

Servicing application for the Classic and Essential Funeral Plan



Contact us

Tel: 0860 372 030, PO Box 3888, Rivonia 2128, www.discovery.co.za

How to complete this form

To enable Discovery to process the application form promptly and accurately, please ensure that it is completed in full. Write one letter per block in black ink, print clearly, mark selections with an X and sign and date any changes made. You can use this form to update your plan type, sum assured, lives covered on the policy, and/or your payment details. If you do not wish to change the details of your current cover then leave the relevant section of the form blank.

1. Policy owner

Policy number:	<input type="text"/>																								
Surname	<input type="text"/>																								
First name(s) (as in ID)	<input type="text"/>																Initials	<input type="text"/>							
ID number	<input type="text"/>										Sex	<input type="text"/>													
Telephone (H)	<input type="text"/>				<input type="text"/>				Telephone (W)	<input type="text"/>		<input type="text"/>													
Cellphone	<input type="text"/>				<input type="text"/>				Email address	<input type="text"/>															

2. Product details

I want to increase my sum assured				Yes <input type="checkbox"/> No <input type="checkbox"/>		I want to change my plan				Yes <input type="checkbox"/> No <input type="checkbox"/>			
Plan type	Classic	<input type="checkbox"/>	OR	Essential	<input type="checkbox"/>	(The Essential Plan does not qualify for the PayBack Benefit)							
Plan option (Please select one)	Plan option 1	<input type="checkbox"/>	Plan option 2	<input type="checkbox"/>	Plan option 3	<input type="checkbox"/>	Plan option 4	<input type="checkbox"/>	Plan option 5	<input type="checkbox"/>	Plan option 6	<input type="checkbox"/>	
Approximate total premium*										R			
Changes effective from		<input type="text"/>										Please note: If we collect your premium by debit order and you do not select a date from which the changes will be effective then your effective date, will be set as the earliest possible month in which we are able to collect your debit order on your selected debit order day. This usually takes between one and three working days after we amend your policy. If we collect your premium by payroll deduction, your effective date will depend on when we amend your policy and your company's payroll arrangements, even if it differs from the effective date you selected.	

*If the quoted premium, the premium on your application form and the premium in your policy schedule are not the same, the premium rates shown in your Policy Schedule will prevail.

The Long Term Insurance Act 52 of 1998 regulates the commission paid to financial advisers. The cost of commission is included in the premium.

3. Additional lives assured

Spouse (Must be between age 19 and age 66 when applying.)* Add this person to my policy ☐ Remove this person from my policy ☐

Surname	<input type="text"/>																							
First name(s) (as in ID)	<input type="text"/>																Initials	<input type="text"/>						
ID number	<input type="text"/>										Title	<input type="text"/>		Sex	<input type="text"/>		Date of birth	<input type="text"/>						

* If you already have a spouse insured as a spouse on your policy and state that you would like to add a new spouse, we will replace the existing spouse details with the details you supply here. Additional spouses must be added as extended family members.

Children (Must be younger than 21 when applying. A maximum of five children are allowed as insured children.)*

Child 1	Add this person to my policy <input type="checkbox"/> Remove this person from my policy <input type="checkbox"/>																							
Surname	<input type="text"/>																							
First name(s) (as in ID)	<input type="text"/>																Initials	<input type="text"/>						
ID number	<input type="text"/>										Title	<input type="text"/>		Sex	<input type="text"/>		Date of birth	<input type="text"/>						
Child 2	Add this person to my policy <input type="checkbox"/> Remove this person from my policy <input type="checkbox"/>																							
Surname	<input type="text"/>																							
First name(s) (as in ID)	<input type="text"/>																Initials	<input type="text"/>						
ID number	<input type="text"/>										Title	<input type="text"/>		Sex	<input type="text"/>		Date of birth	<input type="text"/>						

3. Additional lives assured

Child 3

Add this person to my policy ☐ Remove this person from my policy ☐

Surname

First name(s) (as in ID) Initials

ID number Title Sex M F Date of birth Y Y Y M M D D

Child 4

Add this person to my policy ☐ Remove this person from my policy ☐

Surname

First name(s) (as in ID) Initials

ID number Title Sex M F Date of birth Y Y Y M M D D

Child 5

Add this person to my policy ☐ Remove this person from my policy ☐

Surname

First name(s) (as in ID) Initials

ID number Title Sex M F Date of birth Y Y Y M M D D

Parents and parents-in-law (Must be between age 36 and age 76 at application. A maximum of four parents or parents-in-law are allowed as insured parents.)*

*Additional spouses, children and parents or parents-in-law must be added as extended family members.

