



	Single and	a tamily livkomo pian application				
Grander Corner	3	, , , , , , , , , , , , , , , , , , , ,	SERVING THOSE WHO SERVE SINCE 191			
SAFTU South African Federation of Trade Unions	Name of union		Policy number			
Please make	sure that you unde	rstand this entire form, as well as the policy provisions p	provided with it.	Complete all pages carefully.		

making su to our und	re that you understand the re that all blocks selected are n lerwriting rules and practice. Te re (Assupol) are the only persor	narked clearly wit ell us immediately	th an X , and if any infor	ther mati	n sigr on cl	the nang	form	ı. We	will c	onsid	er yo	ur ap	plicat	tion a	accord	ing	
	u, the policyholder	is involved in effl	ering into tr	пэ рС	JIICY.												
Full first																	
names Surname					Title		Initials			Gender			m	male fema			
ID					arital	statı	us		ingle		marri	ed	div	orce	d	widowed	
Cell				Tel													
Communica	ation via post e-mail)		_ E−r	mail												
Street or po	ostal address																
													Posta	al co	de		
or (b) the p a marriage. Full first	e is (a) the person to whom you erson you have been living with				nshi			imila					ended	l to b			
names				ייי סור	IE			J "'' 	litiais		$\overline{}$		idei (Terriale	
Surname				טו (
	children may be covered a					22 -	امام مد	1									
They are yo	our own children, stepchildren o Full first names and surn		chilaren – l	ındei	r age	22, 2	ana c	•	naent numbe	•	u.					Sender	
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	, children or relatives may main life insured	be covered as e	extended f	ami	ly –	this	арр	lies	to yo	u, if y	ou a	re a	life i	nsu	red,		
	ersons in whom you have an in	surable interest, a	nd who are	not i	nclud	ded a	bove	as i	mmed	liate f	amily						
	Full first names and surnam	e	Relationshi	ip	1 1		ID	numl	ber	\neg			Cover		Mont	hly premiu	
1												R			R		
3												R R			R R		
4												R			R		
Funeral	cover																
Assured L	ife	Type of cover	Age attair	ned	В	enefi	its		Premi	um	No	. mer	nbers		Be	nefits	
Main life in	nsured	iNkomo	18 - 65		R10 000			R29.58		1		R	R				
Spouse		iNkomo	18 - 65		R10 000			R28.29		1		R	R				
Children		iNkomo	14 - 21(2	5)	R10 000			R26.38				R	R				
Extended f	family members including	iNkomo iNkomo	14 - 65 66 - 85	-		R10 000 R10 000			R64.47		-		R	R R			
	al benefits			'				<i>/</i> (55					··· ر			
Client	AI MEHEHIO	Tombstone	18 - 65		F	R7 50	0		R28.1	18		1		R			
Spouse		Tombstone	18 - 65	\dashv		R7 50		\parallel	R28.18			1			R		
<u> </u>	use and own children		18 - 65	\dashv		111 500											
(chent, spo	use and own children	Vehicle access	18-05	J	6 days			R27.95			J			ĺΚ	R		

Insured amount of the Vehicle access benefit is R5 000. No insured life may have more cover than the main life insured.

Policy + deduction fee Total monthly premium | R

R9.50

						Polic	y number			
Your tota	l monthly	premium								
I will pay m	y monthly p	remium by bank debit o	rder. The tot	al monthly	premium wh	en the p	oolicy begins wi	II be R		
I will pay from m m y y y y Payment must be made on the day of every month.										
My signa	ture				Da	ite	d d m	m y	у у у	
How your	r premium	will be paid								
Particular	rs of the p	remium-payer - if yo	u, the polic	yholder, a	are not the p	remiu	m-payer		Auth	norization
Full first names										
Surname					Title		Initials	Gender	male	female
ID					E-mail		<u> </u>			
Cell					Tel					
Signature premium					Da	te	d d m	m y	у у у	
Payment	by bank d	lebit order							Auth	norization
between As preferred da this authoriz notice not la	supol and they of the mon zation also e ater than 30	raw the premiums from ne policyholder, the char nth filled in above, it mus nds. I may cancel, amen days before the month tart with: Assupol.	nged premiu t be done on d or replace 1	m may like a day that is his authoris	wise be drawn s as close as po zation by writt	from m ssible to en notic	ly bánk account. I that day, detern Le to Assupol. Ta	If payment nined by Ass ccept that A	cannot be supol. If the ssupol mus	done on the policy ends st receive the
Account-ho	lder				Name of ba	ank 🗌				
Name of bra	anch (Branch cod	de (
Account nur	mber				Type of acc	ount	current	savings	5 tra	insmission
Signature premium					Da	ite	d d m	m y	ууу	
If payme	nt by debi	t order is not posible	1						Auth	norization
		to Assupol monthly in c ld lapse and I will not be a								
Signature premium					Da	te	d d m	m y	у у у	
Analysis	of your fu	neral needs								
It is importa	nt that you l	nave the right and enoug eeds. Your intermediary r				your fan	nily's needs. To ac	chieve this, i	t is necessa	ry to analyze
What are	your needs	?								
1. Do you no	eed funeral o	cover?	yes	no	4. How mu	ch is you	ur total funeral c	over?	R	
2. Do you ha	ave funeral c	over?	yes	no	5. How mu	ch is you	ur total monthly	premium?	R	
3. If yes, hov	w many fune	ral policies do you have?			6. Do you v	vant to a	add lives insured	?	yes	no
Why will t	he produc	t you are applying for	meet your r	eeds?						
1. You and your dependents will have funeral cover?								yes	no	
2. Yourfun	eral cover w	ill increase to the amoun	t you need?						yes	no
3. Other re	asons?									
My signa	ture				Da	te	d d m	m y	у у у	

