Unity Life Schemes (PTY) LTD FSP 48175
Address: No 39B 1st Avenue |Westdene |Bloemfontein |9301
Tell:051 430 0675 | Cell: 068 659 8388
Email: Admin1@unitylifeschemes.co.za

FUNERAL PLAN APPLICATION FOR MEMBERSHIP

Policy reference number (if applicable):

**** PLEASE COMPLETE ALL THE FIELDS **** | **Agent:** | **New Client:** Yes ☐ No ☐ | **Existing Client:** Yes ☐ No ☐

Do you consider yourself a Politically Exposed Person (PEP) or are you related to any PEP? Yes ☐ or No ☐ **Please complete the PEP form attached.**

POLICYHOLDER DETAILS:	Mr ☐ Miss ☐ Mrs ☐		Male ☐ Female ☐
Full Names:		**Surname:**	
ID No:		**Date of Birth:** Y Y Y Y M M D D	**Passport No:**
Cell No:	**Work No:**	**Email:**	
Country of Birth:		**Citizenship:**	
Street Name & No:			
City:	**Province:**	**Postal Code:**	
Occupation:	**Source of Income:**	Salary ☐ Pension ☐ Government Grant ☐ or Other ☐ _____	
Method of Payment:	Debit Order ☐	Persal ☐ Easypay ☐ Other ☐ _____	

PLEASE SUPPLY THE FOLLOWING DOCUMENTS AS THIS IS MANDATORY;

ID Copies / ID Photo's for Policyholder & all dependants	☐	Marriage Certificate / Lobola Letter with Chief letter confirming traditional marriage	☐
Proof of Address for Policyholder	☐	If Life partners; Utility bill with details of both Policyholder and Spouse or Medical aid membership or Birth Certificates of Children or Bond application or Rental Agreement	☐
Passport Copy and Work Permit if Foreigner	☐		

IMMEDIATE FAMILY DEPENDANTS, IF APPLICABLE

	Full first names and surname	Age	Relationship	Full ID Number	Gender
Spouse					M F
Child					M F
Child					M F
Child					M F
Child					M F
Child					M F
Child					M F

ADDITIONAL EXTENDED FAMILY MEMBERS (MAX 8)		Age	Relationship	Full ID Number	Gender
Ext 1					M F
Ext 2					M F
Ext 3					M F
Ext 4					M F
Ext 5					M F
Ext 6					M F
Ext 7					M F
Ext 8					M F

BENEFICIARY:

Your beneficiary is the person you appoint to receive the policy pay-out after your death. He or she must be 18 years or older. You may change your beneficiary at any time. If the pay-out cannot be made to the beneficiary, it will be paid to your estate.

Title:		**First names:**	
Surname:		**Relationship:**	
ID No		**Contact no:**	

Monthly Premium: The Policy becomes active on receipt of the first paid premium.
Premium payment received after the 7th of the month, will be payment for the following month.

YOUR DECLARATION AS THE CLIENT

I declare to the best of my knowledge and understanding that the particulars on this application form are true and correct. I confirm the following by ticking each block.

☐ I can afford the policy monthly premium and I am not replacing an existing funeral policy with this policy

☐ I can afford the policy monthly premium and I am replacing an existing funeral policy with this policy - **(If this is a replacement policy, please complete the below only:)**

Are you currently insured on an alternate funeral policy?	**YES** ☐	**NO** ☐	If YES, will you be cancelling that policy and replacing it with this one?	**YES** ☐	**NO** ☐
Has the waiting period for natural death already expired on the alternate policy? **YES** ☐ **NO** ☐					

Please Provide us with:

a) Policy number of alternate policy:		**b)** Name of insurer with whom the alternate policy is with:	
c) Confirmation all premiums on the alternate policy are paid up to date	**YES** ☐ **NO** ☐	**d)** Is the benefit selected on this policy the same of your current alternate policy?	**YES** ☐ **NO** ☐
e) If NO, please confirm the difference:			

☐ This funeral policy suits my financial needs and expectations and I have read the terms and conditions and understand them and accept them.

Your privacy is of utmost importance to us. We will take the necessary measures to ensure that any and all information, provided by you for the purpose of this application, is processed in accordance with the provisions of the Protection of Personal Information Act 4 of 2013 and further, is stored in a safe and secure manner. You hereby agree to give honest, accurate and up-to-date Personal Information in order to process and accept this application. You accept that your Personal Information collected by Us may be used for the following reasons: 1. To establish and verify your identity in terms of the Applicable Laws: 2. To enable Us to proceed to issue the Policy should we accept this application; Unless consented to by yourself, we will not sell, exchange, transfer, rent or otherwise make available your personal Information (such as your name, address, email address, telephone or fax number) to any other parties and you indemnify Us from any claims resulting from disclosures made with your consent. You understand that if the Administrator/Insurer has utilised your Personal Information contrary to the Applicable Laws, you have the right to lodge a complaint with Safrican Insurance Company Limited or with the Information Regulator.

