



APPLICATION FORM (EMPLOYEE BENEFITS)

FOR OFFICE USE ONLY		SCHEME NO:									
REP CODE:				POLICY NO:							
AGE AT ENTRY:				POLICY START DATE:		Y		Y		C	
						C		M		M	
						D		D			
PLAN		BENEFIT						PREMIUM			
EMPLOYEE BENEFITS		A (R 10 000)		B (R 20 000)		C (R 30 000)					
PAYROLL		EMPLOYER PAID BENEFIT				NEW		EXISTING			

1. POLICY HOLDER'S DETAILS

Surname:				First names:																	
Date of birth:				Identity no.:								Gender:		Marital status:							
Y				Y				C				M		M							
D				D								M		F							
												S		M							
												D		W							
Postal address:										Residential address:											
Code:										Code:											
Cell phone no.:										Telephone no.:											
Email address:																					

2. SPOUSE/S DETAILS

Surname and names										Date of birth/I.D. no.											
1.																					
2.																					

3. CHILDREN'S DETAILS

Surname and names										Date of birth/I.D. no.												Sex	
1.																							
2.																							
3.																							
4.																							
5.																							
6.																							
7.																							
8.																							
9.																							
10.																							

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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4. BENEFICIARY TO BE PAID THE BENEFIT IN THE EVENT OF THE POLICY HOLDERS' DEATH

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 or Safrican 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.

I hereby authorise Affordable Funeral Investments (PTY) Ltd or their duly appointed representatives to start withdrawal from my salary on the (day) _____ of (month) _____ (year) _____ and on the _____ day of each month thereafter, with a possible percentage increase each year, due on my policy for as long as I am in my current employment.

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, up to two (2) spouses and eligible children to Cessation Age as reflected in the policy document.

INSURED PERSONS DEFINITIONS:

Policy Holder: any individual who is 18 years and not older than 64 years upon entry, who is allowed to participate in the policy.

Spouse: 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. A Spouse may not be older than the maximum entry age of 69 years. Only a maximum of two Spouses may be covered.

Eligible Children: an unmarried child of the Policy Holder, aged 21 years and below (when children turn 22 years old they will have to be covered as extended family members or have their own policies unless they are studying full-time (proof is required) in which case they can be covered until the end of their 25th birthday), 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.

TERMS AND CONDITIONS:

- Each Policy Holder must complete an application form choosing his/her spouse/s and 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.
- Members must be actively at work at commencement of cover.
- Cover ceases on withdrawal from the Plan or death of the Policy Holder, or cancellation of the Plan.
- Cessation age is 65 years.
- Adding of additional spouse or children is not allowed unless the Policy Holder has a life changing event (e.g. birth, legal adoption, and marriage).
- 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.

Paid-up on Death:

In the event of the death of the Policy Holder prior to Cessation Age, any Eligible Dependants (Spouse and Eligible Children), where applicable, will remain covered with no further premiums being payable until the end of the month in which the Policy Holder would attain the Cessation Age. This benefit falls away should the Plan be cancelled.

Paid-up on Disability:

Should a Policy Holder become totally and permanently disabled prior to the Cessation Age to such an extent that he/she is unable to follow any occupation for remuneration or gain, Safrican will waive all future premium payments. The Policy Holder, Spouse and Eligible Children, where applicable, will remain covered until end of the month that the Policy Holder would attain the Cessation Age. This benefit falls away should the Plan be cancelled.

Paid-up on Retirement (High Risk only):

When the Policy Holder reaches Retirement Age, cover for the Policy Holder and Dependants will continue unchanged (subject to the scales below), with no further premiums being payable in respect of them. Notwithstanding the above, Children will cease being covered upon reaching the age limit as described in the 'Eligible Child' definition. Paid-up's on retirement issued prior to the cancellation of the Plan, do not fall away after cancellation.

TYPE OF COVER

Compulsory: Cover is compulsory for all employees.

DUPLICATE COVER:

Participants (Policy Holder, Spouse/s and Children) are not allowed to be duplicated on the Employee cover scheme.

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.
- If the arrear premium and the premium due for that month is not paid by the end of the Grace period, the Plan will lapse and a 6 (six) month waiting period will apply on any reinstatement.

WAITING PERIODS:

- Immediate cover (the policy has no waiting period).
- No waiting period applies for those children who take out a new policy should their parents pass away or 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, riots or war (whether declared or not).
- Radioactive contamination.
- Death as a result of illegal activities.
- Suicide will not be covered during the first twelve (12) months of membership.
- Divorced spouses at inception of the policy are not covered, and cover for spouses who divorce during the term of the policy will cease immediately on divorce.

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.

CANCELLATION

After the 30 day cooling off period has ended, AFI reserves the right to cancel this Policy at any time after giving the other party 3 (three) months written notice of such intention.

DISSOLUTION

On dissolution of the Plan, all AFI's liabilities towards the existing and any former Policy Holders and Dependants will cease as from the day of the last premium received or the date of dissolution, whichever is the later.

PREMIUM COLLECTION METHOD:

Cash and debit order payments only. Debit order form to be completed.

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.

Policy Holder's signature: _____

Representative's signature: _____

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): Office no. 6 | Sasekani Complex | Section A | 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:** 086 681 1231 | **Email:** info@afinvestments.co.za | **Website:** www.afinvestments.co.za

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Paid up benefits table:

Period from Entry to the Fund / Scheme until the Retirement Age	Percentage of the Full Benefit that is Payable
0 – 2 years	Nil
3 years	30%
4 years	40%
5 years	50%
6 years	60%
7 years	70%
8 years	80%
9 years	90%
10 years	100%

Please note: Paid up benefits are limited to R 10 000 as per table above.

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 inforeg@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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