



National Teachers Union Updated information form

Persal number

You must complete this form before you sign it. Make sure all the information is accurate. You and we (Assupol Life) are the only persons involved in entering into this policy.

You

Surname

First names

ID number

Tel (home) ()

Mobile ()

Tel (work) ()

Your spouse

Surname

First names

ID number

Tel (home) ()

Mobile ()

Tel (work) ()

Own children

| | | | | |
|---|----------------------------------|---------------|-------------------------------|---------------------------------|
| 1 | Surname <input type="text"/> | Gender | male <input type="checkbox"/> | female <input type="checkbox"/> |
| | First names <input type="text"/> | Date of birth | <input type="text"/> | <input type="text"/> |
| 2 | Surname <input type="text"/> | Gender | male <input type="checkbox"/> | female <input type="checkbox"/> |
| | First names <input type="text"/> | Date of birth | <input type="text"/> | <input type="text"/> |
| 3 | Surname <input type="text"/> | Gender | male <input type="checkbox"/> | female <input type="checkbox"/> |
| | First names <input type="text"/> | Date of birth | <input type="text"/> | <input type="text"/> |
| 4 | Surname <input type="text"/> | Gender | male <input type="checkbox"/> | female <input type="checkbox"/> |
| | First names <input type="text"/> | Date of birth | <input type="text"/> | <input type="text"/> |
| 5 | Surname <input type="text"/> | Gender | male <input type="checkbox"/> | female <input type="checkbox"/> |
| | First names <input type="text"/> | Date of birth | <input type="text"/> | <input type="text"/> |
| 6 | Surname <input type="text"/> | Gender | male <input type="checkbox"/> | female <input type="checkbox"/> |
| | First names <input type="text"/> | Date of birth | <input type="text"/> | <input type="text"/> |

Your beneficiary

Your beneficiary is the person you appoint to receive the policy pay-out after your death. He or she must be 18 or older. You may change your beneficiary at any time. If the pay-out cannot be made to the beneficiary, it will be paid to your estate.

Surname

First names

Relationship

ID number

Gender

male female

Marital status

single married divorced widowed

Your declaration as the client

I declare that all information given in this form is complete and correct and that I received a signed copy. I am satisfied that I understand everything I need to know about the policy and that I will be able to pay the premiums. I am not taking out this policy to replace any of my existing insurance policies.

Signature of client

Date