Policyholder Signature		**Date**	d d m m y y y y

Administrator: Exodec 229 (Pty) Ltd FSP 43212 Email: info@exodecgroup.co.za Fax: 086 608 7594
Compliance: Leona Prinsloo CO4920 Email: lprinsloo@mweb.co.za **Fees disclosure:** 30% Risk premium, 5% Binder Fee, 15% admin, 50% commission

Funeral Plan Options:

Cover Amount	Single Plan		Family Plan
	18 – 64 Premium	65 – 74 Premium	18 – 64 Premium
R 5 000	R 90 ☐	R 130 ☐	R 90 ☐
R 10 000	R 110 ☐	R 190 ☐	R 160 ☐
R 15 000	R 130 ☐	R 295 ☐	R 200 ☐

Premium Calculation	
Tick the box for - eCoupon (non-underwritten benefit)	R 17 ☐
Monthly Premium	R
Total Monthly Premium Due	R

Premiums for the scheme will not change or be varied during the first 12 (twelve) months from the Commencement Date unless there are reasonable actuarial grounds on which to do so. Any change to the premium will be communicated to the Policyholder 31 (thirty-one) days before any increase takes effect and such communication will also confirm any increase to the benefit amount, if applicable. All premiums in the table above include the Repat Benefit premium of R3.

1. **General terms and conditions: Funeral Plan**

- The maximum entry age for Policyholder is 84 years and Spouse is 64 years.
- Cover for Children biological or legally dependant on the Policyholder will cease on the day before their 22nd birthday.
- Children aged 22 or older will be covered up to age 25 if they are studying full-time at a recognised school or tertiary institution. This is subject to the provision of satisfactory evidence (annually).
- Unmarried mentally/physically disabled Children who are totally dependent on the Policyholder will be covered for as long as the policy is in force.
- Cover will be provided for **(1) (one)** Spouse and for a maximum of 6 (six) Children at the stated premium.
- Should a Child be born to the Policyholder, the Policyholder has 60 (sixty) Days to update his application/nomination form. If the documentation is not updated the child will not be covered for benefits.
- If the Policyholder ceases to be the Policyholder of the funeral scheme (dies, withdraws or retires) cover will cease immediately for the Policyholder and all their Dependants.
- Should the Spouse elect to take over the policy of an existing Policyholder due to the Policyholder's Death, this must be done within 30 (thirty) Days of the death and application/nominations form and monthly membership schedule must be updated accordingly.
- Should you divorce a Spouse reflected in the Policy Schedule, cover in respect of such Spouse shall immediately cease with effect from the date of the court order recording the divorce. If you remarry, the new Spouse may be nominated under this Spouse Cover.
- No beneficiary is allowed to sign a policy document on behalf of the Policyholder. They are not the policy owner.
- Cover is included for citizens from neighbouring countries (SADC) legally residing and working in South Africa - must have valid passport and work permit. Nominated family legally residing with the Policyholder in South Africa can also be covered.
- **Benefit Split for child aged between;**
  - 14 – 22 years same as Policyholder
  - 6 – 13 years 50% of Policyholder
  - Stillborn – 5 years 25% of Policyholder
- **The following must be provided at application stage;**
  - Marriage Certificate / Lobola Letter with Chief letter confirming traditional marriage or if Life partners, provide Utility bill with details of both Policyholder and Spouse or Medical aid membership or Birth Certificates of Children or Bond Application or Rental Agreement.
  - ID copies or ID photos of the Policyholder and all dependants added to this policy to be provided as well as proof of residence for the Policyholder as per the FIC act.
  - Passport Copy and Work Permit if Foreigner

The Insurer reserves the right to cancel the policy with 31 (thirty-one) Days' notice at any stage for whatsoever reason.

The Insurer will not change or Vary the Premium rate during the first 12 (twelve) months after the Commencement Date of the Policy unless there are reasonable actuarial grounds to change or Vary the Premium rate or when the Variation will be to the benefit of the Policyholder. After the first 12 (twelve) months, the Insurer reserves the right to review and change the premium and cover annually.

Any changes to the Premium rate will be notified to the Policyholder 31 (thirty-one) Days prior to the change taking effect. Such notification will provide appropriate details of the reasons for the change to the Premium rate and will afford the Policyholder with reasonable steps, such as an option to terminate the policy or to reduce the policy benefit or to enter into an alternate policy, to mitigate the impact of the increase on the Policyholder. The Premium rates may be amended or changed, based on the following factors; past and future expected economic factors (for example, but not limited to, interest rates, tax and inflation), past and future claims experience, past and future expected lapse experience, past and future expected mortality experience, expected future reinsurance, any regulatory and legislative changes impacting this Policy or any other factor impacting the Premium that the Insurer deems material at the time.

