



APPLICATION FORM (MEMBER PLUS 9)

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	
MEMBER PLUS 9		A (R 5 000)		B (R 10 000)		C (R 20 000)			
A	B	C							
CASH			DEBIT ORDER			NEW		EXISTING	

1. POLICY HOLDER'S DETAILS

Surname:			First names:																		
Date of birth:			Identity no.:						Gender:		Marital status:										
Y	Y	C	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. DEPENDANT'S DETAILS

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

Policy Holder's signature: _____ Date:

Y	Y	C	C	M	M	D	D
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_____ Date:

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

Signature



3. 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 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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_____ Date:

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

Signature



TERMS AND CONDITIONS

FUNERAL BENEFITS:

The funeral plan provides for a cash payment of a death claim of a Policy Holder and nine (9) of his/her dependants.

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: means a Spouse, Children, Extended Family and/or Wider Child, where applicable. Up to nine Dependents may be covered. A Dependant may not be older than the maximum entry age of 74 years.

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.

Children: an unmarried child of the Policy Holder, aged 21 years and below. Children is extended to age 26 years if the Child is a full-time student at a recognized educational institution (proof is required) including a stepchild, posthumous child, an illegitimate child, a legally adopted child.

Extended Family: Family members, who are dependent on the Policy Holder for financial assistance in the event of their death, may be covered. These include parents, parents-in-law, uncles, aunts, brothers, sisters, nephews, nieces, grandparents and children of the Policy Holder who are age 22 years and older. Divorced spouses at the start of the policy and spouses who divorce during the term of the policy can be covered as Extended Family.

Please Note:

- Extended Family may not be older than the maximum entry age of 74 years.
- Only in case of a marriage may Extended Family (parent-in-law) be added, provided the maximum number of Extended Family Members has not been exceeded.

Wider Child: A child who is 18 years or younger and does not qualify to be a Child but is financially dependent on the Policy Holder in the event of their death.

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.
- If the first premium is received before the 7th of a month, the policy shall commence on the first day of the same month. If the first premium is received after the 7th of the month, the policy shall commence on the first day of the following month.
- 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.
- Spouses may continue with the policy upon the death of the Policy Holder and Children above 18 years may have a new policy upon the death of their parents.
- The benefit for children younger than 6 years cannot be greater than the maximum benefit limit of R10 000 and R 30 000 for children younger than 14 years across all Safrican plans.
- Should a Policy Holder have underpaid his/her premium, the benefit payable in respect of a claim will be reduced in proportion to the underpayment.
- Premiums are paid up to death.

- Policy Holders are not allowed to replace deceased Dependants.
- The benefit will reduce when:
 - a divorced spouse is moved from being covered as a Spouse to being covered as Extended Family;
 - a child is moved from being covered as a Child in terms of the Child definition to being covered as Extended Family.
- 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.

DUPLICATE COVER:

- Extended Family members may be covered multiple times under the Plan, provided such Extended Family members are not nominated more than once by the same Policy Holder and the maximum benefit limit of R60 000 is not exceeded for such Extended Family members 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 all persons insured under the policy who are less than age 75 years for claims due to natural causes.
- 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 dependants who take out a new policy should the Policy Holders pass away.
- Where a policy is reinstated, a new waiting period will start from the re-started date of cover.

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.
- Suicide will not be covered during the first twelve (12) months of membership for any insured person.

INSURABLE INTEREST:

Please note that all persons insured under the policy must be related to the Policy Holder and/or Policy Payer, and the Policy Holder and/or Policy Payer must have an insurable interest in all insured persons under the policy.

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.

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.

CHANGES TO MEMBER RECORDS:

A new application form detailing the Dependants to be covered must be submitted to AFI for approval at the start of the scheme.

SUMMARY CLAIMS PROCEDURE:



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Marriage of a Policy Holder

A new application form detailing the additional lives to be covered must be submitted to AFI for approval. These lives will only be considered in respect of the Spouse, Policy Holder's in-law's and step children. Existing family, not added when the Policy Holder joined the Plan, will not be considered at this point. The lives added will be subject to the benefit type available to the funeral arrangement, any maximum lives as described in the policy document and relevant waiting periods.

Birth of a Child

A new application form detailing the new Child to be covered must be submitted to AFI for approval.

Divorce of a Policy Holder

A new application form detailing the remaining lives to be covered must be submitted to AFI for approval.

Minor Children ceasing to qualify under the Child Definition

The benefit for children of the Policy Holder reaching age 22 years (in the case of full time students age 26 years) will reduce for certain benefits (i.e. R 20 000).

- A six months waiting period will apply to all new insured lives as a result of the changes.

PREMIUM COLLECTION METHOD:

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

INTERMEDIARY SERVICES:

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

FRAUDULENT CLAIMS:

AFI will not pay any fraudulent claim that is made against this policy. AFI will, at its own discretion, be entitled to cancel this policy, and any other policy held by the Policy Holder or claimant, with immediate effect, should any fraudulent claim be made with the knowledge or intent of the Policy Holder or claimant to AFI's detriment.

- In the event of a death, a Claim Notification Form must be requested from an AFI office, and submitted together with the relevant supporting documents within **six months** of the date of death. Failure to do so within **six months** from the date of death, will result in the benefit being forfeited.

Documents to be submitted include, but are not limited to:

- Fully completed Claim Notification Form.
- Proof of Death:
 - (BI-5) Original computer produced or faxed certified Death Certificate; **or**
 - (BI-18) Original or faxed certified copy of unabridged Death Certificate; **or**
 - (BI-20) Original or faxed certified copy of Abridged Death Certificate in respect of stillborn, together with supporting medical documents.
- A copy of the Notification of death (BI-1663)
- Certified copy of Policy Holder's Identity Document
- Certified copy of deceased's Identity Document
- Certified copy of claimant's Identity Document
- Current bank statement (reflecting name and account number of payee)
- Police report (unnatural death)
- See the Claim Notification Form for further required documents.

AFI reserves the right to request further documentation or information as it may deem necessary to accurately assess a claim.

- AFI will endeavour to settle the claim within 48 hours, **provided** all the claim procedure criteria have been met.
- Faxed copies must be clearly certified. The details of the Commissioner of Oaths with all the relevant details must be clear. Documentation submitted other than those listed, will not be accepted. Affidavits are not accepted.

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 purposes 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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Date: _____

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

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).

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