Parent 1

Add this person to my policy ☐ Remove this person from my policy ☐

Surname

First name(s) (as in ID) Initials

ID number Title Sex M F Date of birth Y Y Y M M D D

Relationship

Parent 2

Add this person to my policy ☐ Remove this person from my policy ☐

Surname

First name(s) (as in ID) Initials

ID number Title Sex M F Date of birth Y Y Y M M D D

Relationship

Parent 3

Add this person to my policy ☐ Remove this person from my policy ☐

Surname

First name(s) (as in ID) Initials

ID number Title Sex M F Date of birth Y Y Y M M D D

Relationship

Parent 4

Add this person to my policy ☐ Remove this person from my policy ☐

Surname

First name(s) (as in ID) Initials

ID number Title Sex M F Date of birth Y Y Y M M D D

Relationship

Extended family members (Must be younger than age 66 at application. You can supply the details for up to ten extended family members on this form. If you would like to insure further lives as extended family members please use another servicing application form).

*Additional spouses, children and parents or parents-in-law must be added as extended family members.

Extended family member 1 Add this person to my policy ☐ Remove this person from my policy ☐

Surname

First name(s) (as in ID) Initials

ID number Title Sex M F Date of birth Y Y Y M M D D

Relationship

Extended family member 2 Add this person to my policy ☐ Remove this person from my policy ☐

Surname

First name(s) (as in ID) Initials

ID number Title Sex M F Date of birth Y Y Y M M D D

Relationship

3. Additional lives assured *(continued)*

Extended family member 3 Add this person to my policy ☐ Remove this person from my policy ☐

Surname																											
First name(s) (as in ID)																									Initials		
ID number									Title			Sex	<input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	<input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> M <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> D												
Relationship																											

Extended family member 4 Add this person to my policy ☐ Remove this person from my policy ☐

Surname																											
First name(s) (as in ID)																									Initials		
ID number									Title			Sex	<input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	<input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> M <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> D												
Relationship																											

Extended family member 5 Add this person to my policy ☐ Remove this person from my policy ☐

Surname																											
First name(s) (as in ID)																									Initials		
ID number									Title			Sex	<input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	<input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> M <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> D												
Relationship																											

Extended family member 6 Add this person to my policy ☐ Remove this person from my policy ☐

Surname																											
First name(s) (as in ID)																									Initials		
ID number									Title			Sex	<input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	<input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> M <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> D												
Relationship																											

Extended family member 7 Add this person to my policy ☐ Remove this person from my policy ☐

Surname																											
First name(s) (as in ID)																									Initials		
ID number									Title			Sex	<input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	<input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> M <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> D												
Relationship																											

Extended family member 8

Surname																											
First name(s) (as in ID)																									Initials		
ID number									Title			Sex	<input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	<input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> M <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> D												
Relationship																											

Extended family member 9 Add this person to my policy ☐ Remove this person from my policy ☐

Surname																											
First name(s) (as in ID)																									Initials		
ID number									Title			Sex	<input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	<input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> M <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> D												
Relationship																											

Extended family member 10 Add this person to my policy ☐ Remove this person from my policy ☐

Surname																											
First name(s) (as in ID)																									Initials		
ID number									Title			Sex	<input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	<input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> M <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> D												
Relationship																											

4. Beneficiary details

I want to add or change my beneficiary details

Yes ☐ No ☐

Beneficiaries to whom the money will be paid on your death. Please complete the details of the beneficiaries you nominate. If one of the other insured persons on your policy dies, you will be the beneficiary and we will pay that money to you. If you do not nominate a beneficiary to receive the money in the event of your death, we will pay the money from your policy to your estate.