2. Extended Family Benefits

Maximum 8 extended family members (parents, parents-in-law, brothers, sisters, aunts, uncles or other relatives who are financially dependent on the Policyholder) can be added at an additional premium payable per Extended Family Member.

- This option must specifically be requested and catered for at a scheme level in the policy.
- Maximum entry age for extended family member: 84 years

3. Exclusions

The Insurer will not pay any Funeral Benefit or any Extended Family Benefit if death was directly or indirectly caused, resulting from or in connection with any of the following: a. active participation in war, invasion, acts of foreign enemies, hostilities, warlike operations (whether war be declared or not), civil war, rebellion, revolution, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power; b. the deceased's deliberate exposure to exceptional danger, except in an attempt by the deceased to save a human life; c. The deceased's active participation in the commission of a criminal activity resulting in a claim event.

Suicide will be excluded for the first 12 (twelve) calendar months from the Commencement Date.

- **6 (six) calendar months Waiting Period for natural death from the Commencement Date of cover for Funeral or Extended Family Benefit.**
- The Insurer will have no liability for a Claim Event if Death for any Insured is directly or indirectly caused by or attributable to natural causes during this period, unless proof is supplied to the Insurer of previous cover for such Insured in the 31 (thirty-one) Day period prior to the Commencement Date of this Policy, and where such similar cover with the alternate insurer was replaced with this Policy and where the waiting period on such prior policy had already expired. Where the waiting period has not yet fully expired, the unexpired part of the waiting period will remain in force until expiry.
- Claims due to Accidental Death will not be subjected to a Waiting Period, on condition that the first premium is paid.
- **When taking up a higher benefit a 6 (six) calendar months Waiting Period for natural death will apply to the increased amount not the current benefit cover enjoyed.**
- When adding a new nominated family member, a 6 (six) calendar month waiting period for natural death will apply from receipt of first premium with this family member included for cover.
- When taking over existing affiliation schemes Safrican Insurance Company Limited will require proof of membership with the prior underwriter for the Waiting Period for natural death to be waived, if not available the full Waiting Period for natural death will apply.
- Stillborn cover included only on family plans, minimum 28 weeks of pregnancy, (limited to two stillborn children claims over the lifespan of the policy).
- The Policy becomes active on receipt of first premium paid.
- Premium payment received after the 10th of the month, will be payment for the following month.

4. Premiums

Premiums must be paid by the 7th of the month in advance for the month for cover to remain in force. Should premiums not be paid in terms of the policy, cover ceases and should the Principal Member wish to re-join after 2 (two) months, they will be treated as a new entrant, with the full 6 (six) months waiting period for natural death restarting. The policy will lapse after 2 (two) premiums missed within a 12 (twelve) month cycle. The policy will be cancelled should the arrear premium/s not be paid in full before 2 (two) months of non-payment has passed. All outstanding premiums due must be paid before the end of the 2nd month. For all premium payments please always keep proof of payment for your records. The sum assured for Extended Family Members cannot exceed that of the Principal Member. An Extended or Nominated Family Member can cease membership while the Principal Member remains a member, but that Extended or Nominated Family Member cannot be readmitted.

5. Claim Requirements

Exodec/Safrican Insurance Company Limited must be notified of Funeral Claims within 6 (six) months of an Insured's death. Even if all the required information is not yet available, it must still be notified of the potential Claim. The following information is required to process a Claim (standard claims package):

Policyholder

- Fully completed, signed and stamped claim form
- Copy of a signed policy document
- Certified Copy of the deceased's identity document
- Certified Copy of the death certificate
- Fully completed DHA1663 Notice of Death Form
- Certified Copy of the Beneficiary identity document
- Proof of nominated RSA bank account for benefit payment not older than 3 (three) months
- If the cause of death is unnatural – a completed police report is required in an instance of a motor vehicle accident, or where the death is under investigation or resultant from suicide.

Spouse's and Children's funeral benefit

- Fully completed, signed and stamped claim form
- Copy of a signed policy document
- Certified Copy of the deceased's identity document or birth certificate
- If no identity document or birth certificate – a copy of the clinic card or a hospital file is required
- Certified Copy of the Death Certificate
- Fully completed DHA1663 Notice of Death Form
- Certified Copy of Policyholder's Identity Document
- Certified Copy of the marriage certificate, or a copy of the Lobola letter or an affidavit confirming person was life partner (2 family members), state duration
- Copy of 6 months receipts/bank transfers as proof of payments made
- Certified Copy of the Beneficiary identity document
- Copy of the premium schedule
- Proof of nominated RSA bank account for benefit payment not older than 3 (three) months
- If the cause of death is unnatural – a completed police report is required in an instance of a motor vehicle accident, or where the death is under investigation or resultant from suicide.
- If Child is over the age of 22 - we require a certified copy of a letter from the educational facility confirming the Child is registered and the course / grade that they are registered for.

Policyholder Signature _____ **Date** _____

- If a benefit under this Policy is an Unclaimed Benefit, Exodec will take any and all appropriate action to determine if the Beneficiary is alive and/or aware of the benefit payable to him/her under this Policy. Specifically, in the 3 (three) year period after the Unclaimed Benefit arises.
- Before the end of the 3 (three) year period referred to above, Exodec will confirm the Unclaimed Benefit and transfer the amount of the Unclaimed Benefit to an account in the name of the Insurer, and the Insurer will accept liability for the Unclaimed Benefit.
- A maximum period of 6 (six) months from the date of Death is permitted to submit all funeral claim requirements. Failure to comply with this will result in closure of the file and no further evidence being considered for assessment and processing of a Claim, unless there are extenuating circumstances acceptable to the Insurer for the late submission.

NB: the above are extracts and summaries from the Policy and do not replace the official Policy, which contains all rights of members.

On signing this document Exodec will confirm the offer of Insurance has been accepted on behalf of Safrican Insurance Company Limited. Cover will commence on receipt of the first premium.

Fees disclosure: 30% Risk premium, 5% Binder Fee, 15% admin, 50% commission

Disclosure Notice: Long-term Insurance Policyholder Protection Rules 2017 (PPRs) Financial Advisory and Intermediary Services (FAIS) General Code of Conduct 2003

Your Intermediary: Unity Life Schemes
Registration Number: 2016/135748/07, **FAIS Registration (FSP No):** 48175

Physical Address: No 12 President Brand Street Waldorff Building, Bloemfontein 9301 **WhatsApp:** 068 659 8388 **Telephone no:** 051 430 0675 **Email Address:** info@unitylifeschemes.co.za clientservices@unitylifeschemes.co.za	In terms of the FSP license, Unity Life Schemes, is authorised to give Intermediary Services and Advice for products under: CATEGORY I]: • [Long-term Insurance: Subcategory A] • [Long-term Insurance: Subcategory B1] • [Long-term Insurance: Subcategory B2] • [Long-term Insurance: Subcategory B2-A] • [Long-term Insurance: Subcategory B1-A]

Without in any way limiting and subject to the other provisions of the Services Agreement/Mandate, Unity Life Schemes FSP48175 accepts responsibility for the lawful actions of their representatives (as defined in the Financial Advisory and Intermediary Service Act No. 37 of 2002) in rendering financial services within the course and scope of their employment. Some representatives may be rendering services under supervision and will inform You accordingly.

Legal and contractual relationship with the Insurer: Contract in Place
Claims & Complaints or Enquiries please contact: Unity Life Schemes
Tel: 051 430 0675 **WhatsApp:** 068 659 8388 **Email:** info@unitylifeschemes.co.za

The Administrator: Exodec 229 (Pty) Ltd
Registration Number: 2016/486897/07, **FAIS Registration (FSP No):** 43212

Physical Address: 1st Floor Royal Palms Building Cnr Loch Street & Pierneef Blvd Meyerton, 1961 **Postal address:** PO Box 934 Meyerton 1960 **Telephone no:** 016 362 0334 **Website:** www.exodecgroup.co.za	In terms of the FSP license, Exodec 229 (Pty) Ltd, is authorised to give Intermediary Services and Advice for products under: CATEGORY I, II, IV,]: • [Long-term Insurance: Category A] • [Friendly Society Benefits] • [Long-term Insurance: Category B1] • [Long-term Insurance: Category B1-A] • [Long-term Insurance: Category B2] • [Long-term Insurance: Category B2-A] • [Long-term Insurance: Category IV]

Legal and contractual relationship with the Insurer: Contract in Place
Professional Indemnity and/or Fidelity Cover: Exodec 229 (Pty) Ltd has a Professional Indemnity Cover and a Fidelity Guarantee Cover in place.
Claims Contact Person: Sanah Kwapeng
Tel: 016 362 0334 or Cell/WhatsApp: 071 600 1927 Email: claims@exodecgroup.co.za
Complaints Procedures: Contact Person: Marieta Pretorius
Tel: 016 362 0334 Email: info@exodecgroup.co.za
Compliance Officer: Leona Prinsloo
Tel: 012 664 6257 Email: lprinsloo@mweb.co.za
Conflict of Interest: Exodec has a conflict of interest management policy in place and is available to clients on the website.

