

Dear SADTU Client,

Thank you for your continued support and opportunity to provide affordable and reliable funeral insurance to you and your loved ones. Attached please find some important policy **documentation**, for your **attention and safekeeping**. These documents include:

- **Disclosure Document**
- **Beneficiary Nomination form**
- **Claim form**
- **Voluntary application forms**
- **Paid up Application form**
- **Terms and Conditions**

Benefits are determined in accordance with your retirement date as per the table below:

Year of Retirement	Benefit Value
01/04/1998 – 31/05/1999	R2 000.00
01/06/1999 – 31/12/2000	R2 500.00
01/01/2001 – 31/01/2011	R5 000.00
01/02/2011 – 31/05/2017	R6 000.00
01/06/2017 – 31/07/2020	R8 000.00
01/08/2020 – Current date	R10 000.00

Should you have retired or have been declared medically disabled already, kindly submit the following documents to our office, to allow us to issue you with your paid-up certificate:

- Latest / Last Salary Advice
- Certified ID document
- Letter from District office
- Completed Paid up application form

To ensure a smooth process in the event of death, we would like to request that you please complete the nomination of beneficiary form included.

Below also please find the list of documentation required to be submitted in the event of death:

1. Copy of the official death certificate issued by the Department of Home Affairs.
2. Copy of the ID or smart card for Deceased (certified copies of both sides of the card are required.)
3. Copy of the ID or smart card for Beneficiary (certified copies of both sides of the card are required).
4. A completed BI/DHA-1663 form (all 3 pages are required - when requested)
5. A completed BI/DHA-1680 form (if the deceased died at home)
6. Copy of the most recent stamped bank statement, showing banking details, not older than 3 months.
7. A copy of the police report or accidental report if death was due to unnatural causes.
8. Completed Claim Form (Attached)

Additional documentation may be requested to assess the claim. All documents required should be submitted to claims@phakama.co.za for processing. When submitting the claim documents, please include your ID number in the subject line of the email.

In addition to all the above information, we would like to invite you to consider our voluntary SADTU funeral products where you are able to cover your loved ones, not included in the compulsory benefits.

You will notice that we have included two separate forms:

Safrican 13 West Street, Houghton Estate, 2198
PO Box 616, Johannesburg, 2000
T +27 11 778 8000
www.saffrican.co.za

Safrican Insurance Company Limited | Reg. No. 1935/007463/06 |
A licensed insurer conducting life insurance and an authorised Financial Services Provider FSP No: 15123

Directors: Preston Speckmann (Independent Director and Chairman) | Phindile Riba (Executive Director and CEO) | Seadimo Chaba (Independent Non-Executive Director) | Dr Ngao Motsei (Independent Non-Executive Director) | Karabo Nondumo (Independent Non-Executive Director) | Robert Goff (Independent Non-Executive Director) | Bongani Madikiza (Non-Executive Director) | Michelle Kamiah (Non-Executive Director) | Marius Bosman (Company Secretary)



- Sadtu Family benefit plan – This plan is to cover yourself and your immediate family (Spouse & children below 21)
- Sadtu Extended Plan – This plan caters for all relation types (Aunts, Brothers, Sisters, Parents, Grandparents etc.)

Below please find all communication channels for future reference:

Policy queries:

Tel: 012- 348 8310

Email Address: info@phakama.co.za

Claims:

Tel: 012- 348 8310 (Option 1)

Email: claims@phakama.co.za

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

Complaints:

If you have any reason to complain, kindly first contact the

Compliance Officer of Safrican at:

Post: P O Box 616, Johannesburg, 2000

Fax: (011) 778-8130

E-mail: compliance@safrican.co.za

We remain committed to working with you for the benefit of your loved ones and to Live the Legacy.

