

APPLICATION FOR VOLUNTARY FUNERAL WITHOUT EXTENDED FAMILY BENEFITS

Tick the appropriate box:

 New Application

 Amendment to Existing Policy

Branch Name: _____ Membership Inception date: _____ / _____ / _____

Name of Company or Funeral Scheme: _____ Plan No: _____

POLICYHOLDER'S DETAILS

Scheme No: _____

SURNAME:		FIRST NAMES:	
DATE JOINED COMPANY		STAFF NUMBER:	
DATE OF BIRTH:		MARITAL STATUS:	
IDENTITY NO:		TELEPHONE NO:	
COUNTRY OF BIRTH		COUNTRY OF RESIDENCE	
NATIONALITY		INDUSTRY OF WORK	
SOURCE OF FUNDS			
PHYSICAL ADDRESS			
POSTAL ADDRESS			

SPOUSE'S DETAILS

SURNAME		FIRST NAMES	
IDENTITY NO		DATE OF BIRTH	

POLICYHOLDER'S CHILDREN

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

BENEFIT CHOICE OPTIONS

	Family	Single	Family	Single	Family	Single	Family	Single	Family	Single
FULL FAMILY 18 TO 64 YEARS	Option A	Option B	Option C	Option D	Option E	Option F	Option G	Option H	Option I	Option J
Policyholder	10 000	10 000	25 000	25 000	50 000	50 000	75 000	75 000	100 000	100 000
Spouse	10 000	-	25 000	-	50 000	-	75 000	-	100 000	-
Child 14 – 21	10 000	-	25 000	-	50 000	-	75 000	-	100 000	-
Child 6 – 13	5 000	-	20 000	-	40 000	-	50 000	-	50 000	-
Child 1 – 5	2 500	-	12 500	-	20 000	-	20 000	-	20 000	-
Child 0 – 11months	1 250	-	5 000	-	10 000	-	15 000	-	20 000	-
Stillborn	1 250	-	5 000	-	10 000	-	15 000	-	20 000	-
Voluntary Rate per month 18 - 64 years	21.00	13.40	61.70	39.60	123.40	79.30	185.20	118.90	246.80	158.60

CONTINUATION OPTIONS
Continuation Option 65 - 85 years

FULL FAMILY	Option A	Option B	Option C	Option D	Option E	Option F	Option G	Option H	Option I	Option J
Members on Voluntary Rates	34.90	22.30	102.60	65.90	205.20	13200	308.00	197.80	410.60	263.90

PREMIUM CALCULATION SUMMARY	FULL FAMILY BENEFIT CHOSEN (e.g. A, B, C)	A	B	C	D	E	F	G	H	I	J
CATEGORY INSURED	PREMIUM AMOUNT										
Full Family Premium											
TOTAL PREMIUM DUE											

PLEASE NOTE:

- 6 months waiting period is applicable

CONTRIBUTION FEE DEDUCTION AUTHORITY:

I hereby authorize the Company or Group to deduct from my salary each month the premium applicable for the cover selected and pay this amount to Safrican Insurance Company Limited ("Safrikan"). In the event of this deduction being dishonored, the policy will lapse, subject to the grace period as stipulated under the terms and conditions. No cash payments are accepted for arrear or any other premiums. I understand that this signed document is required in the Safrican offices 10 (ten) working days prior to the deduction date; if not, the deduction will only qualify for the following calendar month's deductions, and cover will only commence the following month.

Please supply us with your Persal information below:

Membership Number	
Department Code	

BENEFICIARY NOMINATION:

I hereby nominate the following person/s, who is/are my dependant/s or nominee/s for any benefits due to be paid from the scheme in the event of my death.

SURNAME & TITLE	FIRST NAME AND INITIALS	RELATIONSHIP TO POLICYHOLDER	ID NUMBER

DECLARATION:

I declare to the best of my knowledge and belief that the particulars given above are true and correct. I understand and agree that any willful misrepresentation in this application will invalidate any benefit under this Policy and that I undertake to abide by the terms and conditions of the Policy. Safrican Insurance Company Limited shall not be liable for any amount until it has accepted this application and first premium.

****NB: If the participant is over the age limit when joining, the claim will be repudiated and premiums refunded.**

POLICYHOLDER'S SIGNATURE

DATE

For Office Use Only

POLICY NO:	DATE:	MEMBER GROUP NO:
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Protection of Personal Information (“POPIA”) Declaration

Safrican Insurance Company Limited (Safrikan), a subsidiary of Sanlam Limited, will process and protect your personal information as required by all relevant laws including the Protection of Personal Information Act, 4 of 2013 (POPIA).

