



Rafiki Halisi LIFE PLAN

Your Rafiki Halisi Life Plan benefits

- Up to KShs 1 Million cover
- 100% Accidental cover available immediately
- A staggered benefit available on non-accidental death in the first twenty-four months, thereafter 100% cover available
- Family cover benefits at a discount
- Attractive no-claim cash-back benefit

(See terms and conditions)

Why choose Rafiki Halisi

- Simple registration procedure
- Affordable cover of up to KShs 1 Million
- Easy payment options
- No medical tests required
- Option to cover family members at discounted rates
- Cover ideal for protecting your dependants financially

Registration procedure

- Fill out a simple application form with an Old Mutual Advisor
- Pay your first instalment premium using any of our easy payment options
- You will receive your contract document immediately
- You also get your Rafiki Halisi card which has your policy details



OLD MUTUAL

Integrity, Respect, Accountability, Pushing beyond boundaries.

invest
in your
success

Why choose RAFIKI HALISI Life cover?

- Simple and easy to access.
- Cash back survival benefit every 5 years.
- Access to discounted family cover benefits.
- No medical tests required.
- Attractive payment options.
- Cover ideal for meeting funeral expenses, offering financial protection to dependants on untimely death of provider or estate planning.
- Cover commences on the first day of the following month after application.

Product Benefits

Accidental Death Benefit:

- Minimum benefit of KES 50,000 and maximum benefit of KES One Million.
- 100% accidental cover available immediately.

Non-Accidental Death Benefit:

- Minimum benefit of KES 50,000 and maximum benefit of KES One Million.
- Staggered benefit payable on death due to natural causes in the first two years as per the table below:

Waiting Period	Percentage of Benefit Payable
Less than 6 months after the Commencement Date	0 %
More than 6 months but less than 12 months after the Commencement Date	25 %
More than 12 months but less than 18 months after the Commencement Date	50 %
More than 18 months but less than 24 months after the Commencement Date	75 %
More than 24 months after the Commencement Date	100 %

- 100% non-accidental cover available after two years.

Survival Benefit

- Cash back survival benefit of 50% of premiums paid in every five years.

Family Cover Benefits

- Family cover of spouse and up to four children available.
- Spouse entitled to 50% of cover available to main member.
- Child entitled to 25% of cover available to main member, up to a maximum of KES 100,000.

Registration requirements and procedure

- Fill out a proposal form.
- Pay your first instalment premium using any of our easy payment options. Ensure proof of payment by inserting M-Pesa payment confirmation number.
- Return pages 3,5,6,7, Contract Delivery Note, Needs Analysis and a copy of your ID to Old Mutual, P.O. Box 30059 - 00100 GPO, Nairobi, Kenya.
- You will receive your contract document immediately.
- You will get an Old Mutual loyalty card on application.
- There is a cool off period of 30 days during which either party can terminate the contract and premiums refunded.
- Provide identity documents for beneficiaries.

Payment Options

- No cash payments.
- Please ensure you quote your policy number with each payment.
- Premiums can be paid monthly or annually.
- Premiums are payable through the following options:
 - M-pesa
 - Postapay
 - Cheque
 - Check-off
 - Direct debit

Steps to top up your Rafiki Halisi Life Plan using M-PESA

- Select 'Pay Bill' from M-PESA menu.
- Enter business number : 600501.
- Enter your account number i.e your "Rafiki Halisi" policy number.
- Enter the amount of money you are sending i.e your premium and your PIN number.
- Confirm details.
- Wait for your transaction confirmation from Safaricom.

Claim requirements and process

- Original copy of policy contract.
- Certified copy of death certificate.
- Burial Permit.
- Copy of the Life Assured's identity document.
- Personal Medical Attendants report at time of death.
- Accident report in the case of motor Vehicle accident.
- Inquest report in the case of an unnatural cause of death.
- Marriage certificate for spouse benefit.
- Birth Certificate for child benefit.
- Old Mutual will then pay the benefit into the claimant's bank account.

This page contains a summary of the product benefits, in the event this summary contradicts any aspects of the terms and conditions set out in the contract schedule, the terms and conditions in the contract schedule will prevail.



RAFIKI HALISI LIFE PLAN

PROPOSAL FORM AND CONTRACT

IMPORTANT: Please complete this proposal in block capitals.

