

APPLICATION FORM

POLICY NUMBER:		BRANCH NAME:	
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ENTRY DATE:		COVER START DATE:	
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Principal Member to complete: (Minimum entry age of 18 years & maximum entry age of 84)

Title: _____ Initials: _____ Surname: _____

First Names: _____ ID/Passport Number: _____

Gender: _____ Date of Birth: _____

Physical Address: _____ Code: _____

Cell: (_____) _____ Alternative Number: (_____) _____ Email Address: _____

MAIN PRODUCT (A)	COVER	AGE CATEGORY	PREMIUM

Additional Member Details: (Maximum entry age for spouse: 84 years, children until age of 22 years, extended family: 84 years.)

(B) Full Name & Surname: _____

RELATION	ID NUMBER	COVER	PREMIUM

(C) Full Name & Surname: _____

RELATION	ID NUMBER	COVER	PREMIUM

(D) Full Name & Surname: _____

RELATION	ID NUMBER	COVER	PREMIUM

(E) Full Name & Surname: _____

RELATION	ID NUMBER	COVER	PREMIUM

(F) Full Name & Surname: _____

RELATION	ID NUMBER	COVER	PREMIUM

(G) Full Name & Surname: _____

RELATION	ID NUMBER	COVER	PREMIUM

(H) Full Name & Surname: _____

RELATION	ID NUMBER	COVER	PREMIUM

TOTAL PREMIUM TO BE PAID: (A + B + C + D + E + F + G + H)	R
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Nominated Beneficiary Details: (Member to receive benefit on claim stage)

Name: _____ Surname: _____

ID Number: _____ Cell Number: _____

Premium Payer Details: (Member responsible for monthly policy Premiums)

Name: _____ Surname: _____

ID Number: _____ Cell Number: _____

Payment Options: (Mark with an X)

CASH	EFT	DEBIT ORDER	PAY AT
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Signed At: _____ On This: _____ Day of: _____ 20_____

Principal Member Signature: _____ Agent Name: _____

TERMS AND CONDITIONS

WAITING PERIOD (MONTHS)	MAIN MEMBER & SPOUSE	6
	CHILDREN	6
	EXTENDED FAMILY MEMBERS	6
MAXIMUM ENTRY AGE (YEARS OF AGE)	MAIN MEMBER & SPOUSE	84
	CHILDREN	22
	EXTENDED FAMILY MEMBERS	84