First name	<input type="text"/>																											
Surname	<input type="text"/>																											
Date of birth	<input type="text"/>								Sex	<input type="text"/>		ID number	<input type="text"/>															
Relationship	<input type="text"/>								Percentage	<input type="text"/>		%	Add this person to my policy <input type="checkbox"/> Remove this person from my policy <input type="checkbox"/>															
First name	<input type="text"/>																											
Surname	<input type="text"/>																											
Date of birth	<input type="text"/>								Sex	<input type="text"/>		ID number	<input type="text"/>															
Relationship	<input type="text"/>								Percentage	<input type="text"/>		%	Add this person to my policy <input type="checkbox"/> Remove this person from my policy <input type="checkbox"/>															
First name	<input type="text"/>																											
Surname	<input type="text"/>																											
Date of birth	<input type="text"/>								Sex	<input type="text"/>		ID number	<input type="text"/>															
Relationship	<input type="text"/>								Percentage	<input type="text"/>		%	Add this person to my policy <input type="checkbox"/> Remove this person from my policy <input type="checkbox"/>															

5. Payment details, authority and mandate

I want to change my payment details

Yes ☐ No ☐

How to pay the recurring premium

- For debit order payment, please complete section 5.1.
- For payroll deduction, please complete Annexure A.
- For clients on a Classic Plan who pay their premium via payroll deduction, please complete section 5.1.2 and Annexure A.

5.1 Direct debit order authority

5.1.1 Payer's details

Surname of payer	<input type="text"/>																										
First names	<input type="text"/>																										
Initials	<input type="text"/>				Title	<input type="text"/>				Sex	<input type="text"/>		Date of birth	<input type="text"/>													
ID number	<input type="text"/>										Email address	<input type="text"/>															
Cellphone number	<input type="text"/>				<input type="text"/>																						
Company/trust name	<input type="text"/>																										
Registration number	<input type="text"/>																										
Country of operation	<input type="text"/>																										

Postal address

Post collected from:	Suite <input type="checkbox"/>	Postnet Suite <input type="checkbox"/>	PO Box <input type="checkbox"/>	Private Bag <input type="checkbox"/>	Number	<input type="text"/>																					
Suburb	<input type="text"/>																										
City	<input type="text"/>																										
Region	<input type="text"/>																				Code	<input type="text"/>					

5.1.2 Banking details

- It is important that you provide us with the correct banking details from for collection of the premium. Discovery Life will not be legally responsible if you give us incorrect banking details.
- You must inform us if your banking details change.
- For clients on the Classic Plan, we will pay your PayBack payments into the bank account specified below.

Accountholder name	<input type="text"/>																										
Bank name	<input type="text"/>																										
Branch name	<input type="text"/>										Branch code	<input type="text"/>				<input type="text"/>											
Account number (credit cards cannot be accepted)	<input type="text"/>										Account type:	Current <input type="checkbox"/>	Transmission <input type="checkbox"/>	Savings <input type="checkbox"/>													
Quoted premium amount	R		<input type="text"/>																								
Debit order day	<input type="text"/>																										

5. Payment details, authority and mandate (continued)

5.1.3 Payment beneficiary details

- To: Discovery Life Limited, Registration number 1966/003901/06 (Discovery Life)
- Abbreviated name as registered with the bank: DISCLIFE
- Beneficiary Address: Discovery Life, PO Box 3888, Rivonia, 2128

