PRETORIUM TRUST

DIGNITY PLAN

FOR PARENTS & PARENTS-IN-LAW

APPLICATION FORM

- Premiums from as little as R 1,20 per day, per parent or parent-in-law.
- Have your yearly Pretorium Trust cash-back bonus in respect of the premiums paid under this unique plan.
- Discount of 15% in respect of coffin and services through Grobbelaars Funeral Services.
- Waiting period only 6 months.
- Claims paid within 48 hours after receiving all the documents.
- Funeral Cover up to R 50 000.
- Acceptance guaranteed.

CONTACT US NOW
0860 10 90 87

bonuscard
THE ORIGINAL CASHBACK

Proudly brought to you by

Pretorium Trust
Die kaart met 'n bonus - The card with a bonus

#dignityplan

*Terms and conditions apply.

Underwritten by: African Rainbow Life, FSP 49802, Tel no: 0108805005

GROBBELAARS
FUNERAL SERVICES
FINANCIAL SERVICES
FSP29536

DIGNITY PLAN FOR PARENTS AND PARENTS-IN-LAW

APPLICATION FORM

OFFICE USE ONLY AGENT: _____ POLICY NUMBER: _____

1. APPLICANT INFORMATION

TITLE:		SURNAME:	
FULL NAME(S):			
ID NUMBER:		TEL (C):	
POSTAL ADDRESS:		POSTAL CODE:	
HOME ADDRESS:		POSTAL CODE:	
EMAIL:			

2. LIFE ASSURED

2.1 FATHER:

TITLE:		SURNAME:	
FULL NAME(S):			
ID NUMBER:		TEL (C):	
EMAIL:			
COVER AMOUNT:	R	PREMIUM:	

2.2 MOTHER:

TITLE:		SURNAME:	
FULL NAME(S):			
ID NUMBER:		TEL (C):	
EMAIL:			
COVER AMOUNT:	R	PREMIUM:	

2.3 FATHER-IN-LAW:

TITLE:		SURNAME:	
FULL NAME(S):			
ID NUMBER:		TEL (C):	
EMAIL:			
COVER AMOUNT:	R	PREMIUM:	

2.4 MOTHER-IN-LAW:

TITLE:		SURNAME:	
FULL NAME(S):			
ID NUMBER:		TEL (C):	
EMAIL:			
COVER AMOUNT:	R	PREMIUM:	

3. BENEFICIARY DETAILS (OVER THE AGE OF 18):

3.1

TITLE:		SURNAME:		
FULL NAME(S):				
ID NUMBER:		TEL (C):		
EMAIL:		PERCENTAGE:		%

3.2

TITLE:		SURNAME:		
FULL NAME(S):				
ID NUMBER:		TEL (C):		
EMAIL:		PERCENTAGE:		%

4. MONTHLY PREMIUM RATES PER ASSURED LIFE

INDIVIDUAL FUNERAL PLAN (MARK WITH AN "X")

AGE	R10 000		R20 000		R30 000		R40 000		R50 000	
18 - 55	R26.00	☐	R52.00	☐	R78.00	☐	R104.00	☐	R130.00	☐
56 - 60	R36.00	☐	R72.00	☐	R108.00	☐	R144.00	☐	R180.00	☐
61 - 65	R57.00	☐	R114.00	☐	R171.00	☐	R228.00	☐	R365.00	☐
66 - 70	R73.00	☐	R146.00	☐	R219.00	☐				
71 - 75	R98.00	☐	R196.00	☐	R294.00	☐				
76 - 80	R150.00	☐	R300.00	☐						
81 - 85	R200.00	☐								

5. POLICY FEE

PARENT 1	R10 PER MONTH	PARENT 2	R5 PER MONTH	PARENT 3	R5 PER MONTH	PARENT 4	R5 PER MONTH

PREMIUM CALCULATION

PARENT 1	R	☐	☐	☐	☐	☐	.00
PARENT 2	R	☐	☐	☐	☐	☐	.00
PARENT 3	R	☐	☐	☐	☐	☐	.00
PARENT 4	R	☐	☐	☐	☐	☐	.00
MONTHLY POLICY FEE	R	☐	☐	☐	☐	☐	.00
TOTAL MONTHLY PREMIUMS	R	☐	☐	☐	☐	☐	.00

TERMS & CONDITIONS

1. **The insurance cover is underwritten by African Rainbow Life** (Registration number 2018/329171/06, FSP Number is 49802) and administered by **Grobbelaars Financial Services (Pty) Ltd** (Registration number 2006/021042/07/07, FSP Number is 29536).

2. **Minimum and maximum entry age and benefit**
Maximum cover per life assured is R 50,000

AGE GROUP	MAXIMUM COVER
30 -65 years	R50 000 per life assured
66 -75 years	R30 000 per life assured
76 -80 years	R20 000 per life assured
81 -85 years	R10 000 per life assured

3. **Waiting Periods:**
There will be a waiting period under the funeral plan in respect of each Life Assured.

Natural Deaths:	All Assured Lives 30 – 85 years = 6 Months from inception date
Suicide:	All Assured Lives = 12 Months from inception date
Unnatural Deaths	All Assured Lives = Immediate cover from receipt of 1st premium

No waiting period on reinstatement unless if there was outstanding waiting period.

4. **Premiums**

- All members/assureds are covered under the policy if the policy premiums are paid monthly in advance.
- Should premiums not be paid up to date and well within 60 days of the payment date, the policy will lapse, and all premiums paid will be forfeited. The policy may be reinstated by resuming premiums payments within 1 month of the last premium payment if all arrear premiums are made.
- The policy will become in force after the payment of the first premium.
- The policy cannot be made paid up.
- Cover will be in place for all assured lives if premiums are paid up to date and the waiting period is over.
- Different plans are available, and the premiums have been calculated related to the different plans and based on the age of each life assured.
- There is no savings component included in the premiums and there will be no surrender value applicable under the policy.
- Policy fee of R10.00 per month will be added to the calculated monthly premium in respect of the first life assured and R5.00 per month in respect of each extra life assured.

Premiums guaranteed period
African Rainbow Life guarantees that your premiums and benefits will remain the same for the first 12 months from commencement date. Subsequently, African Rainbow Life reserves the right to review and adjust premiums. At policy anniversary Grobbelaars Financial Services (Pty) Ltd will send a written notice of any changes to your policy at least 31 days before any changes are applied.

Cancelling or replacing your policy
You may cancel your policy. You will lose all your benefits if you cancel the policy. You must give Grobbelaars Financial Services (Pty) Ltd one month's written notice before the effective date of the cancellation.

5. **Claims**
For the insurer to accept and pay a claim, all the relevant documents must have been received. The deceased must be on the policy document and the claim must be submitted within 6 months after date of death to the Administrator Grobbelaars Financial Services. If benefits increase under the different plans the waiting period will become in force in respect of the increased cover.

Claims process:
Please contact Grobbelaars Financial Services (Pty) Ltd for assistance in the event of a claim. They will provide you with all the necessary forms you need to complete. You must supply Grobbelaars Financial Services (Pty) Ltd with the following documents:

- A fully completed African Rainbow Life claim form
- A certified copy of the official death certificate issued by the Department of Home Affairs
- A certified copy of the deceased's ID document
- A certified copy of the ID document of the person making the claim
- A fully completed SAPS statement in cases where the death was due to unnatural causes and a certificate of release, if applicable
- A notification of death form (BI 1663) completed by the doctor who certified the death or an affidavit
- Where applicable, a letter from the funeral home confirming that the deceased's remains are with them (must be on a letterhead)
- Other supporting documents (such as proof of marriage) if applicable
- Proof of banking details of the beneficiary (the person who will receive the pay-out)
- Any other information Grobbelaars Financial Services (Pty) Ltd will require from you

6. **Continuation option**
In the event of the passing of one of the assured lives, the other assured lives will remain assured if the full premium is paid.

7. **General Exclusions**
African Rainbow Life will not pay your claim in the following circumstances:
Suicide within the first 12 months of the policy or cover, whether the insured life is of sound or unsound mind. Participation in any terrorist activity, riot, civil commotion, rebellion, or war leading to injury of death. Willful and deliberate breaking of any criminal law leading to death. Death because of nuclear, biological, and chemical terrorism and nuclear accidents.

8. **Insured declaration by the applicant:**
I hereby apply for the benefits contained in this member application form and I declare that I have not withheld any material information. I accept that this member application and declaration shall be the basis of the agreement between GROBBELAARS FINANCIAL SERVICES, the underwriter and myself. I understand that any inaccurate, false, or untrue statement may render my policy null and void and all premiums paid will be forfeited.

I understand that the policy will only come into effect after GROBBELAARS FINANCIAL SERVICES or Nominated premium collector has received the 1st premium. I understand that claims will not be paid to the beneficiary if all my premiums have not been paid in full to GROBBELAARS FINANCIAL SERVICES. I have been informed of my rights of the policy protection rules and I declare that I understand and accept the terms and conditions applicable to this policy.

