FORM NO.



Underwritten by Botswana Life Insurance Limited

Brokered by Aon

MONAMODI FUNERAL PLANEXTENDED FAMILY NOMINATION FORM

Please complete in	Please complete in BLOCK LETTERS. Tick appropriate block unless otherwise indicated.							
District/ Branch		Amendment to existing Plan No:		MP				
				Jo	oining date	D M M Y	Y Y Y	
MEMBER DETAILS								
First names				Cell				
Surname				Res				
Residential address				Work				
Postal address								
Omang number								
First names	Surname			Relationship	Date of birth	Age attained	Premium	
Monamodi Premium P	EFFB F	Premium P	Total Monthly Pr	remium P		Total EFFB Premium		
Units (Tick where applicable) Please note that a member can only cover his/her dependants under one selected benefit. (e.g. If a member decides to cover his/her extended family under P3,000 benefit level he/she cannot cover other members under P4,000 benefit level).								
P3000	P4000	P5000	P7500 P10	000 P	15000	P20000	P30000	
Acceptable Relations: Child 21 +, Brother, Sister, Uncle, Aunt, Nephew, Niece, Parent, Parent-in-Law, Grandmother, Grandfather, Grandson and Granddaughter. Maximum age of joining is 85 years.								
DECLARATION								
Declaration: I clearly understand that full cover for me and my family, parents and extended family members will commence after 4 months from date of joining, for all the covered persons, subject to payment of first premiums.								
Signed at		Signature — of Member			Date D	D M M Y	Y Y Y	