

Umbrella One Plan: Family

(Member Entry Age Between 18 and 65)

Sanlam Developing Markets Limited is an Authorised Financial Services Provider in terms of the FAIS Act
(License no.11231)



Broker / Branch _____ Agent / Rep _____

A. Plan options

Benefit	Premium	Disclosure	Select option (✓)
R 10 000	R 102.68	Risk, underwriting and administration R 92.68. Distribution fee R 10.00	
R 15 000	R 134.69	Risk, underwriting and administration R 124.69. Distribution fee R 10.00	
R 20 000	R 166.70	Risk, underwriting and administration R 156.70. Distribution fee R 10.00	

B. Main member (Main Member minimum entry age 18)

Full names:	Surname:
Email:	Occupation:
ID number/ Date of birth:	Country of Birth:
Cell number:	Telephone number:
Postal address:	Code:
Country of Residence:	Nationality:

C. Family dependants

First name	Surname	ID number												Date of birth	Relationship to member
		Y	Y	M	M	D	D								
		Y	Y	M	M	D	D								
		Y	Y	M	M	D	D								
		Y	Y	M	M	D	D								
		Y	Y	M	M	D	D								
		Y	Y	M	M	D	D								
		Y	Y	M	M	D	D								
		Y	Y	M	M	D	D								

D. Plan options, benefit choices and applicable rates

(An extended member may not be insured for a benefit higher than that of the main members benefit)

Category of cover	Plan A	Plan B	Plan C
	R 10 000	R 15 000	R 20 000
Extended Member below 0 - 13 years	R 16.20	-	-
Extended Member between 14 – 65 years	R 61.20	R 85.80	R 110.40
Extended Member between 66 - 75 years	R 137.40	R 200.11	-
Extended Member between 76 - 85 years	R 267.00	-	-

An extended member may not be insured for a benefit higher than that of the main members benefit

E. Extended family

First name	Surname	ID Number/Date of birth												Plan			Amount	
		Y	Y	M	M	D	D								A	B	C	
		Y	Y	M	M	D	D								A	B	C	
		Y	Y	M	M	D	D								A	B	C	
		Y	Y	M	M	D	D								A	B	C	
		Y	Y	M	M	D	D								A	B	C	
Total premium for benefits selected on family and extended members																		R

The binder holder shall, as consideration for rendering the Binder Services, be entitled to a monthly binder fee of 4% (excluding VAT).

F. Written authority and mandate for debit order instructions			
Name of account holder		Name of bank	
Account number		Branch code	
Account type	<input type="checkbox"/> Current (Cheque)	<input type="checkbox"/> Savings	<input type="checkbox"/> Transmission
<p>I hereby authorise Phakama Administration Services (Pty) Ltd 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 by giving you notice in writing of not less than 20 ordinary working days, 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 and agree that payment instructions issued from this Mandate will be treated as payment instructions issued personally by myself, the accountholder. I acknowledge that this Authority may be ceded 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.</p> <p>The User Abbreviated Name as Registered with the Bank will reflect as follows on your bank account: PHAKUMB followed by your policy / membership number.</p>			
			Y Y Y Y / M M / D D
Signature of Account Holder		Date	

F1. Cash Deposit	
You can deposit your premium directly into Phakama's premium account at First National Bank	
Account name	Phakama
Bank name	First National Bank
Account number	62023403687
Branch code	252045
Reference number	Your policy number or ID number.
For cover to continue uninterrupted, the deposit is to be made by the 7th of each month.	

F2. Salary Stop order Instruction	
Persal number	Department code
<p>I hereby authorise the Accountant of the Department of _____ to deduct the premium of R _____ from my salary monthly with effect from _____ 20_____ and to remit it to Sanlam with whom I have an insurance policy, until such time as I cancel this authorisation in writing, or until I substitute it with a new authorisation. 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 from my salary until such time as I cancel this authorisation in writing or until I substitute it with a new authorisation.</p>	
<div style="border-top: 1px solid black; width: 50%; margin: 0 auto;"></div> Signature of approval for Persal deduction	

F3. Salary / Group deduction		Employee number
<p>I hereby authorise _____ to deduct the premium of R _____ with effect from _____ 20_____ and to remit it to Sanlam with whom I have an insurance policy, until such time as I cancel this authorisation in writing, or until I substitute it with a new authorisation. 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 until such time as I cancel this authorisation in writing or until I substitute it with a new authorisation.</p>		
<div style="border-top: 1px solid black; width: 50%; margin: 0 auto;"></div> Signature of approval for salary deduction (Member)		

G. Declaration	
<p>I declare to the best of my knowledge and belief that the particulars given are true and correct I am satisfied that the plan chosen by me best suits my needs I am able to afford the monthly premium of the plan chosen by me I have read and understood the Summary of the Terms and Condition on the reverse side hereof. I am/am not replacing an existing Funeral Plan with this Policy. I confirm and accept the terms and conditions of this policy. I understand, accept and consent to the FICA Validation, the Processing of my Information, and the Disclosure and Sharing of my Information, per the terms and conditions. By signing this application form you agree that your personal informal may be used. You can withdraw your consent or object to processing on www.phakama.co.za by completing the form.</p>	
<div style="border-top: 1px solid black; width: 50%; margin: 0 auto;"></div> Signature of Applicant	

Benificiary
 I hereby authorise the Underwriter to pay the proceeds of this Funeral Plan directly to ID number,
 the policy owner / beneficiary of the policy owner.