Cover and Premiums	
The Applicant may cancel the policy within 31 days from date of signature, provided that no benefit has been claimed or an Insured Event has not yet occurred. All premiums paid to date will be refunded subject to cost of any risk cover enjoyed.	Initial
The Cover Start Date is the first day of the calendar month following the date that Premiums are received by the Insurer in respect of the Main Member for the first time. This is the date that cover for accidental death becomes effective and waiting period commences (if and as applicable).	Initial
Claim payments in the event of the death of the Main Member are payable to the Beneficiary(ies) directly or via Reklakgodisa Funeral Group for onwards payment to the nominated Beneficiary. Claim payments in the event of an Insured Event other than the death of the Main Member are payable to the Main Member directly or via RFG for onwards payment to the Main Member. The Insurer will honour the written request of a claimant to have a claim payment made directly to a Funeral / Burial service provider.	Initial
Cover will cease in respect of all Policy Members on the death of the Main Member. Should a Spouse or a major Child wish to continue with the Policy as a new Main Member, a new Application Form must be completed and submitted in order for cover to continue without new or additional waiting periods being applied in respect of lives covered as at date of death of the Main Member. Cover in respect of all Policy Members is subject to Premiums having been received.	Initial
Premiums are payable for the duration of the Policy and are not refundable. Commission on these products ranges from 20% to 33% to REKLAKGODISA FUNERAL GROUP	Initial
Should a premium not be received on the premium due date, such policy will be regarded as in arrears and, in case of a claim, the value of the outstanding premium will be deducted from the claim amount. Should a second premium not be received on the subsequent premium due date, such policy will lapse, and cover will cease.	Initial
If the Policy benefit lapses due to non-payment of premiums, the Policyholder may apply directly or via Reklakgodisa Funeral Group as the case may be, for reinstatement of cover. Reinstatement will be allowed within 2 months from the effective lapse date, without imposing a new waiting period. The remaining period of a waiting period that had not yet passed at the time of lapse, will however still apply and outstanding premiums have to be paid in order for a reinstatement of cover to occur. Reinstatement of cover is not allowed at claim stage. The insurer reserves the right to either accept or decline reinstatement of the Policyholder or any other policy Member(s). Only one reinstatement (Per policy) will be granted.	Initial
The Insurer reserves the right to adjust Premiums as determined by the Insurer's Head of Actuarial Control Function to the Policy benefits under this policy in the event of any government, provincial, municipal or other such authority imposing any involuntary charges, levies or taxes on the Insurer in respect of this Policy.	Initial
The Policyholder may cancel the cover in respect of the Policy at any time by giving 30 (thirty) days' notice to RFG or the Insurer. In the event of cancellation, this Cover shall continue in force during the period of notice in respect of all Policy members covered under the Policy for the period of such notice and for which Premiums have been received. The Insurer may similarly cancel the cover in respect of the Policy on reasonable grounds at any time by giving 60 (sixty) days' notice, subject to prevailing legislation.	Initial
Waiting Periods - Terms & Conditions	
No Waiting Period will apply for Accidental Cover, provided first premium has been received.	Initial
A 12 (twelve) month Waiting Period will apply in respect of suicide in respect of any Policy Member.	Initial
If Benefits are added or increased at any stage in respect of a Policy Member, a new Waiting Period will be applicable to the added Benefit or the increase in Benefit amount in respect of such Policy Member.	Initial
If this Policy replaced an active funeral policy, the Waiting Period served on the replaced policy will be considered. This is however only applicable in respect of the Cover amount of the replaced policy; if the selected Cover amount is higher, then there will be a Waiting Period on the increased cover amount. This is also only applicable to Policy Members who were covered on the replaced policy; new Policy Members will serve the full Waiting Periods.	Initial
No waiting period will apply subject to the insured/s having a previous policy with another provider at least 31 days before entering the RFG Funeral Plan. No Waiting period will apply if the policy benefits under the previous policy provided cover in respect of similar risks relating to the same lives insured; and a six-month waiting period at the previous insurer is completed. On replacement application, a notice of cancellation of policy with previous insurer is required along with a 3-month proof of payment history, a signed and completed replacement Record of Advice form, and the application form from previous FSP/Insurer containing Terms and Conditions, cover amount/Benefit and joining date. The insurer reserves the right to accept or decline replacement of the Policyholder or Member(s).	

