



# TURNBERRY UPDATE OF INFORMATION FORM

**Insurer:**  
Lombard Insurance Company Limited  
(Reg. No. 1990/001253/06) FSP no. 1596

**Risk and Underwriting Managers:**  
Turnberry Management Risk Solutions (Pty) Ltd  
(Reg no : 2007/026488/07) FSP no. 36571

Broker Name:

Broker Code:

FOR OFFICE  
USE ONLY

|                 |                      |            |                      |
|-----------------|----------------------|------------|----------------------|
| Application No. | <input type="text"/> | Client No. | <input type="text"/> |
| Policy No.      | <input type="text"/> | Debtor No. | <input type="text"/> |

Tel: 011 677 9891 | Fax: 0861 000 508 | Email: newbusiness@turnberry.co.za | Address: 4 Osborne Lane, Bedfordview, 2007

## A. DETAILS OF PRINCIPAL INSURED PERSON

Title:  First Name:  Surname:

ID Number:  Cellphone No.

Home Tel No.  Work Tel No.

Residential or Physical Addresses:

Postal Addresses:

Email:  Medical Scheme:

Medical Scheme No:  Option:  Date Membership Commenced:

In the event of the death of the Principal Insured person in respect of the Critical Illness Benefit or Personal Accident Benefit

Beneficiary Name:  Beneficiary ID:  Relationship:

## B. DEPENDANT DETAILS

Spouse/Partner and children up to the age of 26 years who are registered on the Principal Insured person or Spouse/Partner's Medical Scheme may be added to the Policy at no additional cost

| Name of Dependant    |                      | Identity Number<br>(Date of Birth if no ID No) | Gender<br>M/F        | Relationship to<br>Policyholder |
|----------------------|----------------------|--|----------------------|---------------------------------|
| Surname              | First Name           |  |                      |                                 |
| <input type="text"/> | <input type="text"/> | <input type="text"/>                           | <input type="text"/> | <input type="text"/>            |
| <input type="text"/> | <input type="text"/> | <input type="text"/>                           | <input type="text"/> | <input type="text"/>            |
| <input type="text"/> | <input type="text"/> | <input type="text"/>                           | <input type="text"/> | <input type="text"/>            |

## C. EXTENDED FAMILY COVER

Other Dependants/Extended Family registered on the Principal Insured person or Spouse/Partner's Medical Scheme may be added to the Policy for an additional premium, as detailed below

| Product    | Ages 26 - 64 (incl) |                      | Ages 65 - 79 (incl) |                      | Ages 80+ |                      |
|------------|---------------------|----------------------|---------------------|----------------------|----------|----------------------|
|            | Rate                | Number               | Rate                | Number               | Rate     | Number               |
| PREMIER    | R127                | <input type="text"/> | R414                | <input type="text"/> | R526     | <input type="text"/> |
| OPTIMAL    | R119                | <input type="text"/> | R335                | <input type="text"/> | R428     | <input type="text"/> |
| SYNERGY    | R118                | <input type="text"/> | R332                | <input type="text"/> | R423     | <input type="text"/> |
| LAUNCH     | R29                 | <input type="text"/> | R50                 | <input type="text"/> | R77      | <input type="text"/> |
| MED-EXTEND | R109                | <input type="text"/> | R413                | <input type="text"/> | R525     | <input type="text"/> |

## D. CONFIRMING UPDATE

Confirming update

Signature: \_\_\_\_\_ Date: