

**SSFG Head Office: Centurion**  
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**24/7 EMERGENCY NUMBER: 079 895 4414**  
[www.sonjasmith-funerals.co.za](http://www.sonjasmith-funerals.co.za)



20 February 2026

Dear Valued SSFG Client,

### **REQUIRED CHANGE OF DEBIT ORDER MANDATE**

Thank you for the trust you place in Sonja Smith Funeral Group to be your provider of choice regarding funeral cover and services. We appreciate your loyal support and we remain committed at all times to be of service to you and your family when needed.

As previously communicated, from 1 July 2025 the underwriter and administrator of your Sonja Smith Funeral Policy changed to Guardrisk and Exodec. Please note that all terms, conditions, and benefits remain the same. The **only action required is an updated debit order mandate to ensure uninterrupted premium collection.**

Our records show that we have not yet received your updated mandate. Kindly complete the attached debit order instruction and return it to **[info@exodecgroup.co.za](mailto:info@exodecgroup.co.za)** at your earliest convenience. Should you need assistance, please contact **Yolanda on 016 362 0334.**

Please note that collections under the previous mandate will stop on **31 March 2026.** To avoid any interruption of your cover, we kindly request that the new mandate be submitted well before this date.

Thank you for your prompt attention to this matter.

Yours sincerely,

20 Februarie 2026

Geagte Gewaardeerde SSFG Klient,

### **VEREISTE WYSIGING VAN DEBIETORDERMANDAAT**

Dankie vir die vertroue wat u in Sonja Smith Funeral Group stel as u voorkeurverskaffer van begrafnisdekking en -dienste. Ons waardeer u lojale ondersteuning en bly daartoe verbind om u en u familie van diens te wees wanneer dit nodig is.

Soos voorheen meegedeel, het die onderskrywer en administrateur van u Sonja Smith Begrafnispolis vanaf 1 Julie 2025 verander na Guardrisk en Exodec. Alle bepalinge, voorwaardes en voordele bly onveranderd. **Die enigste vereiste is 'n opgedateerde debietordermandaat om ononderbroke premie-invorderings te verseker.**

Volgens ons rekords het ons nog nie u opgedateerde mandaat ontvang nie. Voltooi asseblief die aangehegte debietorderinstruksie en stuur dit terug na **[info@exodecgroup.co.za](mailto:info@exodecgroup.co.za)**. U is ook welkom om **Yolanda on 016 362 0334** te skakel indien u hulp benodig.

Neem asseblief kennis dat invorderings onder die vorige mandaat vanaf **31 March 2026** sal staak. Om kontinuïteit van dekking te verseker, versoek ons dat die nuwe mandaat betyds ingedien word.

Dankie vir u spoedige aandag aan hierdie saak.

Opregte groete,

**Michael Blain**  
Group Chief Executive Officer

*Funerals with care, compassion and dignity*



**Exodec 229 Pty Ltd**  
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 Tel: 016 362 0334 | Cell: 071 600 1927 |  
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*Funerals with care, compassion and dignity*

**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	<b>EXODEC</b>
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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 10<sup>TH</sup> OF A MONTH IS FOR THE CURRENT MONTH AND AFTER THE 10<sup>TH</sup> 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
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 ("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.