



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 _____

ID _____ Title _____ Initials _____ Gender male female

Marital status single married divorced widowed Race black coloured Indian white other

Language English other _____ **Race only for statistical purposes**

Tel (work) (____) _____ Cell _____

Tel (home) (____) _____ Fax (____) _____

Email _____ Your preferred method of communication? SMS email

Street address _____ Province _____ Postal code _____

Postal address _____ Province _____ Postal code _____

Main occupation _____

Name of employer _____

Street address of employer _____ Province _____ Postal code _____

Employment industry

Are you employed in or do you derive your income from any of these industries? yes no If **yes**, please tick industry below:

- arms, defence, military
e.g. SANDF, weapons dealer
- atomic power
e.g. Eskom (Koeberg)
- cash aggregators
e.g. PayFast, Yoco, Zapper, Ozow
- chemical manufacturing
e.g. AECI, Afrox, Dulux chemicals
- consulates
e.g. consul staff, consul general
- diplomats
e.g. ambassador, health diplomacy
- embassies
e.g. US embassy, United Nations
- extractive industries
e.g. oil, metals, minerals
- gambling entities
e.g. casinos, online gambling
- money service business customers
e.g. currency issuer or dealer, issuer of money orders
- money value transfer partners
e.g. banks, foreign exchange providers
- non-government organisations
e.g. SA National Council for the Blind, Care Centres
- nuclear weapons
e.g. bombs, missiles
- payment service providers
e.g. PayPal, PayFast, Zapper, Ozow, SnapScan
- precious metals and stones
e.g. platinum, gold, diamonds, rubies
- red light business / adult entertainment
e.g. striptease artist/club owner/bouncer
- regulated charities / non-profit organisations
e.g. Section 21 companies, charities (CANSA, The Smile Foundation)
- shell banks
e.g. unregulated banks
- shipping
e.g. FedEx, DHL, Maersk
- state owned entities
e.g. Eskom, Denel, Rand Water, SABIC, CIPC
- third party payment processors
e.g. PayPal, GooglePay, ApplePay
- virtual currencies
e.g. Bitcoin

Source of funds from which you will pay your premium

- salary
- allowance
- state grant
- savings
- inheritance
- donation
- retirement fund
- income from own business
- sale of business / property
- insurance policy / another investment
- court award / RAF claim / curatorship

Other _____

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) <input type="text"/>	<input type="text"/>	<input type="radio"/> male	<input type="radio"/> female
2) <input type="text"/>	<input type="text"/>	<input type="radio"/> male	<input type="radio"/> female
3) <input type="text"/>	<input type="text"/>	<input type="radio"/> male	<input type="radio"/> female
4) <input type="text"/>	<input type="text"/>	<input type="radio"/> male	<input type="radio"/> female
5) <input type="text"/>	<input type="text"/>	<input type="radio"/> male	<input type="radio"/> female
6) <input type="text"/>	<input type="text"/>	<input type="radio"/> male	<input type="radio"/> 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) <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> R	<input type="text"/>
2) <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> R	<input type="text"/>
3) <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> R	<input type="text"/>
4) <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> R	<input type="text"/>

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 <input type="checkbox"/>	R35.00	R40.00	R55.00	R70.00	0 - 13 years <input type="checkbox"/>	R6.19
66 - 80 years <input type="checkbox"/>	R45.00	R55.00	R80.00		14 - 25 years <input type="checkbox"/>	R9.31
					26 - 30 years <input type="checkbox"/>	R12.42
					31 - 40 years <input type="checkbox"/>	R13.98
					41 - 50 years <input type="checkbox"/>	R15.52
					51 - 60 years <input type="checkbox"/>	R18.66
					61 - 65 years <input type="checkbox"/>	R24.99
					66 - 70 years <input type="checkbox"/>	R31.06
					71 - 75 years <input type="checkbox"/>	R46.58
					76 - 85 years <input type="checkbox"/>	R62.14

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 A B C D E F

Your spouse's age G H I J K L

Premium of chosen plan R Premium of extended family 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 understand that an annual premium increase of 10% and cover increase of 6% are included in this policy.

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	<input type="text"/>	Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		Pretorium Trust membership number	<input type="text"/>

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	<input type="text"/>						
Surname	<input type="text"/>	Title	<input type="text"/>	Initials	<input type="text"/>	Gender	<input type="text"/> male <input type="text"/> female
ID	<input type="text"/>	<input type="text"/>	<input type="text"/>	Cell	<input type="text"/>		
Email	<input type="text"/>	Relationship to you	<input type="text"/>				
Street address	<input type="text"/>						
City or town	<input type="text"/>	Province	<input type="text"/>	Postal code	<input type="text"/>	<input type="text"/>	<input type="text"/>

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?	<input type="text"/> yes <input type="text"/> no
2. If yes , answer the questions below:	
2.1 How many funeral policies do you and the main life insured have?	<input type="text"/>
2.2 How much is your or the main life insured's total existing funeral cover?	<input type="text"/> R
2.3 How much is your or the main life insured's existing total monthly premium?	<input type="text"/> R
3. Do you or your main life insured need funeral cover?	<input type="text"/> yes <input type="text"/> no
4. Do you or the main life insured want to insure other lives?	<input type="text"/> yes <input type="text"/> no

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

1. You and all other lives will have funeral cover.	<input type="text"/> yes <input type="text"/> no
2. Your or the main life insured's existing funeral cover will increase.	<input type="text"/> yes <input type="text"/> no
3. You or the main life insured will have additional benefits.	<input type="text"/> yes <input type="text"/> no
4. Other reasons	<input type="text"/>

The following was discussed with me:

1. Waiting periods applicable.	<input type="text"/> yes <input type="text"/> no
2. If premiums are not paid in full, benefits also cannot be paid in full.	<input type="text"/> yes <input type="text"/> no
3. Policy provisions.	<input type="text"/> yes <input type="text"/> no

Policyholder signature	<input type="text"/>	Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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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 **"yes"**, my representative has explained the consequences thereof and a replacement advice record has been completed in my presence. 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.

I, the policyholder, give consent that **Pretorium Trust** may assist me to manage and maintain this policy. I further give consent that my personal and policy information be shared with said entity.

Policyholder signature	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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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 Life Ltd

Assupol Life Ltd (registration number 2010/025083/06) is an insurer licensed to conduct life insurance business. Authorised financial service provider. FSP53.

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