



# THE DIAMOND PENSION FUND

A Member of the OLDMUTUAL Group

## PROPOSAL FORM

Policy No:

**IMPORTANT:** Please complete this proposal form in block capital letters

Date of commencement

d	d	m	m	y	y	y	y
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### A. PERSONAL DETAILS OF MEMBER

TITLE    MR     MRS     MISS     OTHER     GENDER     M     F

First Name(s)     Surname

Date of Birth 

d	d	m	m	y	y	y	y
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    National ID No

Address

Occupation

Email Address

Cell No

*The mobile number and email address supplied will be used for communication.*

**B. INDICATE MONTHLY CONTRIBUTION TO BE PAID:**    USD.....

SELECT FREQUENCY OF PAYMENT? (tick appropriate)

Monthly     Ad Hoc     [Contribution & frequency of payment at your discretion.]

**FLEXIBLE PAYMENTS MAY BE MADE IN CASH AT ANY CABS BANKING HALL BY COMPLETING THE APPROPRIATE DEPOSIT SLIP.**

**NOTE: MINIMUM CONTRIBUTION AS SPECIFIED BY CABS FROM TIME TO TIME.**

### C. PAYMENT DETAILS - DEBIT ORDER INFORMATION (FOR MONTHLY CONTRIBUTIONS ONLY)

To avoid penalties and to ensure consistent contributions, please have sufficient funds in your account at the beginning of each month.

Full name in which A/C operates	<input type="text"/>	Type of Account	<input type="text"/>
Name of Bank	<input type="text"/>	Branch Name	<input type="text"/>
Branch Code	<input type="text"/>	Account No	<input type="text"/>
Account holder's signature	<input type="text"/>	Date	<input type="text"/>

### D. INVESTMENT TYPE:

Amount of Investment:    Personal Contribution    US\$.....

### E. SIGNATURES

Applicant's Signature	<input type="text"/>	Agent's/Official's full name	<input type="text"/>
Date	<input type="text"/>	Agent's/Official's signature	<input type="text"/>
		Agent's/Official's Code	<input type="text"/>
		Date	<input type="text"/>

**THE DIAMOND PENSION FUND POLICY CONTRACT TERMS AND CONDITIONS.**

**1. GENERAL CONDITIONS**

- 1.1. The minimum and maximum entry ages into the policy contract are 16 and 65 respectively.
- 1.2. Retirement from this Fund may be at any age between 55 and 70 years, both ages inclusive.
- 1.3. Ill - health early retirement may be taken on production of medical evidence satisfactory to the trustees.
- 1.4. Proof of age of member and/ or any dependants or beneficiaries will be called for on retirement.
- 1.5. No right to any benefit under this contract may be ceded, pledged or assigned in any way, nor shall any benefit be subject to attachment or execution.
- 1.6. On death before retirement, the capital value (including bonus additions as determined) of the member's entitlement as at the date of death shall be payable on production of the original Death Certificate.

**2. PERSONAL CONTRIBUTIONS**

- 2.1. Membership is compulsory until death, retirement or ill health for this investment. There is no withdrawal benefit payable.

**3. CLAIMS**

On retirement or in the event of the death of a member, the following minimum information will be required:

3.1. Death

- The original policy contract.
- Original Death Certificate.
- Copy of claimant's identity document.

3.2. Retirement

- The original policy contract.
- Copy of member's identity document.

3.3. Additional requirements may be required.

3.4. All claims will be paid in accordance with the Pension and Provident Funds Act.

**4. CONTRACT**

These terms and conditions, the application form and other requested contractual documentation (and any other related documents and information), provided to you are your contract.

**5. CONTRIBUTIONS**

Monthly recurring contributions should be paid when due. Contributions are payable in the prevailing legal currency of Zimbabwe and on the basis reflected in Section B of the policy contract. Contribution payment frequency may be switched upon notifying CABS.

**6. CURRENCY AND GOVERNING LAW**

- 6.1. All payments made to or by CABS shall be in the prevailing lawful currency of Zimbabwe.
- 6.2. The contract shall be governed by the laws of Zimbabwe.

**7. DECLARATION**

I have read and understood the terms and conditions set out in the policy document. I also confirm that the terms and conditions of this contract have been explained to me and that the contract has been signed in front of an authorised Agent or Official.

Applicant's full name	<input type="text"/>	Agent's/Official's full name	<input type="text"/>
Applicant's signature	<input type="text"/>	Agent's/Official's signature	<input type="text"/>
Date	<input type="text"/>		

**Note** - Certified copy of identity document and proof of residence are required.