The Insurer: Safrican Insurance Company Limited
Registration Number: 1935/007463/06

Physical address: Sanlam, 9 West Street, Houghton Estate, 2198, South Africa **Postal address:** PO Box 616 Johannesburg 2000 **Telephone no:** 011 778 8000 **Email:** clientretention@safrican.co.za **Web:** www.safrican.co.za **FAIS Registration (FSP No):** 15123	In terms of the FSP license, Safrican Insurance Company Limited is authorised to give advice and render financial services for products under: CATEGORY I: • Long-term Insurance: Category A • Short-Term Insurance Personal Lines • Long-term Insurance: Category B1 • Long-term Insurance: Category B1-A • Long-term Insurance: Category B2 • Long-term Insurance: Category B2-A • Short-term Insurance Personal Lines A1

Professional Indemnity and/or Fidelity Cover: Safrican Insurance Company Limited has a Professional Indemnity Cover and Fidelity Guarantee Cover in place.
Complaints Procedures: Complaints Department: customerrelations@safrican.co.za
Compliance Officer: MR MJ Mokoena Tel: 011 778 8164
Conflict of Interest : Safrican Insurance Company Limited has a conflict of interest management policy in place and is available to clients on request.
Policy Wording: A copy of the policy wording can be obtained from Exodec
Policy details:
Type of Policy: Funeral Class of Business
Risk covered: Death
Policy Benefits: Cover amount selected on the application form

Your premium obligations:
Monthly Premium: As per the policy agreement
Due date and frequency: Monthly
Manner of payment of premium:
Direct deposit, Debit order, Easypay, Persal deductions
Consequence of non-payment: Cover will cease and no further benefits will be in force.
Details of any premium increases, including the frequency and basis thereof: Annually upon the Review Date.
Fees payable to Exodec (included in monthly premium)
The Intermediary does not directly or indirectly hold more than 10% of the relevant product supplier's shares or has any equivalent substantial financial interest in the Insurer.
Cooling Off Rights:
If any of the information reflected above and below was given to You orally, this disclosure notice serves to provide You with the information in writing. Should You not be satisfied with the Policy, You are entitled to a period up to 31 (thirty-one) Days from the date of receipt of the Policy within which You may cancel Your Policy in writing at no cost provided no Claim has arisen or any benefit paid. Cover will cease upon cancellation of the Policy. All premiums paid by the Policyholder to the Insurer up to the date of receipt of the cancellation notice will be refunded to the Policyholder.
Cancellation Rights:
The Policyholder may cancel the Policy at any time after the Cooling Off period by giving Exodec 31 (thirty-one) Days' notice. Such cancellation will not attract any refund of premiums paid. The Insurer may cancel this Policy at any time for whatsoever reason by giving the Policyholder 31 (thirty-one) day notice period. The Insurer may immediately cancel this Policy, or place it on hold, refuse any transactions or instructions, or take any other action considered necessary in order to comply with the law and prevent or stop any undesirable or criminal activity. If this policy is terminated for any reason, we will not refund any Premiums that were legally due to us.
Changes to Policy:
You must inform us of any changes to the original details supplied on the Policy Application. No request for changes or alterations to the Policy Documents will be valid unless confirmed is given by us in writing as an endorsement to the Policy.
Applicable Laws:
The Insurance Act 18 of 2017 and/or the Long-term Insurance Act 52 of 1998, the Policyholder Protection Rules (Long-term Insurance), 2017, the Protection of Personal Information Act 4 of 2013, and any other legislation relating to or regulating the protection or processing of data of Personal Information, direct marketing or unsolicited electronic communications and which may be applicable in the Republic of South Africa from time-to-time.
Fraud:
If any Claim under this Policy is in any respect fraudulent, or if any fraudulent means or devices are used by the Beneficiary or anyone acting on her/his behalf to obtain any benefits under this Policy, all benefits including premiums paid under this Policy shall be forfeited. The Insurer will take any appropriate action deemed necessary in such an instance and the Insurer's rights will remain reserved at all times.
Processing of Personal Information:
Your privacy is of utmost importance to us. We will take the necessary measures to ensure that any and all information provided by you for the purpose of this application, is processed in accordance with the provisions of the Protection of Personal Information Act 4 of 2013 and further, is stored in a safe and secure manner. You hereby agree to give honest, accurate and up-to-date Personal Information in order to process and accept this application. You accept that your Personal Information collected by us may be used for the following reasons: 1.to establish and verify your identity in terms of the Applicable Laws; 2.to enable us to proceed to issue the Policy should we accept this application; Unless consented to by yourself, we will not sell, exchange, transfer, rent or otherwise make available your Personal Information (such as your name, address, email address, telephone or fax number) to any other parties and you indemnify us from any claims resulting from disclosures made with your consent. You understand that if the Administrator/Insurer has utilised your Personal Information contrary to the Applicable Laws, you have the right to lodge a complaint with, Safrican or with the Information Regulator.
Other matters of importance:
You will be informed of any material changes to the information about the Intermediary, Insurer and or Underwriting Manager provided above. You have the right to complain, you may do so by contacting Exodec on 016 362 0334 or email: info@exodecgroup.co.za, alternatively with Safrican Insurance Company Limited on 011 778 8000 or email: customerrelations@safrican.co.za. If We fail to resolve Your complaint satisfactorily, You may submit Your complaint to the **National Financial Ombud Scheme** on 0860 800 900. You/ your Nominated Beneficiary has the right to claim, the conditions under which a claim may be made are stipulated in the policy and may be made by contacting Exodec on 016 362 0334 or email: claims@exodecgroup.co.za**.** You will always be given a reason for the repudiation of Your claim. If the Insurer wishes to cancel Your policy, the Insurer will give you **31 (thirty-one) Days** written notice, to Your last known address. You will always be entitled to a copy of Your policy at no extra charge.
Warning:
Do not sign any blank or partially completed application form. Complete all forms in ink. Keep notes of what is said to You and all documents handed to You. Where applicable, call recordings will be made available to You within 7(seven) Days of request. Don't be pressurised to buy the product. Failure to provide correct or full relevant information may influence an Insurer on any claims arising from Your contract of insurance.
Waiver of Rights:
No insurer and/or intermediary may request or induce in any manner a client to waive any right or benefit conferred on the client by/or in terms of any provisions of the said Code, or recognise, accept or act on any such waiver by a client. Any such waiver is null and void.

