

VOLUNTARY FUNERAL SCHEME

About Main Member			
Name(s):			
Surname:			
SA ID Number:			
Passport Number:			
Gender:			
Date of birth:			
Contact details			
Physical address:			
Mobile number:			
E-mail address:			
Preferred communication method:		<input type="checkbox"/> SMS	<input type="checkbox"/> Email
Join date:			
Previous insurer:			
Previous insurer policy number:			
Previous insurer cancellation date:			
Details of policy: (Please tick selected box)			
		Monthly Premium	
Member only	<input type="checkbox"/>		
Member, Spouse & 6 children	<input type="checkbox"/>		
Extended family	<input type="checkbox"/>		
Parents & Parents in-law	<input type="checkbox"/>		
Total Monthly Premium			
R			
Lives insured Spouse & Children			
1.Full names		2.Full names	
Surname		Surname	
Date of birth		Date of birth	

ID number		ID number	
Relationship with policyholder		Relationship with policyholder	
Mobile number		Mobile number	
e-mail address		e-mail address	
3.Full names		4.Full names	
Surname		Surname	
Date of birth		Date of birth	
ID number		ID number	
Relationship with policyholder		Relationship with policyholder	
Mobile number		Mobile number	
e-mail address		e-mail address	
5.Full names		6.Full names	
Surname		Surname	
Date of birth		Date of birth	
ID number		ID number	
Relationship with policyholder		Relationship with policyholder	
Mobile number		Mobile number	
e-mail address		e-mail address	
Lives insured Extended Family			
1.Full names		2.Full names	
Surname		Surname	
Date of birth		Date of birth	

ID number		ID number	
Relationship with policyholder		Relationship with policyholder	
Mobile number		Mobile number	
e-mail address		e-mail address	
3.Full names		4.Full names	
Surname		Surname	
Date of birth		Date of birth	
ID number		ID number	
Relationship with policyholder		Relationship with policyholder	
Mobile number		Mobile number	
e-mail address		e-mail address	
5.Full names		6.Full names	
Surname		Surname	
Date of birth		Date of birth	
ID number		ID number	
Relationship with policyholder		Relationship with policyholder	
Mobile number		Mobile number	
e-mail address		e-mail address	
Lives insured Parents & Parents in-law			
1.Full names		2.Full names	
Surname		Surname	
Date of birth		Date of birth	

ID number		ID number	
Relationship with policyholder		Relationship with policyholder	
Mobile number		Mobile number	
e-mail address		e-mail address	
3.Full names		4.Full names	
Surname		Surname	
Date of birth		Date of birth	
ID number		ID number	
Relationship with policyholder		Relationship with policyholder	
Mobile number		Mobile number	
e-mail address		e-mail address	
Payment details			
Account Holder Name:			
Name Of Bank:			
Account Type:			
Account Number:			
Branch Code:			
Payment method:	Direct payment (EFT) <input type="checkbox"/>	Retail store / Money Market <input type="checkbox"/>	Debit Order <input type="checkbox"/>
Debit Order Date	<input type="checkbox"/> 1 st <input type="checkbox"/> 15 th <input type="checkbox"/> 25 th <input type="checkbox"/> 30 th		

Declaration:

*I declare that the information I have provided is true to the best of my knowledge.
I have not withheld any material from Progress Administrators and the underwriter, Rand Mutual Assurance.*

Signature policyholder:

BENEFICIARY DETAILS

Name:	
Surname:	
RSA ID Number:	
Relationship:	

Signature:

Signed At(Place) :

Date: YYYY/MM/DD

Policy terms and conditions summary

1. The rules and conditions set out in the Policy are consistent with the provisions of the Long-term Insurance Act 52 of 1998 and with the Insurance Act 18 of 2017.
2. No medical examination is required in respect of the Assured Lives for purposes of insurance cover in terms of the Policy.
3. The Principal Life Assured must be resident in the Republic of South Africa. No Benefits will be paid in respect of Assured Lives who are resident in a Foreign Country.
4. **"Benefits"** means benefits in terms of the funeral class of business as defined in the Insurance Act 18 of 2017, provided by the Insurer to the Principal Life Assured in respect of the Assured Lives;
5. **"Dependants"** means the Spouse, Dependent Children, Parents and/or Parents-in-Law and Extended Family Members of the Principal Life Assured.
6. **"Dependent Child"** means –
 - o a child of a Principal Life Assured, under the age of 22 (twenty- two) years, including a stepchild or legally adopted child.
 - o stillborn child of a Principal Life Assured born after the 26th (twenty sixth) week of pregnancy.
 - o a child of a Principal Life Assured being permanently mentally or physically disabled in the opinion of the Insurer and totally dependent on the Principal Life Assured, which total and permanent disability must have occurred prior to the age of 22 (twenty- two). Permanent and total disability is defined as total dependence on the child's parents with no prospect of ever earning an income and supporting themselves, in the opinion of the Insurer.
 - o an unmarried child of a Principal Life Assured under the age of 26 (twenty-six) years, who is a full-time student at any registered university, or registered educational institution, registered in terms of applicable legislation in the Republic of South Africa or such other institution as may be approved in writing by the insurer
7. **"Extended Family Members"** means the Principal Life Assured's or his/her Spouse's Aunt, Uncle, Sister, Brother, Sister-in-law, Brother-in-law, Cousin, Niece, Nephew, Grandmother, Grandfather, Grandchildren, Son-in-law, Daughter-in-law; Dependent Children who are not covered under the immediate family plan or children above the age of 22 (twenty-two) and the Principal Life Assured's Additional Spouse.
8. No Benefits will be paid if an Assured Life dies due to natural causes within 3 (three) months from the Inception Date. Only Accidental Death and death due to unnatural causes (excluding suicide) will be covered from the Inception Date.

No Benefits will be paid if an Assured Life dies within 12 (twelve) months from the start date due to suicide or due to attempted suicide.

The Waiting Periods as set out above will not be applicable where a Principal Life Assured confirmed at application stage that:

- o he/she had an active funeral policy with another insurer within 31 (thirty-one) days before applying for cover in terms of the Policy.
 - o the benefits under the previous policy were similar to the Benefits provided in terms of the Policy.
 - o the Assured Lives covered in terms of the Policy are the same as the previous policy; and
 - o the Assured Lives have completed the waiting period(s) under the previous policy.
1. Insurance cover for an Assured Life shall stop if–

this Policy is cancelled by the insurer or the Principal Life Assured.

 - o the Principal Life Assured dies.
 - o the Assured Life dies.
 - o the Principal Life Assured fails to pay the Premiums payable in terms of the Policy in respect of the Assured Lives on the due date thereof and fails to remedy such failure within the Grace Period.
 - o a Dependent Child no longer qualifies as a Dependent Child.
 - o or an Assured Life is resident in a Foreign Country.