



We light your way to final Destiny

AGE ADMISSION DECLARATION FORM

I _____ of _____ ID _____ have subscribed to a funeral policy with Moonlight Provident Associates as a policyholder and hereby declare that, I have been fully informed by the Assurer that,

- a. It is a strict requirement to provide the full names, correct dates of birth and identification numbers of the policyholder, beneficiaries, or extended family members in order to be covered under the funeral policy.
- b. No life or lives under the funeral policy shall be on funeral cover unless and until all the personal information required under (a) has been submitted in full to the assurer.
- c. The waiting period of the life or lives proposed for cover shall commence once full information has been submitted and an acceptance letter with details of cover commencement is provided by the assurer.
- d. A policyholder must be over the age of 18 years and not over the maximum entry age of 80 years.

I hereby declare that I have provided to the assurer the correct dates of birth, identification numbers (where applicable) and the correct names of the proposed lives in the proposal form. I hereby declare that I have read the contents herein this age admission form and fully understand the contents and implications herein and that upon the death of a life that is proposed without complete information, I will not be entitled to a funeral service, cash in lieu or any other benefit from the policy.

Signature

_____/_____/20_____
Date