



APPLICATION FORM (COMPREHENSIVE PLAN)

| | | | | | | | | | | | |
|----------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|--|
| FOR OFFICE USE ONLY | | | | | | | | | | | |
| REP CODE: | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | POLICY NO.: | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| AGE AT ENTRY: | <input type="text"/> | <input type="text"/> | POLICY START DATE: | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| PLAN | | | | BENEFIT | | | | PREMIUM | | | |
| COMPREHENSIVE PLAN | | | | A (R 5 000) | | | | B (R 10 000) | | | |
| CASH | | | | DEBIT ORDER | | | | | | | |

1. PRINCIPAL MEMBER'S DETAILS

| | | | | | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Surname: | | | | First names: | | | | | |
| Date of birth: | | Identity no.: | | | | Gender: | | Marital status: | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Postal address: | | | | Residential address: | | | | | |
| Code: | | | | Code: | | | | | |
| Cell phone no.: | | | | Telephone no.: | | | | | |
| <input type="text"/> | | | | <input type="text"/> | | | | | |
| Email address: | | | | | | | | | |

2. DEPENDANTS DETAILS

| Surname and names | Date of birth/I.D. no. | Relationship |
|-------------------|------------------------|----------------------|
| 1. | <input type="text"/> | <input type="text"/> |
| 2. | <input type="text"/> | <input type="text"/> |
| 3. | <input type="text"/> | <input type="text"/> |
| 4. | <input type="text"/> | <input type="text"/> |

3. WIDER CHILDREN'S DETAILS

| Surname and names | Date of birth/I.D. no. | Relationship |
|-------------------|------------------------|----------------------|
| 1. | <input type="text"/> | <input type="text"/> |
| 2. | <input type="text"/> | <input type="text"/> |
| 3. | <input type="text"/> | <input type="text"/> |
| 4. | <input type="text"/> | <input type="text"/> |

Principal member's signature: _____

Date:

Representative's name

Signature

Date:



4. BENEFICIARY TO BE PAID THE BENEFIT IN THE EVENT OF THE PRINCIPAL MEMBERS' DEATH

| | | | | | | | | | | | | |
|----------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|
| Name of person nominated | | | | | | | | | | | | |
| I.D. no.: | | | | | | | | | | | | |
| Relationship to principal member | | | | | | | | | | | | |
| Contact no.: | | | | | | | | | | | | |

I nominate the above mentioned person to be the recipient of the benefit under my Policy in case of death.

I consent that should I not nominate anyone as my beneficiary AFI will have discretion to either;

- Pay the benefit to any of my dependants who can prove that they rely on me for funeral and other related expenses, or
- Pay the benefit as per the direction under my last will and testament (copy to be provided), or
- Pay the benefit as per an instruction from the Master of the High court (copy to be provided).

I understand that AFI shall process my personal information for purposes of underwriting and administration of my policy. AFI shall ensure that all processing of my personal information is done in a responsible manner and in compliance with all regulatory requirements. I understand that if I do not give such consent AFI cannot accept my application.

I understand that AFI can process my personal information for purposes of possible marketing of its products to me. I understand that I do not have to consent to the processing of my personal information for these purposes.

Please tick the appropriate box:

- I do consent for AFI processing my personal information for underwriting and administration of my policy.
- I do not consent to AFI processing my personal information for purposes of possible marketing of its products to me.

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 unlawful 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. Affordable Funeral Investments (Pty) Ltd shall not be held 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.

Principal member's signature: _____

Date:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Y | Y | C | C | M | M | D | D |
|---|---|---|---|---|---|---|---|

Representative's name

Signature

Date:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Y | Y | C | C | M | M | D | D |
|---|---|---|---|---|---|---|---|



