where I provide Liberty Life with personal information of a third party, e.g. beneficiary nomination, I guarantee that I have the third party's consent to provide Liberty Life with their personal information.

Authorise Liberty Life, their authorised representatives and contracted third parties (local and foreign), as well as any appointed intermediaries to process my personal information as permitted by law.

I, the undersigned, confirm that the information supplied on this form is to the best of my knowledge true and correct. I further acknowledge that Liberty Life and the authorised representatives accept no responsibility or liability for the accuracy of the information provided by myself.

Policyholder name and surname

Policyholder's signature Date - -