

## SAFRICAN LIFE COVER

<b>NEW APPLICATION</b>	<b>AMENDMENT</b>								
<b>POLICY COMMENCEMENT DATE:</b>									
Y	Y	Y	Y	Y	Y	M	M	D	D

### 1. PERSONAL DETAILS OF PRINCIPAL MEMBER

PRINCIPAL MEMBER SURNAME										FIRST NAMES																			
ID / PASSPORT NUMBER										DOB										GENDER		M	F						
MARITAL STATUS										MARRIED					SINGLE					DIVORCED					WIDOWED				
WORK TELEPHONE NUMBER										HOME TELEPHONE NUMBER																			
CELL NUMBER										FAX NUMBER																			
E-MAIL ADDRESS																													
RESIDENTIAL ADDRESS																													
																		CODE											
POSTAL ADDRESS																													
																		CODE											
PREFERRED METHOD OF COMMUNICATION										MAIL					E-MAIL					FAX									
PROVINCE					EC		FS		GP		KZN		LP		MP		NC		NW		WC								
SALARY PER MONTH					BELOW R3 000					R3 000 - R6 000					R6 000 - R10 000					ABOVE R10 000									
EMPLOYER										EMPLOYEE NUMBER					DATE JOINED														
PHYSICAL ADDRESS																													
																		CODE											

### 2. BENEFICIARY NOMINATION (Applicable in the event of death of a Principal Member)

NAME										SURNAME									
ID NUMBER										RELATIONSHIP									

### 3. BENEFIT AND RATE

LIFE COVER BENEFIT	R50 000
MONTHLY PREMIUM DUE	<b>R100.00</b>

### 4. METHOD OF PAYMENT

I prefer that my premium be deducted by means of PERSAL but should this deduction fail, or not be applicable, I authorise Safrican to deduct my premium by means of Debit Order – in line with the Debit Order authorisation on page 2.

POLICY PAYER'S SIGNATURE
DATE
Y Y Y Y M M D D

### 5. PERSAL DEDUCTION AUTHORISATION

I, the undersigned:

FULL NAMES																			
SURNAME										RANK									
STATION										ID NUMBER									
DEPARTMENT CODE										PERSAL NUMBER									

hereby authorize the Accountant of the Employer of \_\_\_\_\_ to deduct from my salary each month the premium of R\_\_\_\_\_ applicable for the cover selected with effect from (day) \_\_\_\_\_ (month) \_\_\_\_\_ (year) 20\_\_\_\_ and monthly thereafter, and pay this amount to Safrican Insurance Company Limited ("Safrican") from which I have obtained a policy, until such time as I cancel this authorisation in writing, or until I substitute it with a new authorisation.

Should the relevant premium rate be adjusted by Safrican as a result of the increase in premium rate, I confirm that the adjusted premium rate may be deducted from my salary until such time as I cancel this authorisation in writing or until I substitute it with a new authorisation. In the event of this deduction being dishonoured, 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 at the Safrican offices prior to the deduction date; if not, the deduction will only qualify for the following calendar months' deductions, and will only commence the following month. Please allow for 6 (six) weeks for your policy to be deducted and loaded.

SIGNATURE OF PRINCIPAL MEMBER
DATE
Y Y Y Y M M D D

## 6. DEBIT ORDER AUTHORITY

I hereby authorise Safrican Insurance Company Limited ("Sfrican") to commence a debit order withdrawal from my account on the 1st of every month unless specified otherwise on \_\_\_\_\_ day of the month and monthly thereafter, with any future possible increase on the product.

I understand that the debit order will be run on the date selected; if for whatever reason it is not honored, the policy will lapse subject to the grace period as stipulated under the terms and conditions.

I understand that this signed document is required at the Safrican office within 10 (ten) working days prior to the elected deduction date; if not, the deduction will only qualify for the following calendar month's deductions, and cover will only commence the following month.

BANK NAME							
ACCOUNT HOLDER			BRANCH NAME				
ACCOUNT NUMBER			BRANCH CODE			ACCOUNT HOLDER'S SIGNATURE	
ACCOUNT TYPE	CHEQUE		SAVINGS		TRANSMISSION	DATE	Y Y Y Y M M D D

## 7. DECLARATION BY APPLICANT

I declare to the best of my knowledge and belief that the particulars given above are true and correct. I understand and agree that any willful misrepresentation in this application will invalidate any benefit under this Policy and that I undertake to abide by the terms and conditions of the Policy. Safrican Insurance Company Limited shall not be liable for any amount until it has accepted this application form and first premium. If over the age limit when joining, the claim will be repudiated and premiums refunded.

I declare further that I have read and understood the terms and conditions attached to this policy. I understand that this product is offered to me on a non-advise basis, and that should I need to, I may contact Safrican's offices for advice and assistance.

<b>APPLICANT</b>									
SIGNATURE OF PRINCIPAL MEMBER									
DATE	Y	Y	Y	Y	M	M	D	D	

<b>BROKER</b>									
SIGNATURE OF A BROKER									
CODE									
DATE	Y	Y	Y	Y	M	M	D	D	

# TERMS AND CONDITIONS FOR SAFRICAN LIFE COVER

## SUMMARY

The Safrican Life Cover Plan offers individuals who are concerned about future financial preparedness of their families, in the event of their unexpected death, the opportunity to take up affordable life cover.

## LIFE COVER BENEFIT

The life cover plan provides a cash benefit in settlement of a valid death claim of the life assured to their nominated beneficiary as defined in the policy document.

## COVER AMOUNT AND RATES

CATEGORY OF COVER	LIFE COVER
Benefit	R50 000
Life Assured Aged 18-60	R100

## MEMBERSHIP

### Life Assured:

For any individual between the ages 18-60, who is a resident in South Africa.

It can also be an existing Principal Member of a current Safrican policy. **The member must be resident in South Africa.**

## TERMS AND CONDITIONS

- The life assured must not exceed maximum entry age of 60.
- Each Principal member must complete an application form.
- Cover will commence from date of the first debit order being honored or receipt of the first persal deduction
- Throughout the term of the policy, if a premium is not paid when due there will be one month grace i.e. cover will continue and the policyholder has one month to pay the premium.
- If the premium is not paid within that month, the cover will stop. However, after the policy has been in force for one year, the grace period will be extended by one month for each 12 months period the policy has been in force, with no reduction in cover, with a maximum of 6 (six) months of non-payment.
- However if there is a claim, after one or more month's premium are unpaid, the claim value may be reduced by the unpaid premium/s. e.g. if a person pays continuously for 5 years and then is unable to maintain premium payments, he/she will enjoy "free" cover for up to 6 (six) months but a claim during this period may be reduced by unpaid premiums.
- Premiums shall be payable in advance to Safrican by the policyholder at the premium rate and premium as specified in the schedule.
- Safrican will terminate the policy if:
  - Death of the life assured; and
  - The life assured stops paying premiums subject to the grace period.
- Upon the death of the life assured under this policy, notice of the claim together with the necessary supporting documentation is submitted within 6 (six) months of the date of death, will be honored.
- Payments shall be made from the

commencement date to the date of termination of this Policy.

- No medical examinations or pathology tests are necessary.
- No Joining fees are payable.
- No HIV/AIDS exclusions or reduction in benefit amount may be applied at claims stage on lives accepted onto the policy.
- The policy term will be a minimum of 5 years.

## WAITING PERIOD

- A 6 (six) months waiting period will apply from the date of the first payment (debit order/Persal, etc.) being honored, in respect of death due to natural courses.

## INTERMEDIARY SERVICES

- In cases where an intermediary (broker/agent) is involved, the amount of commission paid will vary depending on the size of the premium and will be subject to a maximum percentage of annual premiums on a sliding scale, prescribed by the Long Term Insurance Act. The scale is as follows:
  - 7,5% of the first R142 000 plus
  - 5% of the next R103 000 plus
  - 3% of the next R284 000 plus
  - 2% of the next R1 021 000
  - 1% of the remainder of premiums
- Only intermediaries with Category BI license will be allowed to market and sell the product.

## DEBIT ORDER

- The debit order will be lodged on the date as selected by the account holder.
- The signed application form must reach Safrican offices in no less than 10 (ten) working days prior to the selected deduction date to be registered.
- If not, the deduction will be registered for the following calendar month, as per date selected, Please ensure that the debit order is drawn from your bank account on the date selected. If not deducted on the selected date, please contact our offices immediately

## CANCELLATION

The member as well as Safrican reserve the right to cancel this policy at any time after giving the other party one (1) months' written notice of such intention.

## COOLING OFF PERIOD

- From the date that Safrican receives this completed application form, there is a 30 (thirty) day period in which the applicant still has the option to cancel the policy.
- Safrican must be notified in writing to have the policy cancelled and any premiums paid will be refunded less cost of any expenses that might have been incurred.
- If no such notification is received within 30 days from receipt of this document, Safrican will consider the policy taken up.

## SURRENDER VALUES/ CESSION/ 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.

## SUMMARY CLAIMS PROCEDURE

In the event of a death, a Claim Notification form must be requested from a Safrican office and together with the relevant supporting documents must be submitted to Safrican within the six (6) months period from the date of the death. Failure to do so may result in the benefit being forfeited.

### Documents that must be submitted:

- Fully completed Claim Notification form.
- Proof of death.
- (B1-5) Original computer produced or faxed Death Certificate; or (BI-18) Original or faxed certified copy of unabridged Death Certificate, or.
- (B1-20) Original or faxed certified or Abridged Death certificate
- (BI 1663) A copy of the Notification of death.
- Certified copy of claimant's Identity Document.
- Certified copy of principal member/ deceased identity document.
- Bank statement of the claimant.
- See the claim notification form for further required documents.