TERMS AND CONDITIONS

| | |
|--|--|
| <p>FUNERAL BENEFITS: The funeral plan provides for a cash payment of a death claim of a Principal member, who can cover him/herself and 4 Dependants and 4 Wider children who are blood relatives that are dependent on him/her for financial assistance in the event of their death. If communal cover is selected, all insured persons must be residents of the participating community (township or village), they must have a letter from the community leader at claim stage and the funeral must be in that participating community. It is a requirement of AFI's cover that the community leader verifies the residency status of joining principal members and dependants upon entry.</p> <p>INSURED PERSONS DEFINITIONS: Principal Member: any individual who is 18 years and not older than 74 years upon entry, who is allowed to participate in the policy.</p> <p>Dependants: spouse, children, parents, parents-in-law, uncles, aunts, brothers, sisters, nephews, nieces, grandchildren and grandparents with a maximum entry age of 64 years. A Child is an unmarried child of the Principal Member, including a stepchild, posthumous child, an illegitimate child, a legally adopted child or a stillborn child (must be stillborn from the 26th week of pregnancy). Only 2 stillbirth claims will be accepted during the term of the Policy. NB: Stillborn benefits are only payable to Principal Members who are the biological parents of the Child. There are no stillborn child benefits to dependants. There will only be cover for a stillborn child if the maximum number of 4 Dependants has not been exceeded. Spouse is a person married to the Principal member by law or tribal custom or under the tenets of any Asian religion, including a Common Law Spouse (a person who is deemed by AFI, at its sole discretion, to be a spouse, considering the circumstances of each case, and shall include, where applicable, customary marriages, or a relationship between two people of the same gender, or a relationship between two people who have lived together for at least six consecutive months prior to the date of death of the Spouse) of the Principal member.</p> <p>Wider child: A child who is 18 years or younger and does not qualify to be a Child but is financially dependent on the Principal member in the event of their death. Wider children include brothers, sisters, grandchildren, nieces, nephews and children who are under the Principal Member's care. When wider children turn 19 years old they will have to be covered as dependants or have their own policies.</p> <p>TERMS AND CONDITIONS:</p> <ul style="list-style-type: none"> • Each Principal member must complete an application form choosing his/her Dependants and Wider children at inception. • Cover starts on the first day of the month following receipt of a fully completed application form and receipt of the first premium by Safrican. • Benefits end upon the death of Principal member, non-payment of premiums (subject to the Grace Period), or withdrawal from the Plan by the Principal Member, which ever event may occur first. • Premiums must be paid up to death | <ul style="list-style-type: none"> • Claims where the cause of death is suicide in respect of the Principal member, dependants and wider children will not be subjected to any exclusion and shall be paid provided all other terms and conditions of cover in terms of policy are met. • Adding of additional Dependants/Wider children is not allowed unless the Principal member has a life changing event (e.g. birth, legal adoption, and marriage) and the maximum number of four (4) dependants/wider children are not exceeded. • These terms and conditions on the application form are non-exhaustive and the policyholder is entitled to be provided, on request, with a copy of the Policy Document. <p>DUPLICATE COVER: Participants (Principal member, Dependants or Wider children) are allowed to be duplicated on the AFI scheme provided their cover does not exceed R 60 000 aggregate.</p> <p>GRACE PERIOD:</p> <ul style="list-style-type: none"> • A one month grace period is allowed should a premium be missed once the policy is in force. If the missed premium is not paid together with the following months premium the cover will cease without further notice and a new waiting period will be applied should the policy be re-instated. • Where any premium payment is missed and thereafter paid, the part of the waiting period not completed at the point when the premium was not paid, will apply from the date the premium is paid. <p>WAITING PERIODS:</p> <ul style="list-style-type: none"> • From the start date of cover and when additional members are added to the policy there is a six (6) months waiting period for natural causes of death. • There is no waiting period for unnatural causes of death. • When adding additional amount of cover, the six (6) months waiting period will only apply to the additional amount of cover taken. • No waiting period applies for those dependants who take out a new policy should the Principal member pass away or wider children who take out new policies when they are above the maximum age. <p>EXCLUSIONS: No benefit will be paid if death is directly or indirectly caused by or attributable to:</p> <ul style="list-style-type: none"> • Terrorism, riot or war (whether declared or not). • Radioactive contamination. <p>COOLING OFF PERIOD: The Principal member has a 30 day cooling off period from receipt of this document to examine the policy. Provided that no death or claim has taken place in this period, he/she must inform AFI in writing if he/she chooses not to take up the policy. All premiums already paid will be refunded, less the cost of any risk cover.</p> <p>PREMIUM COLLECTION METHOD: Cash and debit order payments only. Debit order form to be completed.</p> <p>SURRENDER VALUES, CESSION AND LOANS: This policy has no surrender value and may not be ceded or pledged in any way. No loans will be granted against this policy.</p> <p>INTERMEDIARY SERVICES: Refer to Client Advice Record (CAR) for advice and administration fee structure.</p> |
|--|--|

Principal member's signature: _____

Date:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Y | Y | C | C | M | M | D | D |
|---|---|---|---|---|---|---|---|

Representative's name

Signature

Date:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Y | Y | C | C | M | M | D | D |
|---|---|---|---|---|---|---|---|

Affordable Funeral Investments (Pty) Ltd (**Reg. No. 2014/036681/07**) is a Licensed Financial Services Provider (**FSP No. 45608**) and is underwritten by Safrican Insurance Company Ltd (**FSP No. 15123**).

Physical Address (Limpopo Province): LEDA Offices | Suite 139 Parliament Road | **Giyani** | 0826

Physical Address (Gauteng Province): 1 Centrex Close | Corner Katherine Street | Eastgate Ext 4 | **Sandton** | 2090

Postal Address (Limpopo Province): P.O. Box 4954 | **Giyani** | 0826

Telephone: 015 812 0042 | **Fax:** 015 812 0042 | **Email:** info@afinvestments.co.za | **Website:** www.afinvestments.co.za