## COVER OPTIONS EXPLANATION AND GENERAL RULES

STEP 1:

Select main member cover. (Compulsory)

	Main cove	er amount		Тор-Uр					
А	В	С	D	Option 1	Option 2				
R 9 000	R 15 000	R 20 000	R 25 000	R 9 000	R 14 000				
		Pren	nium						
R 71.16 p.m	R 95.26 p.m	R 113.68 p.m	R 133.1 p.m	R 46.16 p.m	R 66.58 p.m				

• Add your spouse: Same sex, common law and customary marriages are included.

• Add your children: Biological or legally adopted children of you or your spouse.

### STEP 2:

Select extended individual member cover for persons under 65. (Non-compulsory)

	Main cove	er amount		Тор-Uр						
А	В	С	D	Option 1						
R 9 000	R 15 000	R 20 000	R 25 000	R 9 000						
	Premium									
R 39.24 p.m	R 57.4 p.m	R 72.2 p.m	R 87 p.m	R 37.24 p.m						

• Members must be under 65 and be dependent on you.

• Parents, older children or other family members.

## STEP 3:

## Select extended individual member cover for persons between 65 and 74. (Non-compulsory)

Main cover amount									
А	В	С	D	E					
R 7 000	R 10 000	R 15 000	R 20 000	R 23 000					
		Pren	nium						
R 83.82 p.m	R 103.6 p.m	R 135.9 p.m	R 167.2 p.m	R 186.98 p.m					
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• Members must be at least 65, but not yet 75 to be added.

## STEP 4:

## Select extended family cover. (Non-compulsory)

	Main cove	er amount		Тор-Uр					
А	В	С	D	Option 1					
R 9 000	R 15 000	R 20 000	R 25 000	R 9 000					
	Premium								
R 78.16 p.m	R 101.26 p.m	R 121.68 p.m	R 141.1 p.m	R 47.16 p.m					

• This cover is for a whole family and is not per person. Add member, spouse and children.

## Please see page 2 for a detailed breakdown of the costs and other important information.

#### WAITING PERIODS AND EXCLUSIONS

- Suicide is excluded during the first 24 months of membership.
- No claims for members under 65 will be accepted for death due to natural causes in the first 3 months of membership.
- The insured amount is limited to 50 % for all natural causes of death from month 4 to 6 for members under 65.
- No claims for extended members between 65 and 75 will be accepted for death due to natural causes in the first 6 months of membership.

All members have to be under the age of 65 when they join, except for Extended members on the 65 – 74 plan.

#### GENERAL RULES

- Children must be insured on their own once they are older than 21 unless they are full time students and under the age of 26 (with proof) or physically or mentally incapacitated (with proof).
- 2. Claims must be logged within 6 months of the date of death.
- 3. A copy of the ID document must be attached to this application form for all the members that are to be insured under this policy.
- 4. In the event of any discrepancy between this document and the policy as underwritten by Sanlam, the provisions of the Policy will prevail.
- 5. A premium increase will happen towards the end of each year. These increases are based on the total cost of risk, marketing and admin for the entire group and isn't fixed on any percentage, but will always be kept as low as possible.
- 6. No Extended member may be on a higher option than the main member.
- 7. Top-Up cover may only be taken if the live(s) are covered under a main policy option.

CONTACT DETAILS			
NEW APPLICATIONS	DUCOME BROKERS	0861 broker (276 537)	funeral@ducome.co.za
EXISTING POLICY QUERIES AND CLAIMS	РНАКАМА	012 348 8310	
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#### Please retain this page for future reference.





DETAILED BREAKDOWN OF THE	OWN FAM	ILY BENEFI	T (All mem	bers must	be under 6	5)
Insured person	А	В	С	D	Add top-up R 9 000	Add top-up R 14 000
Main Member	R 9 000	R 15 000	R 20 000	R 25 000	R 9 000	R 14 000
Spouse	R 9 000	R 15 000	R 20 000	R 25 000	R 9 000	R 14 000
Child 14 – 21	R 9 000	R 15 000	R 20 000	R 25 000	R 9 000	R 14 000
Child 6 – 13	R 4 500	R 7500	R 10 000	R 12 500	R 4 500	R 7000
Child 1 – 5	R 2 250	R 3750	R 5000	R 6250	R 2 250	R 3 500
Child 0 – 11 months and stillborn	R 2 250	R 3750	R 5000	R 6250	R 2 250	R 3 500
Risk premium	R 26.68	R 44.46	R 59.28	R 74.1	R 26.68	R 41.5
Admin fee	R 15	R 15	R 15	R 15	R 0	R 0
Client fee	R 29.48	R 35.8	R 39.4	R 44	R 19.48	R 25.08
Premium	R 71.16	R 95.26	R 113.68	R 133.1	R 46.16	R 66.58

DETAILED BREAKDOWN OF THE INDIVIDUAL EXTENDED MEMBER UNDER 65 BENEFIT								
Insured person	А	В	С	D	Add top-up R 9 000			
Extended Member	R 9 000	R 15 000	R 20 000	R 25 000	R 9 000			
Risk premium	R 14.4	R 23.4	R 31.2	R 39	R 14.4			
Client fee	R 25.2	R 34	R 41	R 48	R 23.2			
Premium	R 39.24	R 57.4	R 72.2	R 87	R 37.24			

DETAILED BREAKDOWN OF THE INDIVIDUAL EXTENDED MEMBER 65 - 74 BENEFIT									
Insured person A B C D E									
Extended Member	R 7 000	R 10 000	R 15 000	R 20 000	R 23 000				
					•				
Risk premium	R 38.22	R 54.6	R 81.9	R 109.2	R 125.58				
Client fee	R 45.6	R 49	R 54	R 58	R 61.4				
Premium	R 83.82	R 103.6	R 135.9	R 167.2	R 186.98				

DETAILED BREAKDOWN OF THE	XTENDED	FAMILY B	ENEFIT (All	members	must be ur	der 65)
Insured person	А	В	С	D	Add top-up R 9 000	
Main Extended Family Member	R 9 000	R 15 000	R 20 000	R 25 000	R 9 000	
Spouse	R 9 000	R 15 000	R 20 000	R 25 000	R 9 000	
Child 14 – 21	R 9 000	R 15 000	R 20 000	R 25 000	R 9 000	
Child 6 – 13	R 4 500	R 7500	R 10 000	R 12 500	R 4 500	
Child 1 – 5	R 2 250	R 3750	R 5000	R 6250	R 2 250	
Child 0 – 11 months and stillborn	R 2 250	R 3750	R 5000	R 6250	R 2 250	
Risk premium	R 26.68	R 44.46	R 59.28	R 74.1	R 26.68	
Client fee	R 51.48	R 56.8	R 62.4	R 67	R 20.48	
Premium	R 78.16	R 101.26	R 121.68	R 141.1	R 47.16	

## Please retain this page for future reference.

"Ducome brokers and Phakama Administration Services undertake to treat all information supplied by the policyholder and relating to the policyholder's benefits, strictly confidential. Ducome and Phakama undertake not to divulge to any party not signatory to this policy, any information supplied by the policyholder and relating to the policyholder's benefits without prior written consent of the policyholder."



PLEASE SE	LECT THE PLA	N YOU WISH	TO BE ON (CO	OMPULSORY)			PLEASE SELECT THE PLAN YOU WISH TO BE ON (COMPULSORY)									
PI	_AN	А	В	С	D		top-up 9 000	Add top-up R 14 000								
ME	MBER	R 9 000	R 15 000	R 20 000	R 25 000	R 9 000		R 14 000								
PREMIUM	PER MONTH	R 71.16	R 95.26	R 113.68	R 133.1	R 4	46.16	R 66.58								
MARK	WITH X															
OWN FAM	OWN FAMILY DETAILS (all members must be under 65)															
	SURNAME AND NAMES			ID NUMBER	ł.		GENDER									
MEMBER																
SPOUSE																
CHILD																
CHILD																
CHILD																
CHILD																
CHILD																
CHILD																