Policyholder Signature _____ **Date** _____

Particulars of the National Financial Ombud Scheme (For claims/service-related matters) **Physical address (CT):** Claremont Central Building, 6th Floor, 6 Vineyard Road, Claremont, 7708 **Physical address (JHB):** 110 Oxford Road, Houghton Estate, Illovo, Johannesburg, 2198 **Telephone:** 0860 800 900 **Email address:** info@nfosa.co.za **Website:** www.nfosa.co.za	**Particulars of the FAIS Ombudsman** (For product/advice related matters) **Postal address:** PO Box 41, Menlyn Park, 0063 **Telephone:** +27- 12- 762- 5000 **Sharecall:** 086 066 3274 **Email address:** info@faisombud.co.za
Particulars of the Financial Sector Conduct Authority (For market conduct related matters) **Postal address:** PO Box 35655, Menlo Park, 0102 **Telephone:** +27-12- 428-8000 **Fax number:** +27- 12- 346- 6941 **Email:** info@fsca.zo.za	**Particulars of the Information Regulator** (For complaints relating to the use of Personal Information) **Postal address:** PO Box 31533, Braamfontein, Johannesburg,2017 **Telephone:** +27- 10- 023- 5200 **Email:**POPIAComplaints@inforegulator.org.za

Repatriation of mortal remains benefit and services by contracted service providers only (A NON-UNDERWRITTEN BENEFIT NOT OFFERED BY THE INSURER AND OFFERED SEPARATELY TO THE INSURANCE POLICY WITH A SEPARATE PREMIUM NOT INCLUDED IN TOTAL MONTHLY INSURANCE PREMIUM)

The repatriation benefit is not regulated in terms of the Financial Advisory and Intermediary Services Act ("FAIS Act") and therefore, you are not afforded the same protections which apply in respect of financial products or services which are regulated in terms of the FAIS Act.

Repatriation of Mortal remains within South Africa and neighbouring countries to a maximum of R10 000 per event and annual limitation of R20 000. Nominated extended family members excluded. When a member's death occurs more than 100km from their normal place of residence/place of burial, the deceased will be transported to the place of burial irrespective of where the death occurred, or where the burial will take place, provided that the repatriation is within the defined territory. Allowance for 1 family member to travel with the deceased free of charge. Funeral assistance services: all documentation referral to pathologist if required and referral to a reputable undertaker. Removal from place of death (anywhere in RSA) minimum of 20Km to a maximum of R900 per claim. Storage to a maximum amount of a R1000/7 days. Standard waiting period as per product waiting period apply to new and existing policies.
Exodec Assist Repatriation call centre no: 0861 55 5515 Quote following: Exodec Funeral Plan, Policy number.

Exodec eCoupon:
(REWARDS PROGRAMME NOT OFFERED BY THE INSURER AND OFFERED SEPARATELY TO THE INSURANCE POLICY)
At an additional cost per month the Principal Member (Policy holder) will receive coupons to the value of up to R750.00 per month for each retailer per month. – (*No Role over on monthly eCoupon*);
eCoupons Shoprite Checkers, Pick 'n Pay & Dischem:
Save up to R750 on your monthly grocery's at each retailer by using our grocery discount coupons on a range of groceries which are redeemable at selected Shoprite, Checkers, Checkers Hyper stores, selected Pick n Pay stores & selected Dischem outlets.
Show the eCoupons to the cashier and claim your discount on every product.

Note: If you are also a Shoprite/Checkers Xtra Savings Loyalty member and a product eCoupon are offered on the Shoprite/Checker loyalty program, you will be able to claim both the savings.

Special Note: The eCoupons is not one eCoupon but is eCoupons on a range of specific shopping items which may be changed every month.

