

# UTATU SARWHU Funeral plan

## Proposal form



### Confirmation of policy applied for in the proposal form

Commencement date  Union Member number

### Details of policyholder

ID number  Title  Initials  Gender  Male  Female

Surname  Ethnic group  Black  Coloured  Indian  White  
(This information will only be used for statistical purposes)

Full first names  Marital status  Single  Married  Divorced  Widowed

Tel No (W)  Cellular

Tel No (H)  Fax

E-mail

Residential address

Postal address

Main occupation  Monthly salary (Gross)

### Details of spouse

ID Number  Title  Initials  Gender  Male  Female

Surname  Full first names

### Details of dependant children

	Surname	Full names	Date of birth							Age	Gender	
			d	d	m	m	y	y	y	y		
1.												
2.												
3.												
4.												
5.												

### Details of benefits

Family funeral plan		Plan A	Single funeral plan		Plan B
	Family 18 - 65 years	R 10 000		Single 18 - 65 years	R 10 000
	Monthly premium	R 50.00		Monthly premium	R 25.00
	Please Tick (✓)			Please Tick (✓)	

\* **Debitorder fee** R 2.50

\* **Inclusive in the premium – Assupol On-Call, Commuter, Family income benefit** **Total Monthly Premium** R

### Nominated Beneficiaries

	Title	Initials	Surname	Identity number	Relationship	Benefit %
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I, the applicant/policyholder under this policy, hereby nominate the above-mentioned person as the beneficiary in terms of this policy, to receive all benefits payable under this policy. I hereby indemnify AssupolLife against any claim by myself or my relatives/estate in respect of the payment of the policy benefits to the nominated beneficiary.

Signature of Member  Date  Y Y Y Y M M D D

### Payment method Banking details (debit order)

Name of account holder  ID number

Name of bank  Branch  Branch code

Account number  Type of account  Current  Savings  Transmission

### Premium deduction authorisation

Preferred date of deduction

I, the premium payer, hereby instruct and authorise Crescendo Financial Services, to draw against my bank account, as indicated above, the premiums in respect of the insurance applied for. I would like the day of deduction as indicated to be used, or such other day as may be determined at the discretion of Crescendo. This authorisation will continue until the termination of the policy or until cancelled by me in writing. I agree and understand that the following conditions apply:

1. This authorisation may be cancelled by me with 1 (one) calendar month's written notice to Crescendo Financial Services.
2. The premium authorised may be escalated by the chosen inflation linked percentage as selected by myself on the proposal form.
3. Should the relevant premium be adjusted by Crescendo as a result of a general decrease/increase in subscription or should I request Crescendo to decrease/increase the subscription for certain reasons, I hereby grant permission that the adjusted premium may be deducted from my bank, until such time as I cancel this authorisation in writing or until I substitute it with a new authorisation.

I hereby confirm that I have read the information above and understand the content thereof.

Signature of Premium Payer  Date  Y Y Y Y M M D D

Underwritten by **ASSUPOL** Life Limited

## DECLARATION IN RESPECT OF LONG-TERM INSURANCE PRODUCTS

I hereby apply for the UTATU SARWHU Funeral Plan in accordance with the conditions and exclusions of the plan as set out in the quotation and policy document. I understand that a policy summary, including my personal details, chosen benefits and claims procedures (as intended in Section 48 of the Long-term Insurance Act), will be posted to me. In accordance with the Long-term Insurance Act, you have 30 (thirty) days from receipt of the section 48 summary to cancel this policy. If this policy is cancelled within 30 (thirty) days, any payment that has been received will be refunded. I am aware of the waiting periods applicable to this policy. There is a limit of one (1) policy per Main Member under the UTATU SARWHU Funeral Plan.

I, the undersigned, hereby declare and warrant that all information supplied herein, is true and complete. I am aware and understand that any non-disclosure or misrepresentation of information which is material to the determination of the risk by Crescendo, may lead to the policy being declared null and void, in which case all premiums paid, will be forfeited. I am certain that the product which I am applying for, meets my needs and feel that I have all the necessary information in order to make an informed decision in respect of the purchase thereof. The long-term benefits under this policy are subject to the provisions as set out in Crescendo's Statutes and the provisions of the Master Policy. The long-term policy shall come into force and effect on the Inception Date provided that the offer for insurance made by the Policyholder by way of the proposal form, is unconditionally accepted by Crescendo and the first premium payable in terms of the Policy was received by Crescendo.

<b>Signature of member</b>	<input type="text"/>	<b>Date</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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## Representative

<b>Code</b>	<b>Initials</b>	<b>Surname</b>	<b>Identity number</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Signature of Intermediary</b>	<input type="text"/>	<b>Date</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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