

Questionnaire for select lives

(This questionnaire must be completed by the insured life)

Policy number

Member number*

Group number* (*Fill in for FundsAtWork)

Declaration

I, (name and surname)

consent to being an insured life on this proposal for an insurance policy and understand that my application data will be made available to the policyholder and Momentum, to which I do not object.

I warrant that all information provided electronically, telephonically in writing in the proposal for an insurance policy, and in any other documents signed or to be signed by me in connection with the proposal is true and correct.

Signature

Date

1: Details of insured life

Name of insured life

Permanent identity/passport number Permanent ID Yes No

Date of birth Telephone

Postal address

Postal code

Financial adviser's name Financial adviser code

Broker house code Telephone

Section 2

In a typical week during the past 4 weeks, did you:

1. Do a physical activity (such as brisk walking for exercise, swimming or jogging)? Yes No

If "yes", what kind of activity?

If no, why not? I have never liked exercise Due to my physical ability I cannot do exercise

I am to afraid to leave my house

2. Make your own bed? Yes No

If "yes", how many times a week?

If "no", why not? I have never made my bed Due to my physical ability I cannot make my bed

I have someone that does it for me

3. Clean your own house/room? Yes No

If "yes", how many times a week?

If "no", why not? I do not like housework Due to my physical ability I cannot

I have someone that does it for me

4. Cook your own meals? Yes No

If "yes", how many times a week?

If no, why not? I do not like cooking Due to my physical ability I cannot make my own food

I have someone that does it for me

Section 2 (continued)

In a typical week during the past 4 weeks, did you:

5. Do your own shopping and drive there with your own car? Yes No
If "yes", how many times a week?
If "no", why not? I do not own a car Previously I could drive to the shops but I cannot drive anymore
 I do my own shopping but I do not own my own car
6. Need help with the following?
Bathing (Washing) Yes No Dressing Yes No
Drawing money at the ATM Yes No
If "yes", why did you need help with the above mentioned?
7. Do you Live with your spouse Share a room with a friend in a retirement village
 Live on your own Stay in a room in an old age home?

Section 3

1. Have you stumbled or fallen in the last year? Yes No
If "yes", how many times did you fall?
How did it happen?

How were you injured?
2. How often do you:
- 2.1 Visit your general practitioner Once a month Every 6 months Once a year Never
If "never", why not?
- 2.2 Visit your dentist Once a month Every 6 months Once a year Never
If "never", why not?
- 2.3 Visit your optometrist Once a month Every 6 months Once a year Never
If "never", why not?

If you see the optometrist once a month, why is that?

Section 4

In a typical week during the past 4 weeks, did you:

1. Make use of the following technology to stay in touch with your friends and family
 SMS Skype Whatsapp Facebook I do not make use of technology
If "yes" to any of the above, how many times a week do you contact your friends and family?
If you do not make use of technology, why not? Due to my physical ability I am confined to my room/housefamily
 I do not have any other friends or family I live on my own and have no social life

Section 4 (continued)

2. Take part in or belong to a club, association or church (such as book/gardening/religion/music/any other club) Yes No

If yes, what club/group?

How would you best describe your participation in this group/club?

Very active and always look forward to learning new things	<input type="checkbox"/>
Part of the organising committee <input type="checkbox"/>	Inactive member <input type="checkbox"/>

If no, why not?

I do not enjoy the company of other people	<input type="checkbox"/>
Due to my physical ability I cannot attend the activities	<input type="checkbox"/>
I have difficulty hearing and I do not wear a hearing aid	<input type="checkbox"/>

Section 5

What would best describe you?

A. Fit and overall well with no active disease.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
B. Overall well with well controlled, treated disease. However not as fit as in A.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
C. Mildly frail with limited dependence on others for daily activities such as food preparation, using the telephone, taking prescribed medication correctly.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
D. Moderately frail with dependence on others for most of my basic needs, such as bathing and dressing.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

How have you been feeling the past month?

(tick the box below the statement closest to how you have been feeling in the past month)

1. I still enjoy the things I used to enjoy.
 Definitely as much
 Not quite so much
 Only a little
 Hardly at all
2. I can laugh and see the funny side of things..
 As much as always
 Not quite so much now
 Definitely not so much now
 Not at all
3. I look forward with enjoyment to things.
 As much as I ever did
 Rather less than I used to
 Definitely less than I used to
 Hardly at all
4. I have lost interest in my appearance.
 Definitely
 I don't take as much care as I should
 I may not take quite as much care
 I take just as much care as ever
5. I feel as if I have slowed down.
 Nearly all the time
 Very often
 Sometimes
 Not at all

Section 6

What is your source of income?

	Name of pension fund	Monthly pension
Private pension fund		R
State pension fund	South African Social Security Agency (SASSA)	R

Other sources of income (*complete ALL sources of income*)

	Amount received per month
Contribution by family members	R
Rental income	R
Interest on investments	R

Additional comments: