PAID UP APPLICATION FORM - SADTU UNION BENEFIT

Principal Members Full Names:			
Principal Members Surname:			
Identity Number:	**Gender:**	**Male:** ☐	**Female:** ☐
Postal Address:			
Marital Status:			
Work Telephone No.:	**Home Telephone No.:**	**Cell No.:**	
Fax No.:	**Email Address:**		
Retirement / Disability Date:	**Country of Birth:**	**Country of Residence:**	
Source of Income/Funds:	**Nationality:**	**Persal Number:**	

B E N E F I C I A R Y

Full Names & Surnames	Full ID number	Relationship to Member	Percentage (All beneficiaries may not exceed 100%)	Contact Number	Email Address

- If you nominate a beneficiary who is younger than 18 years (legal minor), the benefit will be paid to the child's legal guardian. The funds might not be available to assist with funeral expenses.
- The funeral benefit for all other lives assured under the policy will be paid to the policy owner.
- If the policy owner dies and there is no beneficiary, the proceeds will be paid to the estate late account, unless an authorised person presents a letter of authority.
- If more than one person is nominated as a beneficiary, the percentages allocated must add up to 100%.

I/we have read and understood the note included above regarding nominating minors as beneficiaries.

PRINCIPAL MEMBER'S SIGNATURE: _____ **DATE:**_____

NOTE: THE FOLLOWING DOCUMENTATION MUST BE SUBMITTED WITH THIS APPLICATION:

- Latest Salary advice.
- Certified ID copy of Member
- ID copy(is) of beneficiary
- Retirement / Disability confirmation letter from District Office.

DECLARATION

I declare to the best of my knowledge and belief that the particulars given above are true and correct. I understand and agree that any willful misrepresentation in this application will invalidate any benefit under this Policy and that I undertake to abide by the terms and conditions of the Policy. Safrican Insurance Company Limited shall not be liable for any amount until it has accepted this application and first premium. If over the age limit when joining, the claim will be repudiated and premiums refunded. I state further that I have read and understood the terms and conditions attached to this group policy.

PRINCIPAL MEMBER'S SIGNATURE: _____ **DATE:**_____

PLEASE SEND COMPLETED APPLICATION FORMS TO: FAX 086 514 1115 or Email: info@phakama.co.za

Contact Phakama on WhatsApp number 0842550886 or click on https://wa.me/27842550886?text=hello