Restrictions and Exclusions	
Cover restrictions applicable to this Policy: <ul style="list-style-type: none"> Children aged 0 - 5 years: 25 % of Cover Amount to a maximum of R20,000 Children aged 6 - 13 years: 50% of Cover Amount to a maximum of R30,000 	Initial
Policy members who are pregnant and require cover for children should move to a product plan that accommodates children as soon as possible, bearing in mind that waiting periods applicable to the Main Member are also applicable to children. The Insurer will however, in good faith, cover newborn children born to the Main Member for the first 3 (three) months from the date of birth.	Initial
No Policy Benefits are payable in the event of the occurrence of an Insured Event arising directly or indirectly from, or traceable to war, riots, civil commotion, terrorist activities, willful exposure to danger, the Policy member being under the influence of any drugs or alcohol; participation in any criminal act; radioactivity or nuclear explosions or intentional self-inflicted injury.	Initial
The nominated Beneficiary has to be 18 years or older and have a valid South African bank account.	Initial
A Policy Member is only allowed one funeral plan policy for this scheme per insured person.	Initial
Should an Insured Event occur in respect of a Main Member or any other Policy Member outside the borders of South Africa, such claim will be subject to receipt of the official proof of death from another country, which the Insurer may or may not be in a position to verify.	Initial
This Policy cannot be ceded, nor is it capable of being assigned or pledged as security in any manner.	Initial
If it is proved that the Policy Benefit has been based upon an incorrect statement of age or date of birth of any Policy Member the Insurer may cancel Cover or, at its discretion, adjust either or both the Cover Amounts or Premiums due to what it would have been had it been based upon the real age or date of birth.	Initial
The Insurer reserves the right to amend, revoke, vary or alter any of the terms and conditions of this policy provided that the Insurer gives the Policyholder and / or the Intermediary at least 30 (thirty) days' written notice of its intention to do so.	Initial
The information provided and all declarations made by the Applicant form the basis of this Policy. This Policy and Cover shall be voidable in the event of misrepresentation or non-disclosure by or on behalf of the Applicant of any fact material to the assurance.	Initial
Should a certain number of Extended Family Members be included in Family Cover as per the Application, Policy Benefits will apply only to the Extended family members as at the Cover Start Date for that Main Member. In the case of the death or removal of an Extended Family Member, such member may not be replaced by another extended Family Member.	Initial
Should Extended Family Members not be included in Family Cover as per the Application, Cover may be selected, if applicable, at an additional age-related monthly premium, based on the individual's age at Cover Start Date. These rates appear in the Application.	Initial
Should the life of an extended family member be insured more than once on this scheme, the total cover amount payable in respect of the death of such extended family member will be R35, 000 which will be paid on a pro-rated basis to the respective Main members. Should a Main member at claim stage receive an amount less than the cover amount paid for, premiums will be refunded in respect of cover paid for but not received.	Initial

Consent & Disclosures	
The Applicant accepts that the Insurer can communicate with him or her telephonically and/or electronically. All records shared with the Insurer may be stored electronically. The Insurer values clients' privacy and personal information. The detailed Privacy Policy can be viewed online on the Insurer's website.	Initial
The Applicant mandates Reklakgodisa Funeral Group to act on their behalf in respect of all matters related to this Policy.	Initial
When you enter into this policy, you will be giving us your personal information that may be protected by data protection legislation, including but not only, the Protection of Personal Information Act, 2013 (POPI). We will take all reasonable steps to protect your personal information. You authorise the Insurer to: <ul style="list-style-type: none"> Process your personal information to communicate information to you that you ask us for, provide you with insurance services, verify the information you have given us against any source or database, compile non-personal statistical information about you and send you marketing material and / or communication for direct marketing for similar products / services. Transmit your personal information to any affiliate, subsidiary or re-insurer so that we can provide insurance services to you and to enable us to further our legitimate interests including statistical analysis, re-insurance and credit control. Transmit your personal information to any third-party service provider that we may appoint to perform functions relating to your policy on our behalf. 	Initial
You acknowledge that this consent clause will remain in force even if your policy is cancelled or lapses.	Initial
The Insurer's data processing practices can be found in the Group's privacy statements. These statements are available on request.	Initial

Complaints & Compliance

Any complaints must first be lodged with Reklakgodisa Funeral Group. Should the resolution not be satisfactory, the Insurer can be contacted on the numbers below or via e-mail at Lifecomplaints@kingprice.co.za. Any complaints must be submitted in writing.

Should there be concerns about the information received, the Insurer's Compliance Department can be contacted on **086 11 22 222** or Lifecompliance@kingprice.co.za.

If resolution is still unsatisfactory, complaints may be lodged with the Regulators at the below addresses:

The FAIS Ombud

P.O Box 74571, Lynnwood Ridge, 0040
 Email: info@faisombud.co.za
 Website: www.faisombud.co.za
 Tel: 012 762 5000 / 012 470 9080
 Fax: 012 348 3447 / 086 764 1422

Long-term Insurance Ombudsman

Private Bag X45, Claremont, Cape Town, 7735
 E-mail: info@ombud.co.za
 Website: www.ombud.co.za
 Tel: (021) 657 5000 / 086 0103 236
 Fax: (021) 657 0951

Notes: