



# Protection plan application form

# ASSUPOL

SERVING THOSE WHO SERVE SINCE 1913

Preferred start date

dd mm yyyy

Policy number

Please make sure that you understand this entire form, as well as the **policy provisions** that will be sent to you. Complete all pages carefully, making sure that all blocks selected are marked clearly with an **X**, and then sign the form. We will consider your application according to our underwriting rules and practice. Tell us immediately if any information changes, or if you want to add or remove a life insured. You and we (Assupol) are the only persons involved in entering into this policy.

## About you, the policyholder

Full first names

Surname  Title  Initials  Gender

ID           Marital status

Tel (work) (  )  Cell

Tel (home) (  )  Fax (  )

E-mail

Street address

City or town  Province  Postal code

Postal address

City or town  Province  Postal code

How can we contact you?

## One spouse may be covered as immediate family

**This applies to you, if you are a life insured, or to the main life insured.**

Your spouse is (a) the person to whom you are legally married under the law of South Africa – including a civil, customary or same-sex marriage, or (b) the person you have been living with for at least six months in a relationship that is similar to marriage, and intended to be permanent like a marriage.

Full first names

Surname  Title  Initials  Gender

ID

## Cover options

Main member and spouse	Plan A R1 000	Plan B R5 000	Plan C R10 000	Example	Age	Cover	Premium
18 - 65 years ▶	R2.00	R9.00	R18.00	Main member ▶	68	R5 000	R51.00
66 - 80 years ▶	R11.00	R51.00	R102.00	Spouse ▶	58	R5 000	R9.00

## Your total monthly premium

Your age  The plan you choose

Your spouse's age  The plan for your spouse

Your premium R  Premium of spouse R  **Total monthly premium** R

Policyholder signature

Date

## How you premium will be paid

I authorise Pretorium Trust to deduct the monthly premiums from my Premium Trust account - also after the premium has changed for any reason in terms of the policy, or by agreement between policyholder and Assupol, or because the policyholder requests Pretorium Trust in writing to change the premium. If my policy ends, this authorisation also ends. I may cancel, amend or replace this authorisation by written to Pretorium Trust. I accept that Pretorium Trust must receive the notice not later than 31 days before the month from which the cancellation, amendment or replacement is to apply.

I have read and understand this payment authorisation. I understand that any non-payment of premiums could result in the lapsing of my policy.

<b>Premium-payer signature</b>	<input type="text"/>	<b>Date</b>	<input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/>
		<b>Pretorium Trust membership number</b>	<input type="text"/>

## Declaration by you, the policyholder

I declare that all information in this form is complete and correct. I am satisfied that I understand everything I need to know about the policy, and that I will be able to pay the premiums. I understand that if information is not correct, benefits under the policy may be declined and premiums paid could be forfeited.

Companies in the Assupol group of companies may use information for my needs. They and their agents may use such information to assist me with my insurance and financial needs and from time to time offer other products and services to me.

yes no

Are you taking out this policy to replace any of your existing insurance policies? If you have cancelled a funeral policy within 31 days from the start of this policy, you can apply to have your waiting period reduced - subject to any policy provisions we may require.

yes no

<b>My signature</b>	<input type="text"/>	<b>Date</b>	<input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/>
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## For information or assistance contact us

tel 012 741 4079  
sms PT to 32813 and we will phone you

## Send your completed acceptance form to

fax 086 260 8459  
e-mail pretoriumtrust@assupol.co.za  
postal Assupol Life Group Schemes, PO Box 35900, Menlo Park, 0102

## Underwritten by Assupol

Assupol Life Ltd (registration no 2010/025083/06)(FSP53), are a registered insurer and authorised financial services provider.

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fax 012 366 3500	Menlo Park	Building 6, 221 Garstfontein road,
web assupol.co.za	Pretoria, 0102	Menlyn, Pretoria, 0181
Compliance department: fax 087 230 5667		e-mail compliance@assupol.co.za