



Funeral benefit acceptance form

ASSUPOL

SERVING THOSE WHO SERVE SINCE 1913

Start date

Policy number

d	d	m	m	y	y	y	y
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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	<input type="text"/>		
Surname	<input type="text"/>	Title	<input type="text"/>
ID	<input type="text"/>	Initials	<input type="text"/>
Gender	<input type="text"/>	male	<input type="text"/>
Cell	<input type="text"/>	Tel	<input type="text"/>
Communication via	<input type="text"/>	post	<input type="text"/>
E-mail	<input type="text"/>	E-mail	<input type="text"/>
Street or postal address	<input type="text"/>		
Postal code	<input type="text"/>	<input type="text"/>	<input type="text"/>

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	<input type="text"/>	Title	<input type="text"/>	Initials	<input type="text"/>	Gender	<input type="text"/>	male	<input type="text"/>	female
Surname	<input type="text"/>	ID	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

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"/>	R	R
2	<input type="text"/>	<input type="text"/>	R	R
3	<input type="text"/>	<input type="text"/>	R	R
4	<input type="text"/>	<input type="text"/>	R	R

Funeral cover

Single plan	Plan A R7 500	Plan B R10 000	Plan C R15 000	Plan D R20 000
18 - 65 years	R18.66	R22.67	R31.71	R42.28
66 - 80 years	R26.86	R33.70	R47.61	
Single and spouse plan	Plan E R7 500	Plan F R10 000	Plan G R15 000	Plan H R20 000
18 - 65 years	R31.71	R40.74	R58.81	R78.41
66 - 80 years	R48.12	R62.79	R91.89	
Family plan	Plan I R7 500	Plan J R10 000	Plan K R15 000	Plan L R20 000
18 - 65 years	R37.13	R47.97	R70.02	R93.36
66 - 80 years	R57.73	R74.18	R109.60	

Extended family	Tariff per R1 000
0 - 13 years	R3.25
14 - 25 years	R4.89
26 - 30 years	R6.52
31 - 40 years	R7.34
41 - 50 years	R8.15
51 - 60 years	R9.80
61 - 65 years	R13.12
66 - 70 years	R16.31
71 - 75 years	R24.46
76 - 80 years	R32.63

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 polivyholder and spouse

Your age	<input type="text"/>	Your spouse's age	<input type="text"/>	Premium of chosen plan	<input type="text" value="R"/>			
Choice of plan	<input type="text" value="A"/>	<input type="text" value="B"/>	<input type="text" value="C"/>	<input type="text" value="D"/>	<input type="text" value="E"/>	<input type="text" value="F"/>	Premium of extended family	<input type="text" value="R"/>
	<input type="text" value="G"/>	<input type="text" value="H"/>	<input type="text" value="I"/>	<input type="text" value="J"/>	<input type="text" value="K"/>	<input type="text" value="L"/>	Total monthly premium	<input type="text" value="R"/>

Signature of policyholder**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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How your premium will be paid

I authorize 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 authorization 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 authorization. I understand that any non-payment of premiums could result in the lapsing of my policy.

Signature of premium-payer**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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Pretorium Trust**membership number****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"/>
ID	<input type="text"/>	Cell	<input type="text"/>

Analysis of your funeral needs

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?

- Do you have funeral cover?

yes	no
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- If yes, answer the questions below:
 - How many funeral policies do you have?
 - How much is your total existing funeral cover?
 - How much is your existing total monthly premium?
- Do you need funeral cover?

yes	no
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- Do you want to insure other lives?

yes	no
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- Are you taking out this policy to replace any of your existing insurance policies?

yes	no
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Based on your answers, the product will meet your needs because:

- You and all other lives will have funeral cover.
- Your existing funeral cover will increase.
- You will have additional benefits.
- Other reasons

The following was discussed with me:

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

My signature**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, and that I received a signed copy. I am satisfied that I understand everything I need to know about the policy and my funeral needs analysis above, 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 from time to time offer other products or services to me.

yes	no
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My signature**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 address Assupol Life Group Schemes, PO Box 35900, Menlo Park, 0102

Underwritten by Assupol Life Ltd

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