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

Safrican 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.**

**APPLICATION FORMS MUST REACH SAFRICAN WITHIN 10 WORKING DAYS PRIOR TO THE SELECTED DEBIT ORDER DATE.**

The completed application form may be sent to [sfricanlifecover@safrican.co.za](mailto:sfricanlifecover@safrican.co.za)

## KEY DEFINITION SECTION

### Principal Member means

Any person between the ages of 18 – 60 years who is allowed to participate in the life cover in terms of the eligibility conditions as stated in the application form. A principal member may not be older than the maximum entry age of 60 years. A principal member must live in South Africa

### Beneficiary means

A person who is eligible to receive a benefit from the Safrican life cover. This person is either named specifically in the policy document or meets the requirements by Safrican that qualifies them to be a beneficiary

### Commencement date means

the date when the life cover starts

### Grace period means

a time period after premium due date within which a premium can be paid without penalization

### Premium means

the amount payable for the life cover benefit

### Month means

a full calendar month calculated from the day in one month to the next corresponding day in the next month

### Effective date means

the date when the life cover takes effect

### Waiting period means

the period specified in the schedule, from the start of date of cover which refers to the full calendar months the life cover has to be in force before any valid claim will be payable. The waiting period does not refer to the the number of premiums paid. The applicable waiting period will be properly served on receipt by Safrican of consecutive premiums

## TREATING CUSTOMERS FAIRLY (TCF)

Safrican is committed to upholding the principles of Treating Customers Fairly at all times. However, in the event that you believe you have not been treated in accordance with these principles, we encourage you to notify us directly of any concern and/or complaint you may have about the Product or the service provided to you by using the following details:

### Safrican Head Office:

Physical address      1<sup>st</sup> Floor, Grovesnor Corner  
195 Jan Smuts Avenue  
Rosebank  
2196  
Email                    [compliance@safrican.co.za](mailto:compliance@safrican.co.za)  
Telephone number    011 778 8000  
Fax                        086 677 3224

Postal address        P O Box 616  
Johannesburg  
2000

Should you not be satisfied with the way your concern or complaint is dealt with or with the outcome thereof, you may refer the matter to the following Ombudsmen for assistance

### The Ombudsman for Long-term Insurance

Physical address: Third Floor, Sunclare Building,  
South, Erasmusrand, Pretoria  
21 Dreyer Street, Claremont,  
Cape Town, 7700

Postal address:      Private Bag X45,  
Claremont, 7735

E-mail:                info@ombud.co.za  
Fax:                     021 674 0951  
Telephone number: 021 657 5000  
Website:              <http://www.ombud.co.za/howtocomplain.asp>

### The Registrar for Long-term Insurance

Physical address:    Rigel Park, 446 Rigel Avenue  
South, Erasmusrand, Pretoria

Postal address:      P O Box 35633, Menlo Park, 0102

Email:                 info@fsb.co.za  
Fax:                     012 347 0221 / 012 346 6741  
Toll free number:    0800 202 087  
Telephone number: 012 428 8000  
Website:              <http://www.fsb.co.za>

### HEAD OFFICE

1<sup>st</sup> Floor  
Grosvenor Corner  
195 Jan Smuts Avenue  
Rosebank  
2196  
Tel: 011 778 8000  
Fax: 086 677 3224  
P.O. Box 616  
Johannesburg, 2000

### BLOEMFONTEIN

6 Elizabeth Street  
Fin Bond Building  
Bloemfontein  
9323  
Tel: 051 430 1201/2/3  
Fax: 051 430 1206  
P.O. Box 100962  
Brandhof  
Bloemfontein, 9324

### CAPETOWN

8<sup>th</sup> Floor  
80 Strand Street  
Cape Town  
8001  
Tel: 021 419 0090  
Fax: 021 421 0104  
P.O. Box 4921  
CapeTown  
8000

### DURBAN

7<sup>th</sup> & 8<sup>th</sup> floors  
SADTU House  
321 Anton Lembede Street  
Durban  
4001  
Tel: 031 305 1800  
Fax: 031 304 3738  
P.O. Box 5008  
Durban, 4000

### PORT ELIZABETH

1<sup>st</sup> Floor  
Ground Floor Old Mutual Building  
Govan Mbeki Street  
Port Elizabeth  
8055  
Tel: 041 582 1502  
Fax: 041 363 0208  
P.O. Box 35036  
Newton Park, 6055

### PIETERMARITZBURG

222 Jabu Ndlovu Street  
Heritage House  
Ground Floor  
Pietermaritzburg  
3200  
Tel: 033 345 5493  
Fax: 033 345 3863

### POLOKWANE

Suit No 14  
Biccard Park, 43  
Biccard Street  
Polokwane  
0700  
Tel: 015 291 3358  
Fax: 015 291 3336  
P.O. Box 1021  
Polokwane, 0700