Armoured Minds Marketing Pty Ltd
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Exquisite funeral planner

Exquisite Traditional Plan
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APPLICATION FORM FOR SINGLE AND NATIONAL SOCIETY FUNERAL PLANS

AGENT	
DATE	

PRINCIPAL MEMBER INFORMATION

FULL NAMES				SURNAME			
ID NUMBER				CELLPHONE			
TITLE		INITIAL		GENDER	F/ M	EMAIL	
PHYSICAL ADDRESS							

FUNERAL PRODUCT

PLAN		PREMIUM	
AGE OF POLICY OWNER		EXTENDED PREMIUM	
COVER AMOUNT		EXTENDED COVER AMOUNT	
TOTAL MONTHLY PREMIUM		START DATE	

FAMILY / EXTENDED MEMBERS

	NAME AND SURNAME	ID NUMBER / DATE OF BIRTH	RELATIONSHIP
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

BENEFICIARY IN CASE OF DEATH

NAME		SURNAME	
ID NUMBER		RELATIONSHIP	
CONTACT DETAILS			

BANKING DETAILS

ACCOUNT NUMBER			
DEBIT ORDER DATE		BANK	
DEBIT ORDER AMOUNT		BRANCH CODE	
ACCOUNT HOLDER		ACCOUNT TYPE	

I the undersigned _____ hereby authorize **Safrican Insurance Company** to debit the premium of R _____ from my bank account, and to vary such debits from time to time to reflect any change in cover, risk, sum insured or policy rates. If, however, the date of the payment instruction falls on a non-processing day (weekend or public holiday) I agree that the payment instructions may be debited against my account on the following business day.

AUTHORISED SIGNATORY _____

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GENERAL INFORMATION

Exquisite Funeral Planner is an authorized Financial Services Provider. FSP52517.

1. Application forms must be properly completed for the member and his dependants, reflecting full names, date of birth and identity document number.
2. Maximum number of children classified as dependents is four (4).
3. Mentally retarded as well as permanent and totally disabled children are covered until their death or for as long as the principal member participates on the scheme.
4. Common-law, civil as well as tribal marriages are recognised with the scheme – only one (1) spouse is allowed as a dependent of the member, married to the principal member by law or tribal custom.
5. Immediate cover for accidental deaths after 1st premium is received.
6. Claims will be settled timeously on receipt of the following certified documents: Death certificate, copy of deceased's ID document
7. Copy of BI1663 and any other additional documentation deemed necessary by the Underwriter.
8. In the event of the death of the principal member, the surviving spouse can apply to become the principal member
9. The Underwriter will not be liable in the event of death from suicide or attempted suicide with twelve (12) months on the inception of the policy and or within one (1) year of the reinstatement following the lapse or failure to pay premiums.
10. Premiums are payable monthly in advance. In accordance with the Policy Holder Protection Rules, cover will cease automatically upon the nonpayment of premiums by the participating member. Members wishing to reinstate their cover will be subject to a further seven (7) months waiting period on joining the scheme.
11. In the event of discontinuance or termination of this agreement, there will be no refund of premiums paid nor does the contract have any surrender value.

TERMS & CONDITIONS: WAITING PERIODS / PAYMENT OF PREMIUMS / LAPSING OF POLICY

1. A seven (7) months waiting period will apply for all new members from date of inception.
2. Extended family members will be subject to a six (6) months waiting period, irrespective of attained age.
3. Extended family includes parents, parents in-law and all other blood relatives, specified by the principal member.
4. We require proof of registration from the relevant school, college, university or other academic institution for dependent children who are twenty one (21) or older and full-time students.
5. You can add additional dependants to your cover. Additional extended dependants can be your biological parents, biological siblings, aunt, uncle, parents-in-law, sister-in-law, brother-in-law, stepparents or grandparents. You can also add your spouse's biological siblings or friends.
6. The scheme covers the principal member, plus five (5) dependents, including spouse and children.
7. Maximum age for the extended family will not exceed eighty five (85) years on joining the scheme.
8. The member is responsible to ensure that the monthly premium is paid. The principle of"No Premium – No Cover" will apply.
9. Failure to pay two (2) consecutive premiums or should your premium arrears be to the value of (two) 2 premiums, your policy will Lapse.