Yours sincerely,

Safrican Insurance Company Limited FSP No: 15123

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| Bongani Madikiza (Non-Executive Director) | Michelle Kamiah (Non-Executive Director) | Marius Bosman (Company Secretary)

**DISCLOSURE NOTICE IN TERMS OF THE
FINANCIAL ADVISORY AND INTERMEDIARY SERVICES ACT 37 OF 2002**

1. ADMINISTRATOR			
PHAKAMA ADMINISTRATION SERVICES (PTY) LTD			
Company Name:	Phakama Administration Services (Pty) Ltd (Co. Reg. No. 1990/002950/07) ("Phakama")		
Physical Address:	Greenhill Village Office Park, Candlewood Building, Ground Floor, Botterklapper Street, Pretoria, 0184	Postal Address:	Private Bag X13, Lynnwood Ridge, 0040
Telephone Number:	(012) 348 8310	Facsimile Number:	086 514 1115
Legal Status	Phakama is an Authorised Financial Services Provider in terms of FAIS. FAIS registration number is: 1473 Phakama has been appointed by the Insurer to act as Administrator on behalf of the Insurer.		
FAIS Registration:	In terms of its FSCA license, Phakama is authorised to render intermediary services for the following product categories: CATEGORY I: Long-Term Insurance: Category A Short-Term Insurance: Personal Lines Long-Term Insurance: Categories B1, B2 and C CATEGORY IV: Assistance Business FSP		
PI and FG Cover	Phakama has a Suitable Guarantee in place, per Section 3(b) of Board Notice 123 of 2009 of the applicable Act		
Compliance Officer:	Myra Grobler Tel: +27 (0) 12 348 8310 Fax: +27 (0) 86 514 1115 E-mail: MyraG@phakama.co.za or compliance@phakama.co.za		
Claims Procedure:	Claims Management Framework is available on the website : www.phakama.co.za Completed claims forms and all required documents to be submitted to: claims@phakama.co.za		
Complaints:	Complaints Handling Framework is available on the website : www.phakama.co.za Or can be requested via email : compliance@phakama.co.za		
Conflict of Interest:	Conflict of Interest Management Policy is available on the website : www.phakama.co.za or can be requested via email : compliance@phakama.co.za		
2. YOUR FSP			
ANDREW MALOMBO SHIKWAMBANA CONSULTANTS CC			
Company name:	Andrew Malombo Shikwambana Consultants cc (Co. Reg. No 2001/034101/23) ("AMSC Consultants")		
Physical address:	21 – 9 th Street, Houghton Estate Johannesburg 2001	Postal Address:	PO Box 1715 Randburg 2125
Telephone Number:	011 778 8140	Facsimile Number:	011 778 8186
Legal Status	AMSC Consultants is an Authorised Financial Services Provider in terms of FAIS. FAIS registration number is: 24518 . Without in any way limiting and subject to the other provisions of the Services Agreement/Mandate, AMSC Consultants accepts responsibility for the lawful actions of their Representatives (as defined in the Financial Advisory and Intermediary Services Act) in rendering financial services within the course and scope of their employment.		
FAIS Registration:	In terms of the FSP license, AMSC Consultants is authorised to render financial services for product categories: CATEGORY I: Long-Term Insurance: Category A Long-Term Insurance: Category B1 Long-Term Insurance: Category B1-A		
PI and FG Cover	AMSC Consultants has a Professional Indemnity Insurance Cover in place.		
Compliance Officer:	Moonstone Compliance: Tel 021 883 8000 Fax 015 291 0918 e-mail: mwiese@moonstonecompliance.co.za		
Claims Procedure:	Completed claims forms and all required documents to be submitted to claims@phakama.co.za		
Complaints:	Complaints relating to any advice given to you by your intermediary or regarding your Intermediary may be notified in writing to: info@amscinsurance.co.za		
Policy Wording:	A copy of the policy wording can be obtained from: info@amscinsurance.co.za		

3. YOUR INSURER

SAFRICAN INSURANCE COMPANY LIMITED

Name:	Safrican Insurance Company Limited (Co. Reg. no. 1935/007463/06) ("Sfrican")		
Physical Address:	13 West Steet, Houghton Estate Johannesburg	Postal Address:	PO Box 616, Johannesburg, 2000
		Email:	clientretention@safrican.co.za
Telephone Number:	011 778 8000 / 8075 / 8131 /8132	Facsimile Number:	011 778 8183
Legal Status	Sfrican is an Authorised Financial Services Provider in terms of the FAIS Act. FAIS registration number is: 15123		
FAIS Registration:	<p>In terms of the FSP license, SAFRICAN is authorised to give advice and render financial services for product</p> <p>CATEGORY I: Long-Term Insurance: Category A Short-Term Insurance: Personal Lines Long-Term Insurance: Categories B1, B2, B2-A. B1-A Short-term Insurance: Personal Lines A1</p>		
PI and FG Cover	Sfrican has a Professional Indemnity Cover and a Fidelity Guarantee Cover in place.		
Compliance Officer:	Group Compliance Officer : Ana Ferreira Tel : 011 778 8003 e-mail: compliance@safrican.co.za		
Complaints:	You can access our Complaints resolution Policy at : www.safrican.co.za		
Conflict of Interest:	You can access our Conflict of Interest Management Policy and Gift Register at : www.safrican.co.za		