	Policy number
About your benefic	iary
beneficiary at any time - amount required for the	ppoint to claim and receive the policy benefits after your death. He or she must be 18 years or older. You may change your for example, if you get married or divorced. If for any reason payment cannot be made to your beneficiary, we may pay 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 benefits will be paid to your deceased estate. Surname Cell
Declaration by you	, the policyholder
to know about the polic correct, benefits under tl Companies in the Assup	tion in this form is complete and correct, and that I received a signed copy. I am satisfied that I understand everything I need by and my funeral needs analysis above, and that I will be able to pay the premiums. I understand that if information is not he policy may be declined and premiums paid could be forfeited. Sool group of companies may from time to time offer other products or services to me. The policy to replace any of your existing insurance policies? If you have cancelled a funeral policy
within 31 days from the provisions we may requ	start of this policy, you can apply to have your waiting period reduced - subject to any policy yes lib
My signature	Date d d m m y y y y
Declaration by the	intermediary who assists with this application
nitials	Surname
Province	Intermediary code
policyholder. I have not policy. I explained to the	is form has been properly completed and signed. I discussed it, and the policy provisions provided with it, with the given, and will not give, money or anything of value to the policyholder or a life insured as an inducement to take out this e policyholder the implications of replacing insurance. I informed the policyholder that, for services rendered in respect of policy, Assupol pays me 30% commission as and when the premiums are paid.
Intermediary's signature	Date d d m m y y y y

Your policy comes into being when we (Assupol), or someone authorised by us, receives your acceptance form (on the back of this page) and the first premium for your policy. Your acceptance form and these policy provisions are the complete and only record of your policy.

The life insured

This is the person whose life is insured under your policy. This is you, one spouse and four children included as immediate family or extended family. You must have an insurable interest in persons you add as lives insured under this policy.

The start date fo the life insured

This is the day on which we, or someone authorised by us, receives the first premium for cover for a life insured. That is when death cover for an accidental (unnatural) death starts, and when the waiting period for death cover for a natural (non-accidental) death starts. During a waiting period, premiums must be paid, but policy benefits cannot be claimed.

Age of life insured at their start date

You and your spouse must be under the age of 65. Children included as immediate family must be under the age of 22. Extended family, including a spouse or child, must be under age 80. For a stillborn child, the death benefit will be paid only if the birth takes place after 26 weeks of pregnancy and is not self-induced.

Waiting periods

During a waiting period, premiums must be paid in full, but benefits are not provided. For example, if the start date of cover for a life insured is 10 January 2021, we may pay out benefits from 10 July 2021, and from 10 January 2022 for suicide.

- The waiting period for natural (non-natural) death is six months from the start of the policy.
- The waiting period for suicide is 12 months from the start of the policy.
- The total benefit is payable for accidental (non-natural) death.

Maximum funeral cover for one person

When a person takes out funeral insurance with us, the total funeral cover for that person under all individual and group policies with us may not be more than the following maximums:

R10 000 if the funeral insurance is taken out when the person is under the age of 6; R25 000 if it is taken out when they are 6 years or older, but younger the age of 18; R50 000 if it is taken out when they are 18 or older, but under the age of 65; and R15 000 if they are 65 or older. Any cover above the maximum automatically falls away.

Premiums are paid monthly

The premium for your policy must be paid before the end of every month, and it pays for death cover for that month. It pays for death cover only, not for any investment or cash value. Premiums are not refunded if your policy ends for any reason. If a premium is not paid on time, and remains unpaid for another 15 days, your policy ends automatically. If, within two months of your policy ending, we again receive a premium, you may apply for your policy to be reinstated - subject to any policy provisions we may require. Commission of 20% is included in the monthly premium. Annual premium increase of 9% and cover increase of 4% are included.

iNkomo benefit

This benefit provides a cash payout of R10 000 to your nominated beneficiary.

Tombstone benefit

The tombstone cover is **optional** and is only available to you the life insured and your spouse for an additional premium.

Vehicle access benefit

 $This Vehicle \,access \,benefit \,is \,\textbf{optional} \,and \,is \,only \,applicable \,to \,the \,client, \,nominated \,spouse \,and \,dependant \,children. \,It \,provides, for example: \,access \,benefit \,is \,access \,benefit \,acce$

- claimant must have a valid driver's license.
- designated driver may be nominated if the claimant does not have a valid driver's license.
- vehicle will be provided for a six day period.
- no deposit is payable by the claimant.
- mileage is unrestricted.
- vehicle must be claimed within six months period after date of death of the deceased.

Should you not want to make use of the Vehicle access benefit at claim stage, a cash benefit of R5 000 is payable.

Information about you

We may use information about you, also personal information meant in the Protection of Personal Information Act, that we lawfully obtained in the past or may obtain in future, including the information provided for your application for this policy, for the following purposes:

- to consider applications for insurance of which you are the policyholder or a life insured; and
- for all purposes of such insurance, issued in the past or in future, particularly to consider claims for benefits and to trace persons who could receive benefits.

We may for these purposes, at any time, also after your death:

- obtain such information from other persons and entities, particularly from other insurers and registered credit bureaus, and you authorize them to give such information to us;
- share such information with other insurers directly or through a data base that insurers operate as a group, and in such form as we or the operators of the data base may decide.

Policy provisions

How to claim on this policy

Visit any of our offices or contact us at: tel: number 0861 235 664. We must receive a completed claim form, obtainable from us, within six months of the death of the life insured. The person who claims must, at their own cost, prove the claim, show that no exclusions apply, and give us all information and documents we need to consider the claim. This must include the following:

the claim form - completed and signed

certified copy of the valid ID document of the person who claims

certified copy of the original death certificate of the life insured (DHA 5)

certified copy of the valid ID document of the life insured, with "deceased' or a similar notice stamped on it

copy of the notification/registration-of-death form (DHA1663)

 $copy of a valid bank statement of the person who claims, not older than three months, showing the account-holder and the account number police report if the death is due to unnatural causes - for example, a motor-vehicle accident <math display="block">\frac{1}{2} \int_{-\infty}^{\infty} \frac{1}{2} \int_{-\infty}^{\infty} \frac{1}{2}$

other documents that we may reasonably require.

When policy benefits will not be paid

A benefit will not be paid if information (for example, about your relationship with lives insured or ages of lives insured), was not provided to us before the start of the benefit in question, or is not correct. A benefit will also not be paid if the life insured's death is caused or accelerated, directly or indirectly, by war, civil commotion or terrorist activity, or if the life insured dies while committing a criminal activity.

You can cancel your policy

You can cancel the policy at any time by written notice to us. If we receive your notice within 31 days after you receive these provisions, your policy ends when we receive your notice. This is known as a cooling-off cancellation. If we receive your notice after the 31 days, your policy will end at the end of the month in which we receive your notice, and then only any premiums received after the policy has ended will be refunded.

The actuarial basis of your policy

Your policy operates according to actuarial rules, specifications and formulae, which are approved according to law, and which are known as the actuarial basis of your policy. These ensure that your policy is financially sound, and is carried out properly and fairly.

Complaints

Our commitment is to provide excellent service to you. Should it happen that you, after having contacted our offices or Assupol office, still have a concern, please contact our complaints department: **complaints@assupol.co.za** or fax: **087 230 5669**. If, after you have contacted our complaints department your concern has not been resolved to your satisfaction, you could approach the

Ombudsman for Long-term Insurance: about an aspect of your policy

Tel 021 657 5000 Fax 021 674 0951 Email info@ombud.co.za

Post Private Bag x45, Claremont, 7735

FAIS Ombud: about the conduct of the intermediary who assists you with your policy

Tel 0124709080/0127625000

Fax 012 348 3447 Email info@faisombud.co.za

Post PO Box 74571, Lynnwood Ridge, 0040

Underwritten by

Assupol Life Ltd

assupol.co.za

Authorised financial services provider

Registration number 2010/025083/6

Summit Place Office Park, Building 6, 221 Garstfontein road, Menlyn, Pretoria

PO Box 35900, Menlo Park. Pretoria,0102

Compliance department: fax: 087 2230 5667 / e-mail:compliance@assupol.co.za