Such personal information may include, but not be limited to, your current wellness, medical history, finances and other details required by the application form.

The provision of information required by this application form/agreement is mandatory and Sanlam Life cannot make our products or services available to you without it.

We shall process your personal information (and may share with our service providers, data bureaus and business units and companies* which are part of the Sanlam Group) to:

- conclude and administer this application, which may include underwriting.
- allow for the collection of payments.
- assess and process claims, and to do any mandatory checks.
- comply with all legal and regulatory requirements, including industry codes of conduct.
- prevent loss, fraud.
- share with intermediaries appointed as official intermediaries or that have your written approval, so that they can provide you with financial advice and intermediary services.
- administer your membership to a loyalty/rewards/wellness or benefit programme.
- share with external benefit providers which are not part of the Sanlam Group to provide you with benefits which stem from your membership to a loyalty/rewards/wellness or benefit programme.
- share with bureaus to enhance and enrich our understanding of our customer base
- execute the Sanlam Group's strategic initiatives
- share with other entities in the Sanlam Group, so that we can market our financial products and services which we deem similar, with the aim of offering you the opportunity to take up some of the financial products to fulfil your needs, provided that you have not objected to receiving such marketing
- conduct market research from time to time via email, telephone, or other means (for example, invite you to events)
- share your personal information with third parties if there is a legitimate reason to do so
- include further purposes compatible with the above.

For more information about how your personal information is processed, analysed, and stored, please visit our privacy notice at www.sanlam.co.za

Further processing and storage may require that we send your personal information to service providers outside of the Republic of South Africa on Safrican's behalf. Unless we have a binding agreement with the service provider which ensures that it effectively adheres to the principles for processing of information in accordance with POPIA, we will not send your personal information to a country that does not have substantially similar laws to that of the Republic of South Africa which provide for the protection of personal information.

Prior to giving Safrican a minor child's personal information, I understand that Safrican may require additional information to confirm that I am authorised to provide the child's information. By providing the personal information, I consent to Safrican collecting and processing the child's information in my capacity as the child's competent person.

For information on how to:

- access or request a copy of your personal information processed by us.
- ask for an update and/or correction of your personal information,

please consult our manual published in terms of the Promotion of Access to Information Act, 2002 (PAIA) available on our website (www.sanlam.co.za) By completing and submitting this application form/agreement, you:

- agree that Safrican (including its various business divisions) may process your personal information for direct marketing purposes, including by contacting you telephonically to market financial products and services to you with the aim of affording you an opportunity to taking up some of the financial products to fulfil your needs; and
- consent to Safrican sharing your contact details with other companies* which are part of the Sanlam Group for purposes of direct marketing and contacting you telephonically to market financial products and services to you.

You may opt-out from receiving direct marketing from Sanlam Group and/or withdraw your consent to sharing of contact details with Sanlam Group companies at any time by contacting the Safrican Client Care Centre on (011) 778 8000, WhatsApp 081 029 7458 or email service@safrican.co.za

Where you choose to exercise your right to opt out of direct marketing, please allow up to 21 days for Safrican to effect that change.

COMPLAINTS PROCEDURE

If you have any reason to complain, kindly contact Safrican Insurance on the details set out below.

1. Complaints department: Customerrelations@Safrikan.co.za

Should a complaint not be resolved to your satisfaction, you may escalate the complaint to:

2. Sanlam Arbitrator: Arbitrator@sanlam.co.za

Should a complaint not be resolved to your satisfaction, you may escalate the complaint to either the FAIS Ombudsman or the Long-term Insurance Ombudsman whose details are set out below. Note that you must be able to show that you have already attempted to resolve the matter with Safrican Insurance first.

You have the right to complain, view, request deletion of personal information or to request copy of information held Safrican from the Information Officer:

Tel No: 011 778 8000

Email: SafricanIO@safrikan.co.za

Furthermore, you also have the right to lodge a complaint directly with the Information Regulator:

Tel: 010 023 5200

Email: enquiries@inforegulator.org.za

3. The Ombudsman for Long-Term Insurance

Private Bag X45, Claremont, 7735

Tel: 021 657 5000 **Fax:** 021 674 0951

Email: info@ombud.co.za

FAIS Ombudsman

P.O Box 74571, Lynwood Ridge, 0040

Tel: 012 762 5000 **Fax:** 012 348 3447

Email: info@faisombud.co.za

OFFICES

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