5. PARTICULARS OF THE NATIONAL FINANCIAL OMBUD SCHEME SOUTH AFRICA (the NFO)

Name:	National Financial Ombud Scheme South Africa (Reg. no. 2023/162407/08) "NFO"
Physical Address:	110 Oxford Road, Houghton Estate, Illovo, Johannesburg, 2198 CPT Physical Address: Claremont Central Building, 6th Floor, 6 Vineyard Road, Claremont, 7708
Telephone Number:	0860 800 900
Whats app Number:	066 473 0157
Email:	info@nfosa.co.za
Website:	www.nfosa.co.za



Beneficiary Nomination Form



Important information:

1. 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.
2. If the Policy holder 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.
3. If more than one beneficiary is nominated as a beneficiary, the percentages allocated must add up to 100%.
4. We will not make any changes if the policy holder has not signed the form.

Policy Number: _____ Effective date of change: _____

Policy Holder identity Number: _____

1. Policy Holder details

Principal Members Full Names:				
Principal Members Surname:				
Identity Number:	Marital Status:	Gender:	Male:	Female:
Postal Address:				
Work Telephone No.:	Home Telephone No.:	Cell No.:		
Fax No.:	Email Address:			
Retirement / Disability Date:				

2. Beneficiary details for policy Holder

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

I have read and understood the note included in the beneficiary's section of this form regarding nominating minors as beneficiaries.

Signed at (Town or City): _____

Signature: _____ Date: _____

ADMINISTRATOR DETAILS:

Phakama Administration Services
 Greenhill Village Office Park
 Candlewood Building, Ground Floor
 Nentabos Street
 Die Wilgers 0184
 Tel: 012 - 348 8310 Fax: 086 514 1115
 Email: info@phakama.co.za



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

FUNERAL CLAIM FORM



To expedite your claim, kindly forward all claim documents listed below:

1. Copy of the official death certificate issued by the Department of Home Affairs.
2. Copy of the claimant/beneficiary's ID or smart card (certified copies of both sides of the card are required.)
3. Copy of the deceased's ID or smart card (certified copies of both sides of the card are required).
4. If the main member is deceased and not a South African Citizen, a passport and working visa permit are required.
5. A completed BI/DHA-1663 form (all 3 pages are required - when requested)
6. A completed BI/DHA-1680 form (if the deceased died at home)
7. Copy of the claimant's most recent stamped bank statement, showing banking details, not older than 3 months.

8. A Medical report for stillborn child.
9. A copy of the police report or accidental report if death was due to unnatural causes.
10. Official confirmation of registration as a full time student from a registered tertiary institution or medical report confirming disability of a dependent child, if the deceased assured life is between the ages of 22 (twenty two) and 26 (twenty six) years of age.
11. If the cause of death is natural and the deceased past away within the 6 months waiting period, proof that the deceased life assured was covered on another funeral policy with any other Licensed Insurer (as listed on the FSCA website) less than 31 days before the start of cover on this funeral cover policy and that previous policy is no longer covered.

Additional documentation may be requested to assess the claim.

A. Details of Policyholder / Claimant / Beneficiary

Policyholder's Employer _____ Occupation _____

Title _____ Initials _____ Gender M F

Full names _____ Surname _____

Marital status _____ Nationality _____

Date of birth _____ Y Y Y Y / M M / D D ID/ Passport number _____

Country of birth _____ Country of residence _____

Email _____ Cell number _____

Physical / Postal address _____ Code _____

Communication regarding the claim should take place with: _____ Claimant _____ Employer _____ Broker

Source of funds with the following options;

_____ Grants - Disability/Social grant _____ Allowance _____ Passive Income (Rental, dividends and
_____ Savings/ Investments _____ Business Income _____ Inheritance/Gifts/Donations/Winings

Would you like us to update your existing policies with the details given above Y/N

