



Protection plan application form



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
atomic power
cash aggregators
chemical manufacturing
consulates
diplomats
embassies
extractive industries
gambling entities
money service business customers
money value transfer partners
non-government organisations
nuclear weapons
payment service providers
precious metals and stones
red light business / adult entertainment
regulated charities / non-profit organisations
shell banks
shipping
state owned entities
third party payment processors
virtual currencies

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

For information or assistance contact ustel 012 741 4079 sms **PT** to 32813 and we will phone you**Policy number****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 ID Title Initials Gender male female**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 ▶	R4.00	R15.00	R30.00	Main member ▶	68	R5 000	R75.00
66 - 80 years ▶	R20.00	R75.00	R145.00	Spouse ▶	58	R5 000	R15.00

Your total monthly premiumYour age Your spouse's age The plan you choose A B C The plan for your spouse A B CYour premium R Premium of spouse R **Total monthly premium** R

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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How your 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"/>

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 "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. yes no

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. yes 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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Send your completed application form to

fax 086 260 8459 email 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.

tel 0861 235 664 PO Box 35900 Summit Place Office Park	Compliance department:	Complaints department:
fax 012 366 3500 Menlo Park Building 6, 221 Garstfontein road	tel 012 366 3700 fax 087 230 5667	fax 087 230 5669
web assupol.co.za Pretoria, 0102 Menlyn, Pretoria, 0181	email compliance@assupol.co.za	email complaints@assupol.co.za