



Funeral benefit application form

ASSUPOL

SERVING THOSE WHO SERVE SINCE 1913

Preferred start date

dd mm yy yy

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 male female

ID _____ Marital status single married divorced widowed

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? post e-mail

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 male female

ID _____

Up to six children may be covered as immediate family

They are your own children, stepchildren or legally-adopted children – under age 22, and dependent on you.

	Full first names and surname	ID number	Gender
1)			male female
2)			male female
3)			male female
4)			male female
5)			male female
6)			male female

Spouses, children or relatives may be covered as extended family

They are persons in whom you have an insurable interest, and who are not included above as immediate family.

	Full first names and surname	Relationship	ID number	Cover	Monthly premium
1)				R	R
2)				R	R
3)				R	R
4)				R	R

About your beneficiary

This is the person you appoint to claim and receive the policy benefits after your death. He or she must be 18 years or older. You may change your beneficiary at any time – for example, if you get married or divorced. If for any reason payment cannot be made to your beneficiary, we may pay the amount required for the life insured's funeral to the undertaker who handles the funeral or to the person who proves that he or she has paid for the funeral. Any remaining benefits will be paid to your deceased estate.

Full first names

Surname Title Initials Gender

ID Cell

E-mail

Street address

City or town Province Postal code

Funeral cover options

Single plan	Plan A R7 500	Plan B R10 000	Plan C R15 000	Plan D R20 000	Extended family	Tariff per R1 000
18 - 65 years ▶	R22.00	R27.00	R37.00	R49.00	0 - 13 years ▶	R4.00
66 - 80 years ▶	R31.00	R39.00	R55.00		14 - 25 years ▶	R6.00
					26 - 30 years ▶	R8.00
Single and spouse plan	Plan E R7 500	Plan F R10 000	Plan G R15 000	Plan H R20 000	31 - 40 years ▶	R9.00
18 - 65 years ▶	R37.00	R47.00	R68.00	R91.00	41 - 50 years ▶	R10.00
66 - 80 years ▶	R56.00	R73.00	R106.00		51 - 60 years ▶	R12.00
Family plan	Plan I R7 500	Plan J R10 000	Plan K R15 000	Plan L R20 000	61 - 65 years ▶	R16.00
18 - 65 years ▶	R43.00	R55.00	R81.00	R108.00	66 - 70 years ▶	R19.00
66 - 80 years ▶	R67.00	R86.00	R127.00		71 - 75 years ▶	R29.00
					76 - 80 years ▶	R38.00

Immediate family = you/the policyholder, one spouse, and up to six children

The cover for extended family may not be more than the cover for the policyholder

Your total monthly premium - determined by the oldest of policyholder and spouse

Your age Choice of plan

Your spouse's age

Premium of chosen plan

Premium of extended family

Total monthly premium

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.

Premium-payer signature Date

Pretorium Trust membership number

Analysis of your funeral needs and record of advice

It is important that you have the right and enough funeral insurance to meet your and your family's needs. To achieve this, it is necessary to analyze your funeral insurance needs. Your intermediary must complete this needs analysis.

What are your needs?

1. Do you or the main life insured have funeral cover?
2. **If yes**, answer the questions below:
 - 2.1 How many funeral policies do you and the main life insured have?
 - 2.2 How much is your or the main life insured's total existing funeral cover?
 - 2.3 How much is your or the main life insured's existing total monthly premium?
3. Do you or your main life insured need funeral cover?
4. Do you or the main life insured want to insure other lives?
5. Are you or the main life insured taking out this policy to replace any of your existing insurance policies?

Based on your answers, the product will meet your needs because:

1. You and all other lives will have funeral cover.
2. Your or the main life insured's existing funeral cover will increase.
3. You or the main life insured will have additional benefits.
4. Other reasons

The following was discussed with me:

1. Waiting periods applicable.
2. If premiums are not paid in full, benefits also cannot be paid in full.
3. Policy provisions.

Policyholder signature	<input type="text"/>	Date	<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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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.

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.

My signature	<input type="text"/>	Date	<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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