



APPLICATION FORM (COMPREHENSIVE PLAN)

FOR OFFICE USE ONLY				SCHEME NO: <input type="text"/>							
REP CODE: <input type="text"/>				POLICY NO: <input type="text"/>							
AGE AT ENTRY: <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"/>	<input type="text"/>
PLAN				BENEFIT				PREMIUM			
COMPREHENSIVE PLAN				A (R 10 000)							
CASH <input type="checkbox"/>		DEBIT ORDER <input type="checkbox"/>		NEW <input type="checkbox"/>		EXISTING <input type="checkbox"/>					

1. POLICY HOLDER'S DETAILS

Surname: <input type="text"/>				First names: <input type="text"/>							
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"/>	<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: <input type="text"/>											

2. DEPENDANTS DETAILS

Surnames 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"/>

Policy Holder's signature: _____

Date:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Date:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Representative's name

Signature

3. BENEFICIARY TO BE PAID THE BENEFIT IN THE EVENT OF THE POLICY HOLDERS' DEATH
(Beneficiary nominated should be 18 years or older)

Name of person nominated											
I.D. no.:											
Relationship to Policy Holder											
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.

Policy Holder's signature: _____

Date:

Y	Y	C	C	M	M	D	D
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Representative's name

Date:

Y	Y	C	C	M	M	D	D
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Signature

TERMS AND CONDITIONS

FUNERAL BENEFITS:

The funeral plan provides for a cash payment of a death claim of a Policy Holder, who can cover him/herself and four (4) Dependants 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 Policy Holders and dependants upon entry.

INSURED PERSONS DEFINITIONS:

Policy Holder: any individual who is 18 years and not older than 74 years upon entry, who is allowed to participate in the policy.

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 Policy Holder, 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 Policy Holders 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 Policy Holder 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 Policy Holder.

TERMS AND CONDITIONS:

- Each Policy Holder must complete an application form choosing his/her Dependants 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 Policy Holder, non-payment of premiums (subject to the Grace Period), or withdrawal from the Plan by the Policy Holder, whichever event may occur first.
- Premiums must be paid up to death.
- Suicide will not be covered during the first twelve (12) months of membership for any insured person.
- Adding of additional Dependants is not allowed unless the Policy Holder has a life changing event (e.g. birth, legal adoption, and marriage) and the maximum number of four (4) dependants are not exceeded.

- Premiums in arrears would have to be paid before a claim is honoured (policy needs to be paid up to date).
- Premiums are subject to change at the discretion of Affordable Funeral Investments (Pty) Ltd.

DUPLICATE COVER:

Participants (Policy Holder and Dependants) are allowed to be duplicated as Dependants on the AFI scheme provided their cover does not exceed R 60 000 aggregate across all Safrican plans.

GRACE PERIOD:

- 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 month's premium the cover will cease without further notice and should the waiting period not be complete, 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.

WAITING PERIODS:

- 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 dependents who take out a new policy should the Policy Holder pass away or wider children who take out new policies when they are above the maximum age.

EXCLUSIONS:

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

- Terrorism, riot or war (whether declared or not).
- Radioactive contamination.

COOLING OFF PERIOD:

The Policy Holder has a 30 day cooling off period from receipt of their policy 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.

PREMIUM COLLECTION METHOD:

Premium payment methods: cash, Easypay (Easypay outlets) and debit order (debit order form to be completed and proof of account not older than three (3) months).

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.

INTERMEDIARY SERVICES:

Refer to Client Advice Record (CAR) for advice and administration fee structure.

NON-EXHAUSTIVE TERMS AND CONDITIONS:

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, which will take precedence and be applied should there be a discrepancy.

Policy Holder's signature: _____

Date:

Y	Y	C	C	M	M	D	D
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Representative's name

Signature

Date:

Y	Y	C	C	M	M	D	D
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Protection of your personal information

- We will keep any information – including personal information relating to you, your dependants, lives insured, and beneficiaries – supplied to us when applying for your policy, reinstatement or any amendment ("your personal information"), confidential.
- When providing us with your personal information, and information on your dependants, lives insured, and beneficiaries, you must make sure that they have provided you with the appropriate permission to disclose their personal information to us for the purposed set out below and any other related purposes.
- We may collect, collate, process, store, and disclose your personal information for the purpose of:
 1. Administering this policy and for the assessment of any claims.
 2. Providing relevant information, including your personal information, to contracted third parties who need the information to offer you a service in relation to this policy provided that the contracted third party agrees to keep the information confidential.
- We will not share or use any personal information collected from this form for any other purpose other than to process your policy application, administer your policy and to consider claims (the permitted purpose). You give us consent to record, keep, and share your information for these purposes. We must comply with all industry regulations and legislation applicable to Affordable Funerals Investments' business and products. We will at all times comply with industry regulations in the way we receive, store and share your information.
- Please note:
 - We may change this notice from time to time. In this regard, please visit our website at www.afinvestments.co.za
 - You have the right to object to the processing of your personal information.
 - If you believe that we have used your personal information contrary to applicable law, you must first raise any concerns with us. If you are not satisfied with our process, you have the right to lodge a complaint with Information Regulator at info@justice.gov.za

Policy Holder's signature: _____

Date:

Y	Y	C	C	M	M	D	D
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Representative's name

Signature

Date:

Y	Y	C	C	M	M	D	D
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