B. Details of deceased

Title _____ Initials _____ Full names _____

Surname _____ Date of birth _____ Y Y Y Y / M M / D D

ID/Passport number _____ Date of death _____ Y Y Y Y / M M / D D

Relationship to claimant _____ Cause of death: _____ Natural _____ Accident _____ Suicide

C. Settlement of ben

Payable to:

Full names: _____ Surname: _____

Relationship: _____ Name of account holder: _____

Name of bank: _____ Account number: _____

Branch name: _____ Branch code: _____

Account type _____ Current (cheque) account _____ Savings / transmission account _____ Account/ Other (Specify) _____

If the settlement of the benefit is being paid to a service provider, please provide a bank statement not be older than three months or bank account confirmation letter.

D. Declaration by claimant / beneficiary – third party payments (To be completed if the benefit is payable to a third party)

I, the abovementioned claimant / beneficiary, acknowledge and accept that by signing this discharge form that the total and absolute liability of Safrican will be limited to payment of the insured amount claimed under the policy and that such payment will relieve Safrican of any further liability hereunder.

I, _____ (Name & Surname) give authority to Safrican,
to pay the benefits to _____ (Recipient's name) in the amount of **R** _____ (Rand and cents)

E. Declaration by claimant

I, the undersigned _____ am duly authorised hereto, declare that the deceased was a legal participant of this Policy. I hereby indemnify Safrican from any and all, liabilities and/or claim further arising from the policy and against any responsibility or liability resulting from erroneously depositing the said benefits into any other bank account owing to the incorrectness of the particulars above. Should such authorisation be revoked for any reason whatsoever and the benefits have already been paid out to me, I will be liable to refund the Insurer all amounts paid out immediately.

I, the undersigned, hereby acknowledge that I understand the content contained herein and certify that the above information is true and correct in every detail. By signing this form; I give Safrican permission to use my information to check whether it appears on any sanction/crime watch lists, as required by law, and to inform the relevant legal bodies if it does appear on any sanction/watch lists. I understand that, in terms of the law, Safrican cannot pay any benefits/refunds to me if my details are on any sanction lists.

Y Y Y Y / M M / D D

Signature of Policyholder/Claimant/Beneficiary

Date

F. Protection of Personal Information ("POPIA") Declaration

The Protection of Personal Information Act (POPIA) requires Safrican to inform you how we collect, process, use, disclose, and destroy personal information we obtain from you. Safrican is committed to protecting your privacy and will ensure that your personal information is used appropriately, transparently, securely, and according to applicable law. Safrican undertakes not to divulge data to any party not signatory to this Policy, any information you supplied and relating to your Benefits without your prior written consent, unless required by law.

By signing this declaration, I consent to the following:

- My personal information may be collected, processed, recorded, used for purposes of concluding and administering this policy and must be safeguarded during the rendering of financial services to me by Safrican.
- Safrican will use my personal information only for the purposes for which it was collected and agreed to with me.
- Safrican may add to my personal information, information received from other product providers and third parties contracted with Safrican to offer a more comprehensive and appropriate service to me.
- Safrican may verify, share, and disclose my personal information to their product providers and third parties contracted with Safrican whose services or products they use to adequately and appropriately render financial services to me.
- Safrican may also disclose my information where it has a duty or a right to disclose in terms of applicable legislation, the law or where it may be necessary to protect its rights.
- Safrican may use my personal information for historical, statistical, research, fraud analysis and sanction screening purposes;
- Safrican will adequately protect my personal information to avoid unauthorized access and use of my personal information.

Furthermore, I understand that:

- I have the right to access my personal information.
- I have the right to ask Safrican to update, correct or delete my personal information.
- Should I wish to withdraw my consent to process my personal information, I must do so in writing. You can contact Safrican on 011 778 8000 or on service@safrican.co.za and request the information you would like or to withdraw your consent.
- Once I object to Safrican processing my personal information, Safrican may no longer process my personal information, unless to conclude outstanding business. If I object to Safrican processing my personal information, cover in terms of the Policy may terminate as the processing of the personal information is material to servicing the Policy. Once I withdraw my consent, I understand that Safrican is still obliged under other legislation

to keep the information for at least 5 years after termination of the relationship between Safrican and myself.