Policy No.

1. YOUR PERSONAL DETAILS (APPLICANT)

First Names

Surname

Id No Date of Birth (YYYYMMDD) Title Marital Status

Pin No Gender Place of Birth

Occupation

2. CONTACT DETAILS - (Postal Address)

P.O. Box Postal Code Building - If applicable

Street - If applicable

Suburb/Estate

City/Town

Home Phone Work Phone Cell Phone

Email Address

3A. INDIVIDUAL OPTION - Please select your age and the amount of benefit you require. These premium rates are monthly and all amounts in Ksh. Please see the contract schedule for details on individual option benefit.

Age	Ksh. 50,000	Ksh. 100,000	Ksh. 200,000	Ksh. 300,000	Ksh. 500,000	Ksh. 800,000	Ksh. 1,000,000
10 - 17 years	480	908	N/A	N/A	N/A	N/A	N/A
18 - 35 years	500	942	1,661	2,214	2,658	3,321	3,764
36 - 45 years	552	1,043	1,841	2,453	2,943	3,680	4,170
46 - 55 years	780	1,473	2,598	3,464	4,157	5,196	5,889
56 - 65 years	1,263	2,385	4,209	5,612	N/A	N/A	N/A

3B. FAMILY OPTION - Please select your age and the amount of benefit you require. These premium rates are monthly and all amounts in Ksh. Please see the contract schedule for details on family option benefit.

Age	Ksh. 50,000	Ksh. 100,000	Ksh. 200,000	Ksh. 300,000	Ksh. 500,000	Ksh. 800,000	Ksh. 1,000,000
18 - 35 years	799	1,507	2,657	3,542	4,253	5,314	6,022
36 - 45 years	883	1,668	2,945	3,924	4,709	5,887	6,672
46 - 55 years	1,248	2,357	4,157	5,542	6,650	8,314	9,422
56 - 65 years	2,021	3,816	6,734	8,978	10,774	13,466	15,262

How often would you prefer to pay premiums?

Annually

Monthly

*Annual premium payments will attract a one month premium discount.

Applicant Signature: _____



RAFIKI HALISI LIFE PLAN POLICY CONTRACT TERMS AND CONDITIONS SCHEDULE

Note: The value/name/date of underlined terms are detailed in the Schedule.

Cover Amount: The Cover Amount is the level of benefit chosen at policy commencement. Benefits are only payable in Kenya Shillings.

If your total Sum Assured Benefit under the Rafiki Halisi Plan is less than Khs 1 000 000, you may increase your Benefit to a maximum of Khs 1 000 000 when you renew. If you wish to increase the Benefit when you renew, we will assess your application for the increased portion of your Benefit as if you applied for the Benefit for the first time (for instance, you will have to answer certain questions about your health and, depending on your answers, we may ask for a full medical report. Our acceptance of your application for the increased portion of the Benefit is subject to us accepting this report as satisfactory. In addition, the waiting periods for death due to causes other than an Accident and limitations on Benefits, will apply again to the increased portion of the cover). If we accept your renewal application, we will issue you with a new contract.

Benefit: On receipt of your first premium and provided we have accepted your Application, we will consider the Benefit (the amount of Death Benefit for which you are insured under the policy) to have started.

Accidental Death Benefit: On death of the Life Assured as a result of an Accident, the full cover amount applicable at date of death will become payable. An Accident is a fatal and unforeseeable event that occurs after the Commencement Date and which, in a violent, external and visible manner, independently of any other cause, directly causes an injury resulting in the Insured Person's death. Suicide does not classify as accidental death but as death due to causes other than an Accident (subject to the conditions and exclusions in this schedule).

Non-Accidental Death Benefit: On death of the Life Assured from natural causes other than an accident, the payments in the table below will apply:

Waiting period	Percentage of Benefit payable to main member	Percentage of Benefit payable to spouse (50% of main member's benefit)	Percentage of Benefit payable to child (25% of main member's benefit)
Less than 6 months after the Commencement Date	0%	0%	0%
More than 6 months but less than 12 months after the Commencement Date	25 %	25 %	25 %
More than 12 months but less than 18 months after the Commencement Date	50 %	50 %	50 %
More than 18 months but less than 24 months after the Commencement Date	75 %	75 %	75 %
More than 24 months after the Commencement Date	100 %	100 %	100 %

Survival Benefit: A survival benefit will be payable at the end of each five year period, equivalent to 50% of premiums received in the five year period provided no claim has been received by Old Mutual from the policy during that period, five years have elapsed and five years worth of premium has been received by Old Mutual.

Benefit Options: The benefit options under the Rafiki Halisi Plan are the Individual option and the Family option, the benefits described below:

Individual Options Benefit: This option covers the main life assured only up to a maximum of KES 1 Million. An Adult member can take out multiple benefits on the same life assured however, the cover on any one life assured cannot exceed KES 1 Million. The main Life Assured can be either:

Child Benefit: The minimum age next birthday at entry for children is 10 years. The maximum age next birthday at entry is 17 years. Cover ceases on the earlier of the benefit payment or the child reaching an age next birthday of 22 years. Cover for child benefits is up to a maximum of KES 100,000 per life assured.

Adult Benefit: For the Adult benefit, the minimum age next birthday at entry is 18 years, while the maximum age next birthday at entry is 65 years. For Adults between the ages 18 years and 55 years next birthday at entry, the cover limit is up to KES 1 Million. For Adults with an age next birthday at entry of between 56 years and 65 years, the cover limit is KES 300,000.

Family Option Benefits: Under the Family Option the main member has an option to cover one spouse and up to four children at an additional discounted cost. The spouse will receive a cover of 50% of the main member's cover and each child will receive a cover of 25% of the main member's cover. The same rules apply on accidental and non-accidental death benefits i.e. on accidental death the full cover available to the spouse or child will be paid out and on non-accidental death the waiting period and scaled benefits tabulated above apply. On survival of the main member to the end of each five year period, the survival benefit is paid out as described in the paragraph titled "Survival Benefit" above, however if the spouse or child claims on the family option benefit within the 5 years period the main member will only receive 31.25% of premiums paid.

Once your Benefit starts it will remain in force on conditions described in this Policy Document.

Loan and Cash Values: The Rafiki Halisi Life plan Benefit cannot be used as security for a loan from Old Mutual. Neither can the benefit be surrendered for a cash value.

Claims: Old Mutual will require evidence of the Life Assured's death and will specify its requirements. Minimum requirements include:

- The original copy of the policy contract (Compulsory for all claim payments)
- A letter of notification of death of Life Assured (Compulsory for all claim payments)
- Burial Permit (Compulsory for all claim payments)
- Certified copy of death certificate
- Copy of the Life Assured's identity document
- Personal Medical Attendants report at time of death
- Accident report in the case of motor Vehicle accident
- Inquest report in the case of an unnatural cause of death
- A marriage certificate for spousal benefits (if available)
- Birth certificate or baptism card for child benefits

This includes evidence not in the possession of the person entitled to receive the benefit. Old Mutual may call for further evidence in order to assess the claim. Failure to comply with Old Mutual's requirements will result in the claim being repudiated.

Unless Old Mutual agrees otherwise:

- expert evidence must be submitted by persons practicing or carrying on business in Kenya;
- the cost of obtaining evidence will be met by the person entitled to receive the benefit; and
- if considered by Old Mutual to be necessary, the person(s) entitled to receive the benefit must make him or herself available to Old Mutual in Kenya, when and where so requested by Old Mutual. The cost will be met by the person(s) entitled to receive the benefit.

Old Mutual is entitled to cancel the Benefit if a claim is submitted and such claim is determined by Old Mutual to be based on fraud and rejected by Old Mutual on the ground of fraud. If this happens no benefit will be payable and premiums received prior to cancellation will not be refunded.

Policy No.



4A. FAMILY DETAILS - Please give details of your family members, if family option is chosen.

