

## JUST RETIREMENT – ENHANCED ANNUITY QUOTE REQUEST

### YOUR PERSONAL DETAILS

FULL NAME \_\_\_\_\_  
 DATE OF BIRTH \_\_\_\_\_  
 ID NUMBER \_\_\_\_\_  
 GENDER \_\_\_\_\_  
 MOBILE NUMBER \_\_\_\_\_  
 EMAIL ADDRESS \_\_\_\_\_

### IF MARRIED

SPOUSES NAME \_\_\_\_\_  
 DATE OF BIRTH \_\_\_\_\_  
 ID NUMBER \_\_\_\_\_  
 GENDER \_\_\_\_\_

### ANY OTHER DEPENDENT

NAME OF DEPENDENT 1 \_\_\_\_\_  
 DETAILS OF DEPENDENCY \_\_\_\_\_  
 NAME OF DEPENDENT 2 \_\_\_\_\_  
 DETAILS OF DEPENDENCY \_\_\_\_\_

### ANNUITY / PENSION INCOME DETAILS

#### AMOUNT TO BE USED TO BUY ANNUITY/INCOME

UNICOVER FUND R \_\_\_\_\_  
 \*ANY OTHER FUNDS R \_\_\_\_\_  
**TOTAL AVAILABLE** R \_\_\_\_\_

*\*If you do have another retirement annuity that you would like to add to your Unicover Retirement Savings, this can also be included in order to enhance your income amount in retirement.*

### SELECTED GUARANTEE TERM (PLEASE SELECT ONE OPTION)

None       10 YEARS       15 YEARS       20 YEARS

*This guarantee term represents the minimum number of years that the pension will pay for. (it applies from your date of retirement).*

- If selected, this guarantee applies even in the event of your death.*
- If you have selected a pension for both you and your spouse, it applies even if both you and your spouse pass away.*

## ❖ MEDICAL & LIFESTYLE ENHANCEMENT

When we calculate the amount of income that you will be able to receive as a pension each month, we can also take a number of health and lifestyle factors into account which may improve the income.

Please confirm if you would like one of the Just Life – Lifestyle and Medical assessors to contact you with regards to the above. They will take you through a number health and lifestyle questions that are considered important and you could stand to benefit by an improvement of as much as 30% in your income.

### PLEASE INDICATE ACCORDINGLY

- YES I would like someone to contact me
- NO I do not want anyone to contact me.

*Please note that the lifestyle and medical assessment process can only result in an increase in the amount of income you are likely to receive (not a decrease).*

### PLEASE TELL US WHAT TIME IS THE BEST FOR US TO CALL YOU:

PREFERRED	ALTERNATIVE 1	ALTERNATIVE 2
DAY _____	DAY _____	DAY _____
TIME _____	TIME _____	TIME _____

### PLEASE PROVIDE CONTACT NUMBER

PREFERRED \_\_\_\_\_ ALTERNATIVE \_\_\_\_\_

*If applicable, please tell us what time is the best for us to call your spouse:*

PREFERRED	ALTERNATIVE 1	ALTERNATIVE 2
DAY _____	DAY _____	DAY _____
TIME _____	TIME _____	TIME _____

### PLEASE PROVIDE CONTACT NUMBER

PREFERRED \_\_\_\_\_ ALTERNATIVE \_\_\_\_\_

I, there undersigned, confirm that to the best of my knowledge, the information provided by me in this document is as true and accurate reflection of my requirements.

NAME

SIGNATURE

DATE