

FUNERAL COVER APPLICATION FORM

POLICY NUMBER		INCEPTION DATE		COLLECTION DATE	
CONSULTANT:		CELL NO:		PREMIUM R	
FUNERAL COVER - A	X	FUNERAL COVER - B	X	CREMATION - C	X

A. POLICY HOLDER DETAILS

SURNAME:	NAME:
I. D. No:	DATE OF BIRTH:
HOME ADDRESS:	POSTAL CODE:
	HOME TEL:
	CELL NO:

B. SPOUSE AND DEPENDANTS DETAILS

	NAME AND SURNAME	I.D. NUMBER	DATE OF BIRTH	RELATIONSHIP
1.				
2.				
3.				
4.				
5.				
6.				
7.				

C. NOMINATED BENEFICIARY

SURNAME	NAME	I.D. NUMBER	DATE OF BIRTH	RELATIONSHIP

D. DEBIT ORDER DETAILS

ACCOUNT HOLDER NAME	DEBIT DATE:
BRANCH CODE	BANK NAME:
ACCOUNT TYPE:	ACCOUNT NUMBER:

SIGNATURE OF BANK ACCOUNT HOLDER

E. HEALTH CONDITIONS

- Are you, your spouse, and your dependants in good health?
- If 'no' specify below any medical complaint, for policy holder, spouse and dependants (e.g. high blood, sugar diabetes, heart disease, asthma, cancer, arthritis, TB, etc.)

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F. TERMS AND CONDITIONS

- a) A 50 day waiting period is effective if a member dies within the standard waiting period as a result of an accident.
- b) Premiums are payable monthly by the 7th in advance, to ensure cover for the month. Cover commences on receipt of the first premium.
- c) Cover will cease automatically upon the non-payment of premiums and the policy will lapse. However, the policy can be re-instated by the policy holder and the following will apply:
 - The outstanding premiums must be paid within 15 days of the due payment date.
 - The relevant waiting period/s will once again be applicable from the new date of commencement of payments. It is not the responsibility of QUEST FUNERALS to cover any member when the premiums have not been paid. Premiums are payable lifelong, there is no surrender values and a policy may not be ceded.
- d) Mentally, physically and/or permanently and totally disabled children approved by QUEST FUNERALS are covered until their death or as long as the policy holder's contributions are up to date.
- e) Stillborn infants will only qualify for consideration of payment if the following criteria are met: the foetuses must have attained a minimum gestation period of 28 weeks.
- f) Common law as well as civil marriages is recognised by QUEST FUNERALS. Only one spouse is allowed as a dependant for the policy holder.
- g) Application forms must be fully and accurately completed by the policy holder, reflecting full names, dates of birth and identity document numbers of all persons that are to be covered, assisted by the agent where necessary.
- h) Premiums rates will be reviewed regularly.

WAITING PERIOD FOR POLICY WITHOUT KNOWN HEALTH CONDITIONS	WAITING PERIOD FOR POLICY WITH KNOWN HEALTH CONDITIONS
18 - 59 YEARS OF AGE: 6 MONTHS WAITING PERIOD	18 - 59 YEARS OF AGE: 8 MONTHS WAITING PERIOD
60 - 82 YEARS OF AGE: 8 MONTHS WAITING PERIOD	60 - 82 YEARS OF AGE: 12 MONTHS WAITING PERIOD
SUICIDE - 24 MONTHS WAITING PERIOD	
ACCIDENTAL DEATH - ONLY AFTER 50 DAYS	

Payment of premiums during waiting period must be continuous, i.e., no payment may be outstanding or paid late. If a payment is outstanding or paid late, the policy will lapse and the applicable waiting period will begin again from the date that payment are resumed.

DECLARATION

I understand that if the premium is not paid on or before the **7th** of every month. cover under this scheme will be forfeited. I also declare that the terms and conditions of this scheme have been explained to me, I understand and accept it. I further declare that the information supplied above is to the best of my knowledge true, complete and correct and should any of it prove to be incorrect or faulty, no claims will be payable under the policy. I hereby authorise **QUEST FUNERALS** to draw against my account, the premium payable under the above plan from time to time, and I request my bank to debit my account in terms of the order. This request will remain in force until cancelled by me in writing. I hereby irrevocably authorise **QUEST FUNERALS** to obtain at any time.verification of my account details.

I, the policy holder hereby nominate the above entity as beneficiary of the benefits of this policy for the limited purpose of providing Funeral Services. I further nominate the beneficiary listed above to receive the balance of the benefit upon the rendering of the funeral services by the service provider.

FOR OFFICE USE

APPROVED DATE: _____

VERIFICATION DATE: _____

FOLIO NO: _____

REGULATOR SIGNATURE: _____

Signature of applicant: _____

Signature of Witness: _____ Date: _____