Spouse	First Names	<input type="text"/>											
	Surname	<input type="text"/>											
	Date of Birth (YYYYMMDD)	Relationship to Main Life	Id No	Gender									
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>									
Child 1	First Names	<input type="text"/>											
	Surname	<input type="text"/>											
	Date of Birth (YYYYMMDD)	Relationship to Main Life	Id No	Gender									
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>									
Child 2	First Names	<input type="text"/>											
	Surname	<input type="text"/>											
	Date of Birth (YYYYMMDD)	Relationship to Main Life	Id No	Gender									
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>									
Child 3	First Names	<input type="text"/>											
	Surname	<input type="text"/>											
	Date of Birth (YYYYMMDD)	Relationship to Main Life	Id No	Gender									
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>									
Child 4	First Names	<input type="text"/>											
	Surname	<input type="text"/>											
	Date of Birth (YYYYMMDD)	Relationship to Main Life	Id No	Gender									
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>									

4B. YOUR BENEFICIARIES DETAILS

Who must receive your Rafiki Halisi Benefit should you die? You may have more than one beneficiary. Please indicate what percentage of the benefit each beneficiary should receive. The total must add up to 100%.

1	First Name	<input type="text"/>											
	Surname	<input type="text"/>											
	Id No.	Date of Birth (YYYYMMDD)	Relationship to Main Life	% of Benefit	Cell Phone								
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>								
2	First Name	<input type="text"/>											
	Surname	<input type="text"/>											
	Id No.	Date of Birth (YYYYMMDD)	Relationship to Main Life	% of Benefit	Cell Phone								
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>								
3	First Name	<input type="text"/>											
	Surname	<input type="text"/>											
	Date of Birth (YYYYMMDD)	<input type="text"/>											
	Id No.	Relationship to Main Life	% of Benefit										
	<input type="text"/>	<input type="text"/>	<input type="text"/>										
	Cell Phone	P.O. Box											
	<input type="text"/>	<input type="text"/>											
Postal Code	City/Town												
<input type="text"/>	<input type="text"/>												

Policy No.

Applicant Signature: _____



4 First Name Surname

Id No. **Date of Birth (YYYYMMDD)** **Relationship to Main Life** **% of Benefit** **Cell Phone**

P.O. Box **Postal Code** **City/Town**

5A. PAYMENT DETAILS - Please refer to the contract on the premium payment options.

Please tick one of the options below

1 Check off **Employee Payroll No.** **Employer/Organisation**
 Please fill in a check off form available from Old Mutual Offices.

2 MPESA/ZAP **Insert payment confirmation no.**

3 Cheque A monthly cheque payable to "Old Mutual Life Assurance Co. Ltd." Please write policy number at the back of the cheque.

4 Postapay At your nearest post office

5 Standing Order *Please fill in section 6

6 Direct Debit *Please fill in section 6

No cash payments will be accepted

5B. BENEFIT PAYMENT DETAILS

Type of Bank Account **Account Name**

Account No. **Name of Bank**

Branch **Branch Code**

6. PAYMENT BANK DETAILS

To avoid high bank penalty charges, as well as the possibility of the policy lapsing - please ensure you have enough money in your account each month on the day you have chosen for your debit order. The bank account debited must be yours (applicant), your husband/wife's, or your employer's.

Type of Bank Account **Account Name**

Account No. **Name of Bank**

Branch **Branch Code**

I give Old Mutual permission to debit my account with the monthly premium due (current and/or arrears, including amendments that may be made in terms of the policy (and during the life of the policy) on the date below. If this is not completed, Old Mutual will take this to be the first of the month.

Payment Day **Payment Start Date (YYYYMMDD)** **Do you clearly understand how debit orders operate?** **Y/N**

Would you like Old Mutual to assist you with further information on the debit order process?

7. PAYER DETAILS

First Name

Surname

Date of BirthH (YYYYMMDD) **ID/Passport No** **Relationship to Applicant**

Policy No.

Applicant Signature: _____



8. HEALTH DETAILS

Please answer the following questions *Please fill in either YES or NO*

- | | |
|--|--------------------------|
| | Y/N |
| 1. Have you applied for life assurance in the past 5 years and not been given cover- i.e. not accepted or been given cover at an increased premium? | <input type="checkbox"/> |
| 2. Have you, your husband/ wife or any sexual partner ever tested positive for the HIV virus or received treatment or medical advice for AIDS or conditions related to AIDS or the HIV virus? | <input type="checkbox"/> |
| 3. Are you suffering from, or have you during the past five (5) years suffered from unintentional weight loss, persistent night sweats, fever, swollen glands, diarrhoea or digestive disorder? | <input type="checkbox"/> |
| 4. Are you aware of any medical condition that could materially affect your health or ability to work over the next 1 to 10 years? If yes please specify on the space below. | <input type="checkbox"/> |
| <input type="text"/> | |
| 5. Has your weight increased or decreased by more than 5kg in the past year (other than deliberate weight loss)? | <input type="checkbox"/> |
| 6. Are you currently taking medicine or receiving treatment on a regular basis? | <input type="checkbox"/> |
| 7. Have you over the past 3 years, taken medicine or received regular treatment for a period longer than 1 month? | <input type="checkbox"/> |
| 8. Have you been off work continuously for a week or more due to sickness / injury in the past 3 years? | <input type="checkbox"/> |
| 9. Have you over the past 3 years, suffered from high blood pressure (e.g stroke), hypertension, persistent chest pain (e.g heart attack) or other circulatory symptoms (e.g persistent coughing)? | <input type="checkbox"/> |
| 10. Are you aware of anything that has NOT been covered in the previous questions which could affect your health / ability to work (e.g depression, failing eye sight, physical disabilities, heavy drinking / smoking, etc.)? | <input type="checkbox"/> |
| 11. Do you intend to participate in any risky activity such as piloting an aircraft, ballooning, paragliding or any other activity? | <input type="checkbox"/> |

State initials, surname and address of your medical doctor or name and address of your clinic/ hospital (It is COMPULSORY to provide this information):

Doctor's name

Doctor's Address

Name of Clinic/Hospital

12. Have you cancelled any existing policy within 4 months to replace it with this policy or do you intend to do so within the next six months? Y/N

If you are not satisfied with the plan you have chosen, you may withdraw from the contract by returning your policy contract to us within 30 days from the date that you are issued with your Policy Contract. Once we have received the returned Policy Contract, we will refund any premium paid, provided that you haven't claimed yet or any event insured against has not yet occurred. Please note that we may deduct the cost of benefits provided and any investment losses (where applicable) we may have incurred.

DECLARATION

I declare that the statements and particulars on this form are true and that I have not misstated or withheld any material facts. I agree that this application together with any other information supplied shall form the basis of the insurance contract effected herein. I have read and understood the terms and conditions set out in the policy document enclosed.

<p>Applicant's First Name</p> <input style="width: 95%;" type="text"/>	<p>Agent's First Name</p> <input style="width: 95%;" type="text"/>
<p>Applicant's Surname</p> <input style="width: 95%;" type="text"/>	<p>Agent's Surname</p> <input style="width: 95%;" type="text"/>
<p>Applicant's signature</p> <div style="border: 1px solid black; height: 30px; width: 95%;"></div>	<p>Agent's Code</p> <input style="width: 80%;" type="text"/>
<p>Date (YYYYMMDD)</p> <input style="width: 80%;" type="text"/>	<p>Agent's signature</p> <div style="border: 1px solid black; height: 30px; width: 95%;"></div>
<p>Place</p> <input style="width: 80%;" type="text"/>	<p>Worksite Contract-ID</p> <input style="width: 95%;" type="text"/>
<p>Cover amount (KES)</p> <input style="width: 80%;" type="text"/>	<p>Date (YYYYMMDD)</p> <input style="width: 80%;" type="text"/>
	<p>Place</p> <input style="width: 80%;" type="text"/>

For more information visit your nearest Old Mutual Branch, Call Old Mutual on (+254-20) 2829800, (+254) 0711010800 or visit www.oldmutualkenya.com/RafikiHalisiLifePlan

Policy No. Applicant Signature: _____



Cooling -off period: If you are not satisfied with the plan you have chosen, you may withdraw from the contract by returning your policy contract to us within 30 days from the date that you are issued with your Policy Contract. Once we have received the returned Policy Contract, we will refund any premium paid, provided that you haven't claimed yet or any event insured against has not yet occurred. Please note that we may deduct the cost of benefits provided and any investment losses (where applicable) we may have incurred.

Old Mutual also reserves the right to cancel the policy during the cool-off period if the proposed Life Assured does not meet the underwriting requirements. Old Mutual will notify the proposer either through written means or electronically.

