



REGISTERED COMMERCIAL BANK

**ZB INTERNATIONAL CASH FUNERAL COVER PLAN - BENEFIT APPLICATION FORM
(UNITED STATES DOLLARS)**

NEW APPLICATION (complete in full) AMENDMENT (complete amendments only)

DEREGISTRATION

1. PERSONAL DETAILS OF APPLICANT

1.1. FORENAMES: _____ 1.2 SURNAME _____

1.3 TITLE (Mr. / Mrs. / Ms/ Miss: _____ 1.4 ID No _____

1.5 DATE OF BIRTH: _____

1.7 POSTAL ADDRESS: _____ 1.8 PHYSICAL ADDRESS: _____

1.9 DRIVER'S LICENCE No _____ 1.10 PASSPORT No _____

1.11 E-MAIL ADDRESS: _____ 1.12 PHONE NUMBER _____

1.13 CELL NUMBER: _____

2. DETAILS OF ALL PERSONS TO BE INSURED

Surname	Forename(s)	Relationship	Date of Birth	Birth Entry/ National ID Number	Cover Amount Per Dependant	Premium Per Month	
						\$	C
Principal Member							
Total Monthly Premium							

3. SUMMARY OF TERMS AND CONDITIONS OF MEMBERSHIP

- 3.1 The funeral assurance cover under the Plan shall commence on the first day of the month coinciding with or next following the payment of the first premium.
- 3.2 The Plan does not cover death by suicide or by the hand of Justice within a period of twenty-four (24) months from the Date of Joining the Plan..
- 3.3 Save as herein provided, Membership shall lapse if any premium is not paid when due and no right thereunder nor on account of

previous payment shall exist.

- 3.4 A grace period of one calendar month is allowed for the payment of each and every premium.
- 3.5 Coverage under the Plan shall terminate on the voluntary termination by the Principal Member or on the lapse of Membership of the Plan as a result of non-payment of premiums.
- 3.6 In the event that the Principal Member predeceases one or more registered Dependents, the survivor or one of the survivors may elect to take over responsibility for future premium payments, provided payments are not made from Zimbabwe.
- 3.7 Except for deaths arising from accidental causes, all other deaths shall only give rise to claims after the expiry of three (3) consecutive months in respect of the Principal Member and any Immediate Family Member; and six (6) consecutive months in respect of an Extended Family Member, from the Date of Joining the Plan or date of reinstatement or date of registration of a Dependant.
- 3.8 Immediate Family Member means, in respect of the Principal Member, a valid registered spouse, own or adopted children, dependent natural or adoptive parents or parents-in-law.
- 3.9 Extended Family Member means a Dependant who is not an Immediate Family Member.
- 3.10 The qualifying period for cover to be effective stated in paragraph 3.7 above shall apply to any increase in the funeral benefit cover of each insured person.
- 3.11 Claims shall be settled only if they are reported to ZB Life Assurance Limited within three (3) months from the date of death of an insured person.
- 3.12 The maximum cover shall be \$2000,00 for each person insured aged 60 years and above and for each Extended Family Member.

4. DECLARATION

I confirm that to the best of my knowledge, the above information is true and correct. Should anything change, I undertake to advise ZB Life Assurance Limited immediately.

I agree to abide by the ZB Life Assurance’s standard terms and conditions as set out in the Membership Certificate that will be issued to me.

I declare that none of the dependants registered above is suffering from any life threatening medical condition at the time of registration.

5. APPLICANT’S SIGNATURE _____ DATE _____

AGENT’S DETAILS:

Name of Agent:

Agent Number:

Agent’s Signature:

Date:



ZB LIFE ASSURANCE

Underwritten by