Coupon Redemption Retails:
a. Shoprite b. Checkers c. Checkers Hyper d. Dis-Chem e. Pick n Pay

Should a member run into a problem redeeming coupons in-store or have any query whatsoever please sms 'exodec' to 30172.

The eCoupon benefit is not regulated in terms of the Financial Advisory and Intermediary Services Act ("FAIS ACT") and therefore, you are not afforded the same protections which apply in respect of financial products or services which are regulated in terms of the FAIS Act.

Policyholder Signature _____ **Date** _____

ANTI-MONEY LAUNDERING PROVISIONS AND INFLUENTIAL PERSONS DECLARATION

The Financial Intelligence Centre Act (FICA) requires that we know if you are an influential person as explained in the Act. It differentiates between a politically exposed person, domestic prominent influential person, foreign prominent public official and a known close associate or family of domestic prominent influential persons and foreign prominent public officials. More than one of the definitions can apply to the same person. Read the explanations at the end of this form, indicate which explanations apply to you and give your reason.

Confirm by selecting YES / NO if one of the following is applicable to yourself:

a Politically Exposed Person (PEP)? Yes ☐ or No ☐ if yes _____

- **A Politically exposed person** is someone who is or has been entrusted with prominent public functions, based on a specific political affiliation.
  Examples: A head of state, cabinet minister, member of parliament/local/provincial government, senior administrator in government department (financial department/tender processes), senior judge, manager of local municipalities who award tenders, senior and/or influential official, ambassador/high commissioner, senior representative of a religious organisation.

a Domestic Prominent Influential Person (DPIP)? Yes ☐ or No ☐ if yes _____

a Foreign Prominent Public Official (FPPO)? Yes ☐ or No ☐ if yes _____

- **A Prominent influential person** refers to any individual who is or has in the past been entrusted with prominent functions in a particular country. A South African PIP would be known as a Domestic PIP. A Foreign Prominent Public Official (FPPO) would be someone who holds a Prominent Public Official (PPO) position in a foreign country.
  Examples: Premier of a province, member of a foreign royal family, government minister or equivalent senior politician, leader of a political party, high ranking member of the military/police, etc.

a Known close associate Yes ☐ or No ☐ if yes _____

- **A known close associate** is an individual who is closely connected to a prominent person, either socially or professionally. The term "close associate" is not intended to capture every person who has been associated with a prominent person.
  Examples: Known relationships outside the family unit (e.g. girlfriends, boyfriends, mistresses), a prominent member of the same political party, civil organisation, labour or employee union as the prominent person, business partner or associate, especially one who shares (beneficial) ownership of corporate vehicles with the prominent person, or who is otherwise connected (e.g. through joint membership of a company board), any individual who has sole beneficial ownership of a corporate vehicle set up for the actual benefit of the prominent person.

a Family Member Yes ☐ or No ☐ if yes _____

- **A family member** is an individual who is related to a PEP/PIP either directly (consanguinity) or through marriage or similar (civil) forms of partnership.
  Examples: Spouse or civil/life partner, previous spouse or civil/life partner, children and stepchildren and their spouses or civil/life partners, parents, siblings and stepsiblings and their spouses or civil/life partners.

Principal Member Signature:		**Date:**	Y	Y	Y	Y	M	M	D	D

OFFICE USE ONLY – TO BE COMPLETED BY THE ADMINISTRATOR – FICA CONFIRMATION

Is the Policyholder:

- a Politically Exposed Person (PEP)? Yes ☐ or No ☐
- a Domestic Prominent Influential Person (DPIP)? Yes ☐ or No ☐
- a Foreign Prominent Public Official (FPPO)? Yes ☐ **or No** ☐
- on a Sanction List? Yes ☐ or No ☐

Administrator Name:		**Administrator Signature:**		**Date:**	Y	Y	Y	Y	M	M	D	D

PERSAL DEDUCTION AUTHORISATION
(For switching to Persal Deduction from other payment methods)

Principal Member Details

Policy Number:_____Scheme Name: _____

Principal Member Name & Surname: _____

Identity Number: _____

Telephone Number:_____Cellphone Number: _____

Address:_____Post Code: _____

Persal Deduction Authorisation

I, the undersigned:

Full Name of Principal Member	
Rank	
Station	
Identity No.	
Persal Number	
Department Code	

hereby authorize the Accountant of the Department/Administration of.....to deduct from my salary each month the premium of R…… applicable for the cover selected with effect from (month)……20……. and monthly thereafter, and pay this amount to Safrican Insurance CompanyLimited ("Safrican") from whom I have obtained a policy, until such time as I cancel this authorization in writing, or until I substitute it with a new authorization.

Should the relevant premium rate be adjusted by Safrican as a result of an inflation related increase in premium rate, I confirm that the adjusted premium rate may be deducted from my salary until such time as I cancel this authorization in writing or until I substitute it with a new authorization.

