

Date (DD/MM/YYYY)

1. POLICY HOLDER DETAILS

First Name(s)

Surname

Title

Gender



M

F

Marital
Status

Date of Birth (DD/MM/YYYY)

NRC Number: (Numbers Only)

CONTACT DETAILS

Cell

Alternative Cell

Email

Physical Address:

House

No/Street

Town

2. PLAN DETAILS

Sum Assured

Total Premium Due

Policy Start Date

PAYMENT METHOD

☐ Mobile Money

☐ Visa/MasterCard

☐ Payroll

TERM PERIOD

☐ 3 Years

☐ 5 Years

☐ 7 Years

☐ 10 Years

3. BANKING DETAILS

Bank
Name

Account
Holder

Account
Number

Branch

Branch
Code

ACCOUNT TYPE

☐ Transactional/Current

☐ Savings

4. BENEFICIARY DETAILS

BENEFICIARY 1



1 First Name(s)

Surname

Date of Birth (DD/MM/YYYY)

Gender

☒ M

☐ F

Cell

NRC

Relationship

Address

4.1 FAMILY DETAILS

First Name(s) SPOUSE

Surname

Date of Birth (DD/MM/YYYY)

Gender

☒ M

☐ F

Student

NRC No

1 First Name(s) CHILD 1

Surname

Date of Birth (DD/MM/YYYY)

Gender

☒ M

☐ F

Student

NRC No

2 First Name(s) CHILD 2

Surname

Date of Birth (DD/MM/YYYY)

Gender

☒ M

☐ F

Student

NRC No

3 First Name(s) CHILD 3

Surname

Date of Birth (DD/MM/YYYY)

Gender

☒

☐ M

☐ F

Student

NRC No

4 First Name(s) CHILD 4

Surname

Date of Birth (DD/MM/YYYY)

Gender

☒

☐ M

☐ F

Student

NRC No

5 First Name(s) CHILD 5

Surname

Date of Birth (DD/MM/YYYY)

Gender

☒

☐ M

☐ F

Student

NRC No

6 First Name(s) CHILD 6

Surname

Date of Birth (DD/MM/YYYY)

Gender

☒

☐ M

☐ F

Student

NRC No

PARENT 1

1 First Name(s)

Surname Date of Birth (DD/MM/YYYY)

Gender ☒ ☐ M ☐ F NRC NO.

PARENT 2

2 First Name(s)

Surname Date of Birth (DD/MM/YYYY)

Gender ☒ ☐ M ☐ F NRC NO.

PARENT IN LAW 1

3 First Name(s)

Surname Date of Birth (DD/MM/YYYY)

Gender ☒ ☐ M ☐ F NRC NO.

PARENT IN LAW 2

4 First Name(s)

Surname Date of Birth (DD/MM/YYYY)

Gender ☒ ☐ M ☐ F NRC NO.

4.2 EXTENDED FAMILY DETAILS

1 First Name(s) EXT FAMILY 1

Surname Date of Birth (DD/MM/YYYY)

Relationship Gender ☒ ☐ M ☐ F Student NRC No

2 First Name(s) EXT FAMILY 2

Surname Date of Birth (DD/MM/YYYY)

Relationship Gender ☒ ☐ M ☐ F Student NRC No

3 First Name(s) EXT FAMILY 3

Surname Date of Birth (DD/MM/YYYY)

Relationship Gender ☒ M ☐ F Student ☐ NRC No

4 First Name(s) EXT FAMILY 4

Surname Date of Birth (DD/MM/YYYY)

Relationship Gender ☒ M ☐ F Student ☐ NRC No

5 First Name(s) EXT FAMILY 5

Surname Date of Birth (DD/MM/YYYY)

Relationship Gender ☒ M ☐ F Student ☐ NRC No

6 First Name(s) EXT FAMILY 6

Surname Date of Birth (DD/MM/YYYY)

Relationship Gender ☒ M ☐ F Student ☐ NRC No

7 First Name(s) EXT FAMILY 7

Surname Date of Birth (DD/MM/YYYY)

Relationship Gender ☒ M ☐ F Student ☐ NRC No

8 First Name(s) EXT FAMILY 8

Surname Date of Birth (DD/MM/YYYY)