ADD YOU	R INDIVIDUA	L EXTENDED ME	MBERS	UNDER 6	5 (OPTIONAL)					
Pl	AN	А		B C		D			Add top-up R 9 000	
ME	MBER	R 9 000	R 1!	5 000	R 20 000	R	25 000		R 9 000	
PREMIUM	PER MONTH	R 39.24	R 57.4		R 72.2		R 87		R 37.	24
INDIVIDU	AL EXTENDE	D MEMBERS DET	AILS (all	member	s must be under	65)				
						Mark your option with an X for each member				for
GENDER	SURNAME A	ND NAMES		ID NUME	BER	А	В	С	D	Тор-ир
TOTAL NUI	MBER OF EACH	H OPTION								
TOTAL PRE	MIUM PER GR	OUP								

ADD YOU	ADD YOUR INDIVIDUAL EXTENDED MEMBERS THAT ARE BETWEEN 65 AND 74 (OPTIONAL)										
PL	AN	А		В	С		D		E		
ME	MBER	R 7 000	R 10	000 0	R 15 000	R 2	20 000		R 23 000		
PREMIUM	PER MONTH	R 83.82	R 103.6		R 135.9	R	167.2		R 186.	98	
INDIVIDU	NDIVIDUAL EXTENDED MEMBERS DETAILS (all members must be older than 65 and younger than 75)										
					Mark your option with an X for each member				l		
GENDER	SURNAME A	ND NAMES ID NUMBER			3ER	А	В	С	D	E	
						<u> </u>					
TOTAL PRE	MIUM PER GR	UUP									



ADD YOUR EXTENDED FAMILY MEMBERS UNDER 65 (OPTIONAL)												
PLAN		А	В	В		С		D		top-up		
MEMBER		R 9 000	R 15 000		R 20 000		R 25 000		<b>R 9 000</b> R 9 000			
PREMIUM PER MONTH		R 78.16	R 101.26		R 121.68		R 141.1			47.16		
MARK WITH X												
EXTENDED FAMILY DETAILS (all members must be under 65)												
	SURNAME AND NAMES					ID NUMBER					R	
MEMBER												
SPOUSE												
CHILD												
CHILD												
CHILD												
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CHILD												
CHILD												
Total premium calculator												
Carry over the total premiums from each benefit and add them up in the bottom row.												
Own	Premium	Extended	Premium					Extende	d   F	Premium	Total	
family		under 65		over 6				family			Premium	
A		A		A				A				
B		B		B				B				
C D		C D		С				C D				
				D E								
Top-up 9 Top-up 14		Тор-ир 9		E				Top-up 9				
100-00 14												
Total		+		+				+			=	
MAIN MEMBERS DECLARATION												
I (name) ,apply for membership with a total contribution of R												
Postal Address:												
E-mail:	Tel Home()         Tel Work()         Tel Cell()           E-mail:         Name:											
Beneficiary details (Should you fail to nominate a beneficiary Relation:												
the benefit will be paid to your estate) ID number:												
Signature of main member Date / / 20												
DEBIT ORDER AUTHORITY:												
lame of Bank:Branch Code:					Account type: Cheque  Savings  Transmission							
Account Number: Name of Accountholder:												

I hereby authorise Phakama on behalf of **Ducome Brokers** to commence a debit order withdrawal from my account on the \_\_\_\_\_\_ day of the month (add appropriate date of the month), and monthly thereafter for the premium applicable for the cover selected. I understand that the debit order will be run on the date selected. If for any reason it is not honoured, two withdrawal runs will be done the next month. In the event of this second run being dishonoured, the policy will lapse. I understand it is required that this signed document reaches Phakama offices 10 working days prior to the selected deduction date, if not, the deduction will only qualify for the following calendar month's deductions. In the event that the payment day falls on a Sunday, or recognised South African public holiday, the payment day will automatically be the preceding ordinary business day. Should the relevant premium rate be adjusted by the Institution as a result of an inflation related increase in subscription/premium/payment rate, I confirm that the adjusted premium rate may be deducted. 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. I acknowledge that this Authority may be caded or assigned to a third party. but in the absence of such assignment of the Agreement, this Authority and Mandate cannot be assigned to any third party.

The User Abbreviated Name as Registered with the Bank will reflect as follows on your bank account: Ducome followed by your policy / membership number.

Signature of Account Holder

Date:

\*I declare to the best of my knowledge and belief that the particulars given by me herein are true and correct. \*I am satisfied that the plan chosen by me suits my needs.

\*I am able to afford the monthly contributions of the plan chosen by me. \*I have read and understood the Summary of the Terms and Conditions.