5.1.4 I/we, the undersigned:

- 5.1.4.1 warrant that the account information I/we have provided above is an account in my/our name and that the information furnished by me/us in this Authority and Mandate is true and correct;
- 5.1.4.2 authorise Discovery Life to issue and deliver payment instructions to my/our bank, recorded above, for the collection by Discovery Life from the bank account (or any other bank or branch to which I/we may transfer my/our account) any amounts due under or in terms of this Policy on condition that the sum of such payment instructions will never exceed my/our obligations as framed in the Policy and which shall commence on the nominated Policy commencement date and shall continue until this Authority and Mandate is terminated by me/us by giving Discovery Life no less than 20 ordinary working days written notice thereof or immediately in the event that I/we instruct my/our bank to withdraw this Authority and Mandate.
- 5.1.4.3 confirm that the payment instructions mentioned above must be issued and delivered on the day that I/we have nominated ("payment day") and thereafter on the same day in each and every successive month. If the payment day falls on a Sunday or recognised South African public holiday, the payment day will automatically be the next working day;
- 5.1.4.4 payments in December may be debited against my/our account on the nominated payment date and understand that it is my/our responsibility to ensure that I/we have funds available;
- 5.1.4.5 authorise Discovery Life to track my/our bank account and re-present the payment instruction referred to above in the event that there are insufficient funds in my/our bank account to meet my/our obligations under or in terms of this Policy;
- 5.1.3.6 authorize Discovery Life to obtain and provide any information about me/us from any one or more of the following:
 - any credit bureau;
 - any life assurance or credit providers' industry association;
 - any other association of any industry in which we operate, this includes information related to creditworthiness, credit history, financial history, personal information, judgement history and default history.
- 5.1.4.7 acknowledge that my/our bank will treat each payment instruction to pay premiums or amounts due under this Policy to Discovery Life as if each payment instruction came from me/us personally as the account holder.
- 5.1.4.8 undertake to advise Discovery Life in writing of any changes to my/our account details and acknowledge that Discovery Life will not be held responsible or liable for any claim, loss or harm that I/we or any third party may suffer as a result of me/us providing incorrect banking details herein or if the bank account is in the name of another person or entity or as a result of my/our failure to notify Discovery Life of a change in banking details or if the bank account has insufficient funds to meet my/our obligations under or in terms of the Policy.
- 5.1.4.9 know and understand that this Authority and Mandate may be ceded, assigned or made over to a third party if the Policy or a part thereof is also ceded, assigned or made over to that third party. In the absence of such assignment or cession of the Policy, this Authority and Mandate cannot be ceded, assigned or made over to a third party.
- 5.1.4.10 know and understand that the withdrawals hereby authorized will be processed through a computerized system provided by South African banks. The details of each withdrawal from my/our bank account will be printed on my bank statement and must show the abbreviated user code 'DISCLIFE' and the Policy number so as to enable me/us to identify this Policy contract;
- 5.1.4.11 acknowledge that although this authority and Mandate may be terminated by me/us, such termination does not necessarily terminate this Policy. In the event of such termination I/we are not entitled to any refund of any premiums or amounts due that was withdrawn by Discovery Life whilst this Authority and Mandate was in force if such premiums or amounts were legally owing to Discovery Life in terms of the Policy;
- 5.1.4.12 acknowledge that by signing this Authority and Mandate I/we are bound by the payment terms applicable to this Policy.

[illegible]

Signature of
policyholder/member

Date signed

Second signature
(if applicable)

Date signed	Y	Y	Y	Y	M	M	D	D
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Policy reference number

The policy number will be advised to you once the application has been accepted.

The reference on your bank statement will be: DISCLIFE, followed by the policy number.

To verify the banking details, Discovery may request a cancelled cheque, a bank letter, or a copy of a bank statement.

If I have selected to have more than one Discovery policy linked, there will be one transaction shown on my bank statement with a total transaction amount for the sum of all of the linked policies.

I agree to advise Discovery in writing of any changes that may occur. I warrant that the information supplied above is true and correct.

I/we agree to be bound by the payment terms applicable to the policy.

Signature of
accountholder

Date signed

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

Second signature
(if applicable)

6. Terms and conditions for cover

6.1 Discovery Life Privacy Statement

We process your personal information in accordance with the provisions of our privacy statement, which can be found at <https://www.discovery.co.za/corporate/legal>. By accepting these Ts and/or Cs and/or by providing personal information to us you agree and consent to the provisions of our privacy statement. If you do not agree or consent please do not submit personal information to us, because we may not be able to provide our products or services to you. If you believe we have acted contrary to these provisions please let us know at Privacy@discovery.co.za

6.2 Warranty

- 6.2.1 I have read and understood the contents of this application form.
- 6.2.2 I agree to be bound by the terms and conditions of this application form, the Discovery Life Funeral Plan Guide, the Policy Schedule, and any servicing alteration requests, which read together, make up the contract.
- 6.2.3 I agree that any commission payable in terms of the Long-term Insurance Act of 1998, as referred to in the quote, may be paid to my appointed financial adviser. These commissions have been explained to me by my appointed financial adviser.
- 6.2.4 I agree that Discovery will not be at risk for any alterations to the policy made by me or my financial adviser or anyone acting on my behalf until Discovery has accepted, in writing, such alterations and for which they have received a premium (if applicable).
- 6.2.5 I confirm that Discovery has not advised me and as such are not responsible for any choices I have made with the exception where the financial adviser is a representative of Discovery.
- 6.2.6 If Discovery acts on any instruction from my financial adviser and it is later found that my financial adviser did not act in terms of the instructions or authority that I gave him/her, I confirm and agree that, unless my financial adviser is an employee of Discovery, Discovery will not be liable for any loss or damage I may have suffered.
- 6.2.7 Discovery will not be responsible for any failure, malfunction or delay of any networks or electronic or mechanical device or any other form of communication used in the submission, acceptance and processing of applications and/or transactions. Discovery will not be liable to make good or compensate me or any third party for any damages (whether direct or consequential), losses, claims or expenses.
- 6.2.8 I understand and agree that, subject to the waiting periods, (as explained in the Discovery Life Funeral Plan Guide) Discovery will only be at risk from the policy start date, which is explained in clauses 2.15 and 4 of the Discovery Life Funeral Plan Guide.
- 6.2.9 I warrant and confirm that all information given by me in this application form, whether in my handwriting or not, is true and correct. I understand that if any information I have provided in this application form is false or I have failed to disclose material facts then Discovery may cancel the policy or benefits.

Signed at (town or city) on

Signature of principal life

7. Financial adviser details

Primary financial adviser

Financial adviser name	<input type="text"/>	Code	<input type="text"/>
Financial adviser house	<input type="text"/>	Code	<input type="text"/>
ECC/DCS/DFC/DSI Branch	<input type="text"/>		<input type="text"/>
ECC/DCS/DFC/DSI Consultant name	<input type="text"/>	Code	<input type="text"/>
PRI number (Absa and FNB intermediaries)	<input type="text"/>	Lead reference number	<input type="text"/>

I am a registered representative and represent a Financial Services Provider authorised by the Financial Services Conduct Authority (FSCA) in terms of the Financial Advisory and Intermediary Services Act. No 37 of 2002. I confirm that I have rendered the financial services in respect of the benefit in accordance with the prescripts of the general code of conduct for authorised financial services providers and representatives (BN80).

Public sector employee declaration

In cases where the applicant is a public sector employee and in adherence to the 15% affordability rule recommended by the Accountant General, I confirm that I have ascertained and ensured that the premium in respect of this proposed policy together with existing insurance deductions will not exceed 15% of the applicant's monthly basic salary.

Signature of financial adviser Date

Tel: 0860 00 5433, PO Box 3888, Rivonia 2128, www.discovery.co.za

Annexure B

premiums and benefits



Contact us

Tel: 0860 00 5433, PO Box 3888, Rivonia 2128, www.discovery.co.za

Benefit amounts

	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
Principal Life	R10 000	R20 000	R30 000	R40 000	R50 000	R60 000
Spouse	R10 000	R20 000	R30 000	R40 000	R50 000	R60 000
Extended family (older than 21)	R10 000	R20 000	R20 000	R20 000	R20 000	R20 000
Parents	R10 000	R20 000	R20 000	R20 000	R20 000	R20 000
Children and extended family (age 15 - 21 at entry)	R7 500	R15 000	R15 000	R15 000	R15 000	R15 000
Children and extended family (age 6 - 14 at entry)	R5 000	R12 500	R12 500	R12 500	R12 500	R12 500
Children and extended family (age 0 - 5 at entry)	R3 000	R10 000	R10 000	R10 000	R10 000	R10 000
Automatic baby cover	R1 000	R4 000	R4 000	R4 000	R4 000	R4 000

Classic Funeral Plan Premiums

	Age at entry	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
Monthly premium for principal life funeral cover amount	19 to 25	R70	R92	R112	R142	R164	R187
	26 to 35	R85	R116	R145	R187	R219	R252
	36 to 45	R94	R129	R164	R213	R251	R288
	46 to 55	R109	R155	R199	R264	R312	R362
	56 to 60	R125	R184	R241	R322	R384	R447
	61 to 65	R147	R221	R293	R394	R472	R550
Monthly premium for Spouse life funeral cover amount	19 to 25	R29	R47	R66	R94	R114	R135
	26 to 35	R43	R73	R101	R143	R175	R207
	36 to 45	R46	R77	R107	R152	R185	R219
	46 to 55	R56	R94	R130	R183	R223	R263
	56 to 60	R72	R118	R163	R229	R278	R329
	61 to 65	R89	R146	R202	R283	R344	R406
Monthly premium for child cover		R17	R29	R29	R29	R29	R29

	Age at entry	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
Monthly premium for extended family funeral cover amount (age at entry)	<20	R18	R36	R36	R36	R36	R36
	21 to 25	R22	R45	R45	R45	R45	R45
	26 to 35	R34	R68	R68	R68	R68	R68
	36 to 45	R42	R85	R85	R85	R85	R85
	46 to 55	R58	R117	R117	R117	R117	R117
	56 to 60	R77	R153	R153	R153	R153	R153
	61 to 65	R98	R196	R196	R196	R196	R196
Monthly premium for parent funeral cover amount (age at entry)	36 to 45	R40	R78	R78	R78	R78	R78
	46 to 55	R54	R108	R108	R108	R108	R108
	56 to 60	R72	R143	R143	R143	R143	R143
	61 to 65	R91	R183	R183	R183	R183	R183
	66 to 70	R129	R259	R259	R259	R259	R259
	71 to 75	R184	R366	R366	R366	R366	R366

Classic Plan – additional benefit

	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
Education Benefit	R3 000	R3 300	R3 600	R3 900	R4 200	R4 500
Memorial Benefit	R5 000	R5 000	R5 000	R5 000	R5 000	R5 000
Grocery Benefit	R1 800	R2 400	R2 700	R3 000	R3 300	R3 600

Essential Funeral Plan Premiums

	Age at entry	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
Monthly premium for principal life funeral cover amount	19 to 25	R53	R69	R86	R108	R125	R142
	26 to 35	R64	R87	R110	R142	R167	R193
	36 to 45	R69	R97	R124	R162	R190	R220
	46 to 55	R81	R117	R152	R200	R238	R276
	56 to 60	R96	R142	R186	R250	R298	R348
	61 to 65	R114	R173	R230	R310	R373	R436
Monthly premium for Spouse life funeral cover amount	19 to 25	R21	R35	R50	R69	R85	R100
	26 to 35	R32	R54	R76	R108	R132	R156
	36 to 45	R34	R57	R80	R114	R140	R165
	46 to 55	R42	R69	R98	R138	R168	R199
	56 to 60	R54	R90	R125	R177	R217	R255
	61 to 65	R68	R114	R160	R224	R274	R323
Monthly premium for child cover		R11	R21	R21	R21	R21	R21
Monthly premium for extended family funeral cover amount (age at entry)	<20	R13	R25	R25	R25	R25	R25
	21 to 25	R17	R32	R32	R32	R32	R32
	26 to 35	R25	R50	R50	R50	R50	R50
	36 to 45	R31	R61	R61	R61	R61	R61
	46 to 55	R42	R85	R85	R85	R85	R85
	56 to 60	R57	R116	R116	R116	R116	R116
	61 to 65	R76	R152	R152	R152	R152	R152

	Age at entry	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
Monthly premium for parent funeral cover amount (age at entry)	36 to 45	R29	R56	R56	R56	R56	R56
	46 to 55	R40	R78	R78	R78	R78	R78
	56 to 60	R54	R107	R107	R107	R107	R107
	61 to 65	R70	R141	R141	R141	R141	R141
	66 to 70	R101	R202	R202	R202	R202	R202
	71 to 75	R145	R290	R290	R290	R290	R290

Essential Plan – additional benefit

	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
Education Benefit	R2 400	R2 700	R3 000	R3 300	R3 600	R3 900
Memorial Benefit	R5 000	R5 000	R5 000	R5 000	R5 000	R5 000
Grocery Benefit	R1 200	R1 800	R2 100	R2 400	R2 700	R3 000