Relationship Gender ☒ M ☐ F Student ☐ NRC No

5. PREMIUM SUMMARY

1. MAIN MEMBER									
2. SPOUSE									
3. CHILDREN									
4. PARENTS									
5. PARENTS-INLAW									
6. EXTENDED FAMILY									
7. POLICY FEE + LEVY									

TOTAL PREMIUM (ZMW)

INCOME DECLARATION FORM

(Full Names)

I [REDACTED] declare to OneLife Assurance Zambia all my/our sources of income to be as follows:

INCOME DETAILS

Income Description:

Net Value (ZMW):

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--	--	--	--	--	--	--	--

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Total Monthly Income (ZMW):

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DECLARATION

I hereby declare that the information provided above is true and accurate to the best of my knowledge. I understand that providing false or misleading information may result in the denial of my application or cancellation of my policy.

Please note that in the event of changes to any information now provided, the customer is required to immediately update the information held by One Life Assurance Zambia.

I understand that the information requested above is necessary to facilitate policy applications with One Life Assurance Zambia.

I acknowledge that you may give out the above information if you are under a duty to do so or if the law allows you to do so but otherwise you will keep the information confidential.

I also agree that you may use the information for assessment and analysis (including credit scoring, market and product analysis), so that you can develop, improve and market your products and services to me and other customers and also to protect your interests.

I confirm that the information given is true and complete. I authorize you to make any searches or other enquiries in accordance with your normal procedures in connection with this income declaration.

PROSPECTIVE POLICY HOLDER'S SIGNATURE

Date (DD/MM/YYYY)

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One Life Family Funeral Plan

Key Facts Statement

Licensed in Zambia

Registered Office: 3rd Floor, Finance House, Cairo Road, Lusaka, Zambia

Regulated by the Pension and Insurance Authority, 5 Lubwa Road, Lusaka,

Zambia Web: <http://www.pia.org.zm> Phone: +260 211 251 405

This document summarises the product. It is not a contract and does not contain the full details in your policy statement. Please read the "Before making a decision" section at the end of this document before you decide whether to buy this product.

What is covered?

This product pays a funeral benefit in the case of death for any of the covered members.

Item	Standard or Extra	Details
Funeral Benefit	Standard	The benefit for this product is as per product plan chosen. It is tiered as follows 100% for Member, Spouse and Children, 50% for Parents, Parents in law and extra dependents.
For how long covered	Standard	The policy term options are 3,5,7 and 10 years.
Payment at end of policy	Standard	There is no payment at the end of this policy
Payment Plan	Standard	Payments can be made monthly, quarterly or annually through cash or monthly deductions from the employer.

What period is covered?

- This cover is only for the policy term chosen from options 3,5,7 and 10 years.
- Cover commences when the application has been accepted by One Life Assurance and the first premium has been received by One Life Assurance

How much does this cover cost?

The cost of this cover is shown in the premium summary which includes Insurance Premium Levy of 5%.

How do I pay for this product?

Premiums are payable monthly, quarterly, or annually at the start of each month through cash or payroll.

What else do I need to do?

- Ensure that all the information on the application form is complete and is correct to the best of your knowledge.

Why might this policy not pay out at as intended? (Exclusions and Waiting Periods)

- Documentation is missing or is not certified. Required documents for a valid claim are attached.
- A member dies within the waiting period of 3 months for member, spouse and children, and 6 months for parents, parents in law and extended family.
- Cause of death falls within exclusions. Exclusions are attached.
- Claim is stale i.e. has been submitted 90 days after the date of death.

How do I contest the refusal of a claim, or complain about delays?

- Lodge an appeal or a complaint with us at our Head Office or via email channels customerservice@one.co.zm or info@one.co.zm.
- If we reject your appeal or complaint and you are still aggrieved, contact the Pensions and Insurance Authority. You can also contact them if there is no resolution after 12 weeks. The contact details are at the top of this Statement.

Can I cancel this policy?

- **Cooling Off Period:** You have 30 days from the day you sign the contract to withdraw from the contract and have any payment you have made refunded. Any claims occurring up to the date of cancellation will be deducted from the premium paid. Therefore, any refund (premium less claims) will only be paid 90 days after the date of cancellation to allow for any claims that have been incurred but not yet submitted to OneLife.
- **Cancellation:** You may cancel the contract at any time, at which point cover will cease (*unless otherwise specified*). *You will not get back any of the premiums upon cancellation of this policy.*

Before making a decision

- *You are encouraged to read the detailed product information for full terms and conditions applicable – this document is just a summary.*
- *Different insurers may price their products differently. So, you may wish to compare quotes from different insurers - directly or through a financial adviser. Look at all aspects of the product not just the price.*

CLAIMS PROCEDURE

1. Fully filled in and signed claim form.
2. Original or certified copy of death certificate/ of the deceased.
3. Original or certified copy of the ID of the main member.
4. Original or certified copy of marriage certificate (in case of death of a spouse)
5. Original or certified copy of the ID of the spouse.
6. Original or certified copy of the birth certificate (in case of death of a child).
7. Original or certified copy of the ID of the parent, parent- in-law, extended family member in case of death.
8. Original or certified copy of the marriage certificate in the case of death of the parent-in-law.

For any further assistance you can send your E-Mails to: info@one.co.zm or claims@one.co.zm or customerservice@one.co.zm Tel: +260211445 001

Customer Declaration:

I confirm that I have not been coerced into purchasing the Funeral Insurance product referred to herein and I apply for assurance with One Life Assurance Zambia's usual terms and conditions. I understand that the details given on this form and any document required by the company shall be the basis of the contract. I declare that the details given on this form, whether in my handwriting or not, are true and complete and amendments to this will require submission of evidence. I authorize the company to receive the premium including any increase in premium arising on the anniversary of the issue date of the policy, by internal transfer as indicated in the application.

Client Signature

Date

KNOW YOUR CUSTOMER AND DATA CONSENT FORM

Dear Client,

To comply with regulatory requirements and ensure that we serve you better, we kindly request you complete the following KYC form. By filling out this form, you consent to the processing of your personal data for verification and service purposes in accordance with the Data Protection Act, 2021. Your information will be kept confidential and used solely for these purposes.

Your personal data will be processed in accordance with the Data Protection Act, 2021. This includes ensuring your data is:

- Collected for specified, legitimate purposes and not further processed in a manner incompatible with those purposes.
- Adequate, relevant, and limited to what is necessary in relation to the purposes for which they are processed.
- Accurate and, where necessary, kept up to date.
- Processed in a manner that ensures appropriate security of the personal data, including protection against unauthorized or unlawful processing and against accidental loss, destruction, or damage, using appropriate technical or organizational measures.

Section 1: Personal Information

1. Full Name:

.....

2. Date of Birth:

.....

3. Place of Birth

.....

4. Nationality:

.....

5. Gender:

Male

☐

Female

☐

6. Marital Status:

Married

☐

Single

☐

Divorced

☐

7. ID/NRC or Passport Number:

.....

8. Residential Address:

.....

9. Email Address:

.....

10. Phone Number/s :

.....

Section 2: Employment Information

1. Employment Status: *Employed*

☐

Not Employed

☐

2. Employer's Name:

.....

3. Employer's Address:

.....

4. Occupation

.....

5. Nature of Employment (e.g., permanent, contract, self-employed):

.....

Section 3: Consent and Declaration

- a) I confirm that the information provided is accurate and complete.
- b) I consent to the processing of my personal data for the purposes of KYC verification, **policy administration which may involve sharing my data with appropriate third parties, marketing of other One Life products**, and service improvement in accordance with the Data Protection Act, 2021 which regulates the collection, use, transmission, storage and processing of personal data in Zambia.

Signature: _____

Date: _____



EMPLOYEE AUTHORIZATION FOR PREMIUM DEDUCTION

FIRST NAME

MIDDLE NAME.....

MAIDEN NAME.....

LAST NAME.....

NRC.....

DATE OF BIRTH.....

EMPLOYER NAME.....

EMPLOYER ADDRESS.....

EMPLOYEE NUMBER.....

MAN NUMBER.....

DEPARTMENT.....

OCCUPATION.....

MONTHLY PREMIUM TO BE DEDUCTED.....

**AMOUNT IN
WORDS**.....
.....
.....
.....

START DATE OF DEDUCTIONS.....

END DATE OF DEDUCTIONS.....

I hereby authorize my employer to deduct the monthly premium applicable to this policy from my salary and remit the same to One Life Assurance Zambia.

Signature

Date