



UNTU Funeral Plan


 UNTU Membership no:

FSP NO. 21200

About you, the applicant

ID Number	<input type="text"/>	Title	<input type="text"/>	Gender	<input type="text"/> Male <input type="text"/> Female
Surname	<input type="text"/>	Ethnic Group	<input type="text"/> Black <input type="text"/> White <input type="text"/> Indian <input type="text"/> Coloured		
First Names	<input type="text"/>	Marital Status	<input type="text"/> Single <input type="text"/> Married <input type="text"/> Divorced <input type="text"/> Widowed		
Tel (Work)	<input type="text"/>	Cell Number	<input type="text"/>		
Email Address	<input type="text"/>				
Residential Address	<input type="text"/>	Postal Code	<input type="text"/>		
Postal Address	<input type="text"/>	Postal Code	<input type="text"/>		

Spouse

ID Number	<input type="text"/>	Title	<input type="text"/>	Gender	<input type="text"/> Male <input type="text"/> Female
Surname	<input type="text"/>	First Names	<input type="text"/>		

Your dependant children

No	Surname	First Names	Date of Birth	Age	Gender
1.					
2					
3					
4					
5					
6					

Extended Family Members

You can take out insurance on your own life. You can also take out insurance on the lives of others, but only if you have an interest in the other person that qualifies for insurance protection according to law. This is known as an insurable interest, and it must exist when you take out the policy. They could be your spouse, children, parents or other family members who financially depend on you.

Extended Family Members	Cover R10 000
Under 65 years	R28,00
65 - 74 years	R95,00
75 - 84 years	R98,00

No	Surname	First Names	Date of Birth	Relationship	Premium
1.					
2					
3					
4					
5					
6					
7					
8					

 TOTAL PREMIUM FOR EXTENDED FAMILY

Your Beneficiary

(18 years or older)

Title	Initials	ID Number	Surname	Relationship	Benefit %
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Signature of Applicant

Date

Main Plans you can choose from

Single Funeral Plan	Plan A1	Plan A2	Family Funeral Plan	Plan B1	Plan B2
Single [18 - 64 years]	R10 000	R20 000	Family [18 - 64 years]	R10 000	R20 000
Monthly Premium	R25,00	R40,00	Monthly Premium	R50,00	R90,00

*Inclusive in the premium - Transafrica On-Call, Commuter, family income benefit for Main Member and immediate family, excluding extended family

Additional Cover available

Single Catering Plan	Plan C1	Family Catering Plan	Plan C2
Single [18 - 64 years]	R10 000	Family [18 - 64 years]	R10 000
Monthly Premium	R15,00	Monthly Premium	R35,00

Tombstone Plan	Plan D	Beef Plan	Plan E
Member & Spouse	R7 000	Member & Spouse	R7 000
Monthly Premium	R25,00	Monthly Premium	R25,00

Calculation of your monthly premium

Age of Main Member [next birthday]

Age of Spouse [next birthday]

	Monthly Premium
Plan A1 or A2 or B1 or B2	R
Plan C1 or C2	R
Plan D	R
Plan E	R
Extended Family	R
Debit Order Fee	R4,50
Total Monthly Premium	R

Payment of premiums by bank debit order

I, the premium payer, hereby instruct and authorise Safrican, the Insurer or the responsible accounting officer to draw the premiums from my bank account. If the premium changes for any reason in terms of the Safrican, the Insurer policy or by agreement between Safrican, the Insurer and the policyholder, Safrican, the Insurer likewise may draw the changed premium from my bank account. If payment cannot be done on the preferred payment date filled below, it must be done on a day that is as close as possible to that day, determined by Safrican, the Insurer. If the policy ends, this authorisation also ends. I may cancel, change or replace this authorisation by written notice to Safrican, the Insurer. I accept that Safrican, the Insurer must receive notice not later than 30 days before the month from which the cancellation, change or replacement is to apply.

Name of Bank	<input type="text"/>	Branch	<input type="text"/>
Account Number	<input type="text"/>	Branch Code	<input type="text"/>
Type of Account	<input type="checkbox"/> Current <input type="checkbox"/> Savings <input type="checkbox"/> Transmission	Deduction Date	<input type="text"/>

I have read, understand and agree with the above payment authorization.

Signature of Applicant Date

I, the applicant, declare

- (1) You, Safrican, the Insurer, will consider my application according to your underwriting rules and practise.
- (2) If you approve my application, you will provide me with a summary of my policy. The summary will confirm the benefits and premiums of my policy and other
- (3) My policy will come into existence and begin to provide cover at the beginning of the month in which you receive my first monthly premium.
- (4) I may cancel my policy. I must let you know in writing. If you receive my cancellation notice within 30 days after I have received my policy summary, or after it reasonably can be accepted that I should have received it, my policy will end. It will end when you receive my notice and you will then pay back all premiums.
- (5) All information and documents that are necessary and sufficient to consider my application have been given to you. If information or documents have not been given to you, or is incorrect, you may decline claims my policy and I may forfeit premium paid.
- (6) I am satisfied that I know and understand everything I need to know and understand about the insurance I apply for, that it meets my specific insurance needs and that I will be able to pay the premiums.
- (7) Waiting periods will apply to my policy.
- (8) This form has been completed properly, everything in it is correct and I understand and agree with everything.

Companies in the Transafrica group of companies may from time to time offer other products or services to me. Yes No

Signature of Applicant Date

Declaration by Intermediary

(1) I have not and will not give money or anything of value to the applicant or a person whose life is to be insured as an inducement to take out the insurance, and I have not in any way misled the applicant or such other person about any aspect of the insurance. As far as I know no-one else has done or will do any of these things. (2) I have explained to the applicant the meaning and implications of replacing insurance, and I am fully aware of the possible detrimental implication of replacing insurance.

ID Number

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Surname

Signature of Intermediary

Date