Redating: Upon failure to pay the premium by the due date, the policyholder's benefits will cease. However, the policyholder may request to reinstate their policy within 3 months from the date the benefit ceased without paying in outstanding premiums. The commencement date will be altered by moving it forward by the number of missed premium months to take into account the missed premium payments. The policy holder can only choose this option once every five years, otherwise the reinstatement conditions outlined in the paragraph below apply.

Reinstatement period: Upon failure to pay the premium by the due date, the policyholder's benefits will cease. However, if the policyholder wishes to reinstate their policy, they may do so within 3 months from the date the benefit ceased by paying in all outstanding premiums and filling out a health status form to be provided by Old Mutual. If a policyholder fails to reinstate within this period, the policy will be cancelled and a new policy will have to be purchased, which will be subject to new premium rates and expenses.

Exclusions: No benefit will be payable if death occurs from natural causes within the first 6 months from the Benefit Start Date.

The benefit shall not be payable if the death of the Life Assured is brought about or accelerated by:

- suicide, whether sane or insane. This exclusion applies for two years from the Benefit Start Date. It will recommence with effect from the date of any cover increase (other than as a result of Scheduled Annual Increases in cover), but will only apply to the increased portion of the cover.
- where applicable, any one of the additional exclusions referred to in the Schedule.

Premium Payment Options: The following are the premium payment options for the RAFIKI HALISI Life Plan:

1. PostaPay: This payment is via the post office by filling in the PostaPay voucher and including details of your policy number and paying the instalment premium
2. M-Pesa/Zap
3. Cheque: a monthly or annual cheque made out to Old Mutual and paid at an Old Mutual branch
4. Check-off: This option is a monthly salary deduction and stop-order/ check-off forms will be required to be filled
5. Direct Debit / Standing Order: This payment is via your bank account and a direct debit/standing order form will be required to be filled.

Please note: it is the responsibility of the policy holder to ensure that the policy number is quoted with each premium payment.

Contract: Old Mutual may alter your benefits from time to time. Any new terms and conditions will be provided at that time

Basis of the Contract: The Old Mutual Life Assurance Company (Kenya) Limited (herein referred to as Old Mutual) undertakes to pay the benefit to the person(s) entitled to receive it on request, subject to any legal limits in force.

These Terms and Conditions, the Schedule, the annexure and the application (and any other related documents and information), provided to you, (and where applicable the Life Assured) are your Contract. The application, related documents and information may be electronic, paper or voice recorded.

Beneficiary: You may nominate one or more Beneficiaries to receive the proceeds of any benefits arising from this contract. He/She has no interest or right in the benefits until the proceeds are payable.

Any nomination of, or changes to the Beneficiaries will become effective only when Old Mutual receives such notification in writing before the proceeds become payable.

The Applicant must effect the nomination or change before the death of any of the Lives Assured.

Where there is more than one nominee they will share on an equal basis, unless otherwise stated.

A nomination shall cease if the nominee predeceases any of the Lives Assured or contracting party. Where applicable, such nominee's share shall accrue to the surviving nominees in equal shares.

Policy Anniversaries: The anniversaries of the Date of Commencement.

Date of Commencement: The first day of the month following the date of filling out an application form with Old Mutual, receiving your policy contract and payment of first instalment premium. Cover commences only after Old Mutual has notified you (on paper or electronically) of its acceptance of your application and after Old Mutual has received the first premium.

In the case of Old Mutual imposing a health and/or activity loading(s) and/or an additional exclusion(s), your cover commences only after you have accepted the loading(s) and/or exclusion(s), in the manner as required by Old Mutual, and after the first premium has been received by Old Mutual.

Premium: Premiums are payable in Kenya Shillings (KES/Kshs) in advance and on the basis reflected in the Schedule. The first premium is due on the Premium Start Date. Thereafter premiums are due on the same day of every following month or year (depending on the premium frequency as specified in the Premium Schedule) (the "Due Date") until the Premium End Date. Failure of payment within one calendar month of due date will lead to the benefit ceasing.

Wherever applicable, premiums must continue to be paid during the Waiting Period

Guaranteed Term/Amendment of contract: The guaranteed term is 1 year from the date of Commencement. At the end of the Guaranteed Term Old Mutual may review the premium required. Following a review, premium may increase, decrease or remain the same. Changes that you request may change the premium during the Guaranteed Term.

Absence from Kenya: The Life Assured must inform Old Mutual before he/she leaves Kenya, or if the Life Assured is already outside Kenya, that the Life Assured intends to be absent for a continuous period of ninety (90) days or more, except if such intended absence or absence is solely due to a holiday. Holiday excludes any period of employment whether paid or unpaid.

If Old Mutual is not notified of the above Old Mutual may decline your claim and the death benefit may cease. If this happens premiums will not be refunded.

When Old Mutual receives such information, it shall be entitled to review the premium, apply altered terms and conditions to your Benefit and to cancel your Benefit.

Cession: You may NOT cede your Contract in any way.

Currency & Governing Law:

- All payments made to or by us shall be in lawful currency of Kenya
- This contract shall be governed by the Laws of Kenya.

Please Note:

- a) Any benefits that remain unclaimed within two years from the date they are due will be treated as Unclaimed Assets as provided for under the Unclaimed Financial Assets Act, 2011 and the company will deal with the benefits as provided under the said Act;
- b) If there are any changes to your contact details or beneficiaries' contact details, please inform us immediately to enable us update our records.

Policy No.



Stamp Duty Table

Cover Amount	Ksh. 25,000	Ksh. 50,000	Ksh. 100,000	Ksh. 200,000	Ksh. 300,000	Ksh. 500,000	Ksh. 800,000	Ksh. 1,000,000
Main Member	22.50	37.50	75.00	150.00	225.00	375.00	600.00	750.00
Main Member & Spouse	30.00	60.00	112.50	225.00	337.50	562.50	900.00	1,125.00
Main Member, Spouse & One Child	37.50	67.50	135.00	262.50	397.50	660.00	1,050.00	1,312.00
Main Member, Spouse & Two Children	37.50	75.00	150.00	300.00	450.00	750.00	1,200.00	1,500.00
Main Member, Spouse & Three Children	45.00	90.00	172.50	337.50	510.00	847.50	1,350.00	1,687.50
Main Member, Spouse & Four Children	52.50	97.50	187.50	375.00	562.50	937.50	1,500.00	1,875.00

DECLARATION

I declare that the statements and particulars on this form are true and that I have not misstated or withheld any material facts. I agree that this application together with any other information supplied shall form the basis of the insurance contract effected hereon. I have read and understood the terms and conditions set out in the policy document enclosed.

<p>Applicant's First Name</p> <input type="text"/>	<p>Agent's First Name</p> <input type="text"/>
<p>Applicant's Surname</p> <input type="text"/>	<p>Agent's Surname</p> <input type="text"/>
<p>Applicant's signature</p> <input type="text"/>	<p>Agent's Code</p> <input type="text"/>
<p>Date (YYYYMMDD)</p> <input type="text"/>	<p>Agent's signature</p> <input type="text"/>
<p>Place</p> <input type="text"/>	<p>Worksite Contract-ID</p> <input type="text"/>
<p>Cover amount (KES)</p> <input type="text"/>	<p>Date (YYYYMMDD)</p> <input type="text"/>
	<p>Place</p> <input type="text"/>

For more information visit your nearest Old Mutual Branch, Call Old Mutual on (+254-20) 2829800, (+254) 0711010800 or visit www.oldmutualkenya.com/RafikiHalisiLifePlan

Policy No.

Applicant Signature: _____

Dear Policyholder

Thank you for registering for the RAFIKI HALISI Life Plan. Old Mutual Life Assurance Company Limited undertakes to pay the benefits described in this contract to the policyholder or to the person(s) otherwise entitled to receive them, in accordance with and subject to the terms and conditions set out in this contract.

The proposal and any other related documents form the basis of the agreement embodied in this contract.

Please contact your intermediary or the Nairobi office of the Old Mutual Life Assurance Company Limited if any aspect of this contract is not clear.

I trust that this policy will meet your needs.

OLD MUTUAL LIFE ASSURANCE COMPANY LTD
P.O. BOX 30059 00100
NAIROBI
KENYA



PRINCIPAL OFFICER

General Questions

Q: When does my Rafiki Halisi cover start?

A: The cover starts on the first day of the month following your registration and payment of your first premium.