9. **Have you cancelled or do you intend to cancel an existing policy to take out this one?**

☐ YES ☐ NO

If "yes", we will contact you in this regard.

Note: If this policy replaces another policy, it is important that you are aware of the possible adverse effects and you should be informed thereof by Grobbelaars Financial Services.

Terms and Conditions applicable to this policy will be provided with your policy document. In terms of the provisions of the Long-term Insurance Act. You have 31 days after the receipt of your policy document to cancel this policy (if you wish to do so) by notifying Grobbelaars Financial Services in writing.

10. **Complaints procedure:**
Please contact **Grobbelaars Financial Services (Pty) Ltd** your financial services provider, FSP number: 29536. You can contact them at Tel: 0860 10 90 87 or info@grobbelaars.com and you must have the following information available:

- Policy number
- South African Identity number
- Nature of enquiry

African Rainbow Life is an authorized financial services provider. Company registration 2018/329171/06, FSP498002. GROUND FLOOR, STURDEE AVE, ROSEBANK, JOHANNESBURG. 0108805005, info@africanrainbowlife.co.za.

11. **Ending this authority does not end our agreement with you.**

If you cancel this agreement, you understand that:

1. Cancelling this authority and mandate will not cancel our agreement.
2. If you legally owe us money, you will not be entitled to any refund of any amounts that we have debited while this authority was in force.

If our agreement with you is transferred (ceded or assigned) to a third party, this authority will be transferred too.
You acknowledge that, if we cede or assign our agreement with you to a third party, this authority and mandate will also be ceded or assigned to the third party. This authority and mandate can only be assigned to a third party if the agreement between us has also been assigned to that party.

Pretorium Trust membership number: _____

Date: (day) ☐☐ (month) ☐☐ (year) 20 ☐☐

Place: _____

SIGNATURE OF APPLICANT: _____

12. **If we are not able to resolve the problem, you can contact these independent industry bodies for help**:

The long-term insurance ombud:
The ombudsman's role is to mediate between policy holders and life insurers when they have a dispute that they cannot resolve in a way that is fair, independent, and objective. The provisions of the Long-term Insurance Act guide the ombudsman's decisions.
Private Bag x45, Claremont, 7735 | Telephone: 021 657-5000 0860 103 236 | Email: info@ombud.co.za | Third Floor, Sunclare Building, 21 Dreyer Street, Claremont, Cape Town, 7700.

The FAIS Ombudsman:
The FAIS ombud's role is to mediate fairly and independently between clients and financial services providers on matters to do with financial advice. The Ombud follows the provisions of the Financial Advisory and Intermediary Services Act (FAIS Act).
P.O. Box 74571, Lynnwood Ridge, 0040 | Kasteel Park Office Park, Orange Building, 2nd Floor, 546 Jochemus Street, Erasmuskloof, Pretoria, 0048

Please contact Grobbelaars Financial Services (Pty) Ltd at 0860 10 90 87 or email: info@grobbelaars.com

13. **Master policy:**
The master policy provides additional information on your policy and is available at the office of your appointed intermediary or can be requested from African Rainbow Life.

By signing this application form, you agree that you appoint Grobbelaars Financial Services (Pty) Ltd to find favourable insurance cover for you from time to time. You agree that they can act on your behalf and do whatever is necessary to get you favourable insurance cover. You further nominate Grobbelaars Financial Services (Pty) Ltd as your additional contact point for all communication about this policy. You are satisfied that the plan you have chosen best suits your needs and you are able to afford the monthly funeral insurance premium.

Signed at: _____ Date: ☐☐ / ☐☐ / ☐☐
(day) (month) (year)

Signature of Applicant: _____

14. **Pretorium Trust stoporder instructions:**

Pretorium Trust membership number: _____

You give African Rainbow Life Permission to instruct Pretorium Trust to collect premiums from your abovementioned Pretorium Trust membership number on a monthly basis as from the 1st day of _____ 20 ☐☐.

The monthly premium to be deducted amount to

R ☐☐☐☐☐☐☐.00

Signed at: _____ Date: ☐☐ / ☐☐ / ☐☐
(day) (month) (year)

Signature of Applicant: _____

OFFICE USE ONLY
(CALL LOG)

DATE: _____

TIME: _____

EXT: _____

CONTACT NO.: _____