



NICO LIFE INSURANCE COMPANY LIMITED

**ACKNOWLEDGEMENT FOR INVESTMENT POLICY-CHILD SAVER POLICY
REFUND OF PREMIUMS-RIDER 1**

(To be completed in proposer's own handwriting)

I do hereby acknowledge that I have been informed that the Child Saver Policy that I have proposed on the life of my child..... in terms of my proposal dated is a pure investment Policy and that the benefits structure under the policy do not include death cover.

I have been made aware that at maturity (expiry of the policy term) the benefit payable will be the Basic Sum Assured plus bonuses, while as in the event of the earlier death of the child or death of the guarantee, the benefit payable will be a refund of premiums paid plus 4% Compound Interest.

It has further been brought to my knowledge that loans are not grantable under this policy contract.

I agree that this acknowledgement should be an integral part of the policy in the event of my proposal for the policy being accepted by the company.

Signature of a proposer



NICO LIFE INSURANCE COMPANY LIMITED

**ACKNOWLEDGEMENT FOR INVESTMENT POLICY-CHILD SAVER POLICY
WAIVER OF PREMIUM-RIDER 2**

(To be completed in proposer's own handwriting)

I do hereby acknowledge that I have been informed that the Child Saver Policy that I have proposed on the life of my child..... in terms of my proposal dated is a pure investment Policy and that the benefits structure under the policy do not include death cover.

However, Should I (Grantee/Proposer), die **after 1 year** from the date of the policy having paid all due premiums, Nico Life will take over the payment of premiums until the policy matures. But in the event that I (Grantee/Proposer) die **within 1 year** from the date of the policy then the benefits payable will be a refund of premiums plus 4% compound interest except for accidental death.

I have been made aware that at maturity (expiry of the policy term) the benefit payable will be the basic Sum Assured plus bonuses, while as in the event of the earlier death of the child, the benefit payable will be a refund of premiums paid plus 4% Compound Interest.

It has further been brought to my knowledge that loans are not grantable under this policy contract.

I agree that this acknowledgement should be an integral part of the policy in the event of my proposal for the policy being accepted by the company.

Signature of a proposer



NICO LIFE INSURANCE COMPANY LIMITED

**ACKNOWLEDGEMENT FOR INVESTMENT POLICY-CHILD SAVER POLICY
REFUND OF PREMIUM AND WAIVER OF PREMIUM-RIDER 3**

(To be completed in proposer's own handwriting)

I do hereby acknowledge that I have been informed that the Child Saver Policy that I have proposed on the life of my child..... in terms of my proposal dated is a pure investment Policy and that the benefits structure under the policy do not include death cover.

I have been made aware that at maturity (expiry of the policy term) the benefit payable will be the basic Sum Assured plus bonuses, while as in the event of the earlier death of the child, the benefit payable will be a refund of premiums paid plus 4% Compound Interest.

However, Should I (Grantee/Proposer) die, the benefit payable will be a refund of premiums paid plus 4% Compound Interest and that Nico Life will take over the payment of premiums until the policy matures. I have further been made a ware that the Waiver of Premium benefit will only be applicable if death occurs **after 1 year** from the date of the policy having paid all due premiums, except for accidental death.

It has further been brought to my knowledge that loans are not grantable under this policy contract.

I agree that this acknowledgement should be an integral part of the policy in the event of my proposal for the policy being accepted by the company.

Signature of a proposer



NICO LIFE INSURANCE COMPANY LIMITED

PO BOX 2044 BLANTYRE

CHIDZIWITSO CHOFUNIKA KWAMBIRI

VERY IMPORTANT NOTICE

Fomu iyi ndi yoyenera kuwerengedwa ndi kusayinidwa ndi munthu aliyense amene ali ndi chidwi chotenga inshulansi. Ndipo onetsetsani kuti mwawerenganso m'munsimu pa (c) ndi (d).

Chonde werengani ndi kumvetsa bwino lomwe musanasaine chirichonse ngakhale kulemba pa mapepala a inshulansiwa.

- (a) Chonde onetsetsani kuti ndalama zimene muzipereka ndi zimene mungathe kupereka mwezi ndi mwezi popanda chobvuta.
- (b) Malipiro anga apa mwezi ndi K.....t ndipo ndingathe kulipira kuchokera pa malipiro anga.
- (c) Kutenga inshulansi sikulingana ndi kusunga ndalama kubank kapena ku Positi Ofesi kumene mungatenge makobidi anu onse potseka buku lanu. Pamene inshulansi ingakubwezereni gawo la ndalama zimene mwapereka mu zaka ziwiri mosalumphitsa ngati mutafuna kusiya kulipira ndalama za inshulansi yanu pa zifukwa zina nthawi isanakwane.
- (d) Ngati mwasiya inshulansi yanu pasanathe zaka ziwiri simudzabwezeledwa gawo lililonse la ndalama zimene munapereka.
- (e) Ndasayina nditatha kuwerenga zonse bwino lomwe.

Sayini _____
 Keyala yanu _____

 Tsiku: _____

This form must be read and signed by the proposer and particular reference made to (c) and (d).

Please read this carefully before you sign the proposal and Stop Order.

- (a) Please make sure that the periodical premium is within your paying capacity.
- (b) My monthly salary is K..... and I am in a position to pay the premium from my salary after meeting my commitments.
- (c) **Paying a life assurance is not like depositing money into a bank account. You can get back all the money deposited on closing a bank account whereas you cannot get back all the money paid as premium on cancellation of policy, what you will get back is the surrender value of the policy if you have paid at least 2 full years premiums. It will only be a small percentage of the premiums paid by you.**
- (d) **If you have not paid at least two full years premiums under the policy on cancellation, all premiums paid prior to the date will be forfeited.**
- (e) I have signed the proposal after reading this notice.

Signature _____
 Address _____

 Date _____



NICO LIFE INSURANCE COMPANY LIMITED
BO BOX 2044 PLANTYDE

EXTRACT OF SERVICE RECORD SHOWING DATE OF BIRTH

Full Name of Employee _____

Designation _____

Official Number (if any) _____

Date of Birth - as recorded in the Service record:

In figures _____

In words _____

Certified that the above information was extracted from the Service records kept in this office.

Signature: _____

Place: _____

Name of Official: _____

Date: _____

Designation: _____



STANDING ORDER

1. Policy No:.....
2. Surname:.....Maiden Name:.....
3. First Names:.....
4. Employee/Force No:.....
5. Section Code:.....
6. Department Code:.....
7. Station:.....
8. Employer:.....
9. Amount: K.....
10. Type of Deduction: Insurance Premium
11. To Whom Payable: Nico Life Insurance Company Limited
12. Commencement Date:.....
13. New deduction/replacement of existing deduction (delete where inapplicable).

14. This instruction is given on the strict understanding that neither I nor my heirs nor assigns shall have any claim against my employers for damages in the event of the payments herein stipulated not being made by the due date for the reason whatsoever, including negligence. It being further understood that the employer undertakes this service solely on a non-committal and non-liability basis.

Dated:.....

Signed:.....

To:

.....

.....

NOTE:

The proposal form for this product is currently not available; please download and fill the above forms then [click here to send an enquiry](#) and ask on how you can obtain the proposal form.