Q: How frequently can I choose to pay my premium?

A: You have a choice of annual or monthly premium payments. Annual premium payments will attract a discount of one month's premium.

Q: What happens if I stop paying my premium?

A: If you stop paying premiums on the due date, your policy will lapse. You will have a three month period from the due date to reactivate your policy by paying in all outstanding premiums.

Q: How does my no claim – cash back benefit work?

A: You are entitled as the main member on the cover, to receive 50% of your premium back at the end of every five years if you have not claimed on your policy within those five years and your policy is still active.

Q: What is the highest cover I can have?

A: The maximum cover available to any covered member is KShs 1 Million.

Q: Can I buy cover for my family?

A: Yes. You, your spouse and up to four of your children may be covered if you choose the family option.

Q: What level of cover does my family receive if I choose the family option?

A: Your spouse is entitled to 50% of the main member's cover and each child is entitled to 25% of the main member's benefit.

Q: If I have more than one spouse, are they also covered?

A: Only one spouse is covered under the family option. To cover an additional spouse you will need to buy a separate Rafiki Halisi family cover.

Q: Until what age would my children be covered?

A: Your children are covered only until the age of 22.

Q: What happens if I choose the family option and have no children?

A: You can still register for the family option and add up to four of your children at any time during the active lifetime of your policy at no additional cost.

Policy No.

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OLD MUTUAL LIFE ASSURANCE COMPANY LIMITED
 Old Mutual Building
 Corner of Mara/Hospital Roads
 PO Box 30059, GPO 00100 Nairobi, Kenya
 Tel +254 (20) 282 9333, 282 9000, Fax +254 (20) 272 2415
 Email: clientservices@oldmutualkenya.com
 www.oldmutual.co.ke

Contract Delivery Note

INTERMEDIARY NAME:..... DATE:.....

INTERMEDIARY NUMBER:.....

CLIENT:..... CONTRACT NO:.....

NAME OF RECEIVING INTERMEDIARY:.....

DATE RECEIVED BY INTERMEDIARY:.....

I,HEREBY CONFIRM HAVING READ AND UNDERSTOOD THE CONTRACT REFERENCED ABOVE AND DECLARE THAT I FULLY UNDERSTAND THE CONTRACT. I UNDERSTAND THAT OLD MUTUAL LIFE ASSURANCE COMPANY LIMITED SHALL NOT BE LIABLE FOR ANY FACTS, COMMENTS OR PRESENTATIONS OUTSIDE THE CONTRACT. I ALSO UNDERSTAND THAT I HAVE A RIGHT TO CANCEL THIS CONTRACT WITHIN ONE MONTH FROM DATE OF THIS RECEIPT.

RECEIVED BY CLIENT:.....

SIGNATURE:.....

DATE:.....

PLEASE SIGN COPY AND RETURN TO:

OLD MUTUAL LIFE ASSURANCE COMPANY LIMITED
 NEW BUSINESS SERVICES
 PO.BOX 30059-00100 GPO
 NAIROBI
 KENYA

Policy No.

OMK Financial Needs Analysis

Name:	Date:
P.O.Box:	Town:
Nature of Employment (Business,employed)	
Financial Information	
Gross Income per month (in KShs. from all Sources)	
Total Expenses per month	
Net disposable income per month	
Financial Needs Please number 1,2,3 in order of priority 1 being priority, 4 least priority	
Purchase a house	<input type="text"/>
Save for Children's Education	<input type="text"/>
Family Protection	<input type="text"/>
Own savings/Investments	<input type="text"/>
Other:	
What age group do you fall under	
Under 18yrs	<input type="text"/>
18yrs-35yrs	<input type="text"/>
36yrs-45yrs	<input type="text"/>
46yrs-55yrs	<input type="text"/>
56yrs-65yrs	<input type="text"/>
Family Information	
1. Are you a breadwinner?	YES/NO
2. How many dependants do you have?	
Products you would be interested in as per Advisor update	
1.	
2.	
3.	
4.	

Advisor

Client

Name:

Name:

Signature:

Signature:

Tel:

Tel:

Manager & Branch:

OMK Retail Mass Market Financial Needs Analysis Version 1 2010

Policy No.



NON-PRINT