CLAIMS PROCEDURE

Claims must be accompanied by the following legible documents:

- An official copy of the original death certificate certified by the South African Police Services.
- A completed official claim.
- Copy of a completed BI-1663.
- Clearly legible certified copies of the deceased member and principal member's ID documents. In case of third-party payments, a certified copy of the third party's ID document is required.
- Certified copy of a Police Report, in event of death due to unnatural causes.
- Bank details and a copy of a bank statement of the payee or beneficiary (or the third-party in respect of third-party payments) for payment of the benefit.
- The underwriter may request a medical report in the case of stillborn babies, indicating that the pregnancy reached the twenty-six (26) weeks.
- Any additional documents that underwriter in its sole discretion deems necessary.
- If, in case of a Family Plan, no spouse is listed, a certified copy of a marriage certificate will be required.
- If, in the case of a Family or Single Member with Children Plan, no children are listed, a certified copy of the birth certificate will be required.

CLAIMS PROCEDURE

Please contact **Exquisite Funeral Planner** and have the following information ready:
Policy number / Identity number / Nature of enquiry

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COMPLAINTS INFORMATION

Complaints which are not resolved to your satisfaction may be referred to the underwriter.

Complaints which are still not resolved may be referred to the Ombudsman for Long-Term Insurance or the Registrar of Long-Term Insurance. Please refer to the contact details below.

EXLUSIONS

No benefit will be paid if death is directly or indirectly caused by or attributable to:

- Terrorism or war (whether declared or not), invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolution, insurrection and civil commotion assuming the proportions of, or amounting to, an uprising, military or usurped power;
- Radioactive contamination, nuclear, biological or chemical weapons whether directly or indirectly;
- Claims where the cause of death is suicide in respect of the principal member or policyholder, immediate family member or extended family will not be subjected to any exclusion and shall be paid provided all the other terms and conditions of cover in terms of the policy are met;
- Wilful self-injury or where the principal insured is affected temporarily or otherwise, by alcohol, narcotics, insanity or drugs, unless the latter is administered by or prescribed by or taken in accordance with the instructions of a registered medical practitioner (other than himself where the principal insured is a medical practitioner.)
- The members or member's dependents or member's nominated beneficiaries' involvement in unlawful activity or activities; or
- Divorced spouses at the start of the policy are not covered as spouses, and cover for divorced spouses as spouses who divorce during the term of the policy cover will cease immediately.

RISK RATING INFORMATION

POLICYHOLDER NAME	
ID NUMBER	
COUNTRY OF BIRTH	
COUNTRY OF RESIDENCE	
NATIONALITY	
SOURCE OF FUNDS	☐ Salary ☐ Pension ☐ Government Grant, or ☐ Other
METHOD OF TRANSACTION	☐ Debit Order ☐ Stop Order ☐ EFT, or ☐ Cash

COMPLIANCE CONTACT DETAILS

The Ombudsman for Long-Term Insurance
Physical address: Third Floor, Sunclare Building, 21 Dreyer Street, Claremont, Cape Town, 7700
Postal address: Private Bag x45, Claremont, Cape Town, 7735
t: +27(0) 21 657 5000 / 086 010 3236 f: +27 (0) 21 674 0951 / e: info@ombud.co.za
Financial Sector Conduct Authority (FSCA)

Underwriter:
Safrican Insurance Company
t: +27 (0) 11-778 8130 e: compliance@safrican.co.za

Financial Sector Conduct Authority (FSCA)
Physical address: 41 Matroosberg Road, Ashlea Gardens, Pretoria, South Africa, 0002
Postal address: P.O. Box 35655, Menlo Park, 0102
Contact Centre: 080 020 3722
t: +27(0) 12 428 8000
f: +27(0) 12 346 6947 e: info@fsca.co.za

PRINCIPAL MEMBER DECLARATION

I declare to the best of my knowledge and belief that the information given above is true and correct. I understand and agree that any wilful misrepresentation in this application form will invalidate any benefit under this policy. I declare that I have read and understood the terms and conditions attached to this policy, and understand their meaning and effect, and undertake to abide and to be bound by the terms and conditions of the policy. **Exquisite Funeral Planner** shall not be liable for any amount until it has accepted this application and this policy is in force. If any person is over the age limit when joining, the claim will be repudiated and premiums refunded. I understand that this product is offered to me on a non-advice basis.

DATE: _____ **SIGNATURE:** _____