In the event of this deduction being dis-honoured, the policy will lapse, subject to the grace period as stipulated under the terms and conditions. No deductions are accepted for arrear or any other premiums. I understand that this signed document is required in the Safrican offices 10 (ten) working days prior to the deduction date; if not, the deduction will only qualify for the following calendar month's deductions, and cover will only commence the following month.

_____ _____

Principal Member's Signature Date

SALES REPRESENTATIVE THAT SOLD THE POLICY			
Company			
Full Name & Surname as per ID			
ID Number		Rep Code	
Cell Number		Date	DD/MM/YYYY

Safrican Insurance Company Limited • Reg No. 1935/007463/06
Authorised Financial Services Provider • FSP No: 15123
First Floor • Grosvenor Corner • 195 Jan Smuts Avenue • Rosebank • P.O. Box 616
Johannesburg 2000 • South Africa
www.safrican.co.za • Telephone +27 11 778 8000

Exodec 229 Pty Ltd FSP43212
PO Box 934, Meyerton, 1960
Tel: 016 362 0334 | Cell: 071 600 1927 |
Fax: 086 608 7594 | Email: info@exodecgroup.co.za

AUTHORITY AND MANDATE FOR PAYMENTS INSTRUCTION: ELECTRONIC AND WRITTEN MANDATES

Name (Debtor)		**ID Number**	
Address		**Policy Number**	
		Debit Amount	R
Cell No		**Commencement Date**	D D M M Y Y Y Y
Email			

Abbreviated name as registered with the bank	**EXODEC**

Dear Sirs/Madams
The details of my/our account are as follows:

Bank		**Branch**	
Account Name		**Town**	
Account No		**Branch No**	
Commencement Date		**Type of Account**	

NOTE: DEBIT ORDER PAYMENTS BEFORE THE 10TH OF A MONTH IS FOR THE CURRENT MONTH AND AFTER THE 10TH IS PAYMENT FOR THE FOLLOWING MONTH.

This signed Authority and Mandate refers to our contract as dated as on signature hereof ("the Agreement"). I hereby authorise you to issue and deliver payment instructions to the bank for collection against my abovementioned account at my above mentioned bank (or any other bank or branch to which I may transfer my account) on condition that the sum of such payment instructions will never exceed my obligations as agreed to in the Agreement, and commencing on the commencement date and continuing until this Authority and Mandate is terminated by me by giving you notice in writing of no less than 20 ordinary working days, and sent by prepaid registered post or delivered to your address indicated above.

The individual payment instructions so authorised to be issued must be issued and delivered as follows:

On the day | **1** | **10** | **15** | **20** | **25** | **31** | ("payment day") of each and every month commencing on_____.

- In the event that the payment day falls on a Saturday, Sunday or recognized South African public holiday, the payment day will automatically be the very next ordinary business day.
- Further, if there are insufficient funds in the nominated account to meet the obligation, you are entitled to track my account and re-present the instruction for payment as soon as sufficient funds are available in my account;
- A double payment will be deducted in the following month if the current month's premium could not be debited.
- It is the client's responsibility to ensure that their contact details are updated with Exodec as and when it changes.
- I agree that a price increase of not more than 10% can be affected without me signing a new debit order form but I must be informed via SMS/email/post.

I understand that the withdrawals hereby authorised will be processed through a computerized system provided by the South African Banks and I also understand that details of each withdrawal will be printed on my bank statement. Each transaction will contain a number, which must be included in the said payment instruction and if provided to you should enable you to identify the Agreement. A payment reference is added to this form before the issuing of any payment instruction. I shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force, if such amounts were legally owing to you.

MANDATE

I acknowledge that all payment instructions issued by you shall be treated by my above-mentioned bank as if the instructions had been issued by me/us personally.

CANCELLATION

I agree that although this Authority and Mandate may be cancelled by me, such cancellation will not cancel the Agreement. I shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force, if such amounts were legally owing to you.

ASSIGNMENT

I acknowledge that this Authority may be ceded to or assigned to a third party if the agreement is also ceded or assigned to that third party, but in the absence of such assignment of the Agreement, this Authority and Mandate cannot be assigned to any third party.

Signed at _____ on this _____ day of _____ 20_____

_____ SIGNATURE AS USED FOR SIGNING ON BANK ACCOUNT

_____ Agent Name & Surname

Processing of Personal Information: You / Your clients' (Members') privacy is of utmost importance to Us. We will take the necessary measures to ensure that any and all information, including Personal Information (as defined in the Protection of Personal Information Act 4 of 2013) provided by You / Your clients (Members) or which is collected from You / Your clients (Members) is processed in accordance with the provisions of the Protection of Personal Information Act 4 of 2013 and further, is stored in a safe and secure manner.