- Prior to giving Safrican a minor child's personal information, I understand that Safrican may require additional information to confirm that I am authorised to provide the child's information. By providing the personal information, I consent to Safrican collecting and processing the child's information in my capacity as the child's competent person.
 - We may send your personal information to service providers outside the Republic of South Africa for storage or further processing on Safrican behalf. We will ask your consent before we send your information to a country that does not have information protection legislation similar to that of the Republic of South Africa.
 - Our complete privacy policy is available on www.safrican.co.za and at a branch nearest to you.
 - We may share with other business units and companies which are part of the Safrican Group* to market our financial products and services which we deem similar, with the aim of affording you the opportunity of taking up some of the financial products or services to fulfil your needs.
 - We may also collect your personal information from other insurers, service providers, law enforcement agencies and other providers, which may assist in saving cost and combating fraud.
 - We may share your information with other business units and companies* which are part of the Safrican Group for the purposes of administering your membership to a loyalty/rewards/wellness or benefit programme
- You have the right to:
- request a copy of your personal information as processed by us;
 - ask for an update and/or correction of your personal information;
 - object to your information being used for any marketing campaign; and
 - opt-out at any time of direct marketing by contacting Safrican Customer Care Centre on 011 778 8000 or via email on service@safrican.co.za
- * Safrican Group includes all the companies and businesses, whether corporate or unincorporated, that comprises the Safrican Group or is under the direct or indirect control of Safrican and includes its representatives. See www.safrican.co.za for more information.

Due to you being a client of Safrican, we may provide you with information (incl. marketing information) about our similar financial products and other services, which may include text messages, emails, and the like. Should you not wish to receive marketing or advertising information from us, please contact Safrican Customer Care Centre at: 011 778 8000 or via email on service@safrican.co.za

Y Y Y Y / M M / D D

Signature

Date

G. Employer details

Name of Employer _____ Name of scheme _____
Contact Person _____ Telephone number _____
Fax number _____ Email _____

H. Declaration by employer

Signature of authorised person

Designation of authorised person

Y Y Y Y / M M / D D

Date

Company stamp

I. Contact us

Physical address: Greenhill Village Office Park, Candlewood Building, Ground Floor, c/o Nentabos & Botterklapper Street, Pretoria, 0184,

Telephone: 012 348 8310

Email: claims@phakama.co.za



SADTU FAMILY BENEFIT PLAN APPLICATION FORM

AGENT NAME **Phakama**AGENT CODE **Default**

PRINCIPAL MEMBER NAME		SURNAME	
IDENTITY NUMBER	MARITAL STATUS	Married	Single
		Widowed	Divorced
PERSAL NUMBER	UNION NUMBER	EMAIL ADDRESS	
CELL NUMBER	FAX NUMBER	HOME NUMBER	WORK NUMBER
SCHOOL NAME	POSTAL ADDRESS		POSTAL CODE

FAMILY DEPENDANTS

Spouse and Children Under Age 21 Years Names & Surnames	Identity No	Relationship To Member

BENEFICIARY: Name and Surname:	BENEFICIARY: ID Number:
BENEFICIARY: Cell Number:	BENEFICIARY: Email Address:

RELATION	Funeral Plan (A,B or C)		
	PLAN A	PLAN B	PLAN C
Principal Member	R 31,200	R 52,000	R 83,200
Spouse	R 31,200	R 41,600	R 41,600
Child age: 14 – 21 years	R 15,600	R 15,600	R 15,600
Child age: 6 – 13 years*	R 10,400	R 10,400	R 10,400
Child age: 1 - 5 years*	R 7,800	R 7,800	R 7,800
Child age: 0 - 11 months*	R 2,600	R 2,600	R 2,600
Stillborn *	R 2,600	R 2,600	R 2,600
MONTHLY PREMIUM	R 73,92	R 110,19	R 146,92

Memorial Benefit	
BENEFIT A	BENEFIT B
R10,400	R10,400
R10,400	
R10,400	
R 23,32	R 11,66

Premium Calculation	
Funeral Plan Selected (A or B or C)	Premium
Memorial Benefit Plan Selected (A,B)	Premium
Grand Total Premium	

* Please see the attached Summary Terms and Conditions for benefit limits for children.

Select preferred payment method: PERSAL or DEBIT ORDER

PERSAL DEDUCTION AUTHORISATION (*Mandatory/Required fields)

Full Name and Surname	Identity Number	Persal	School	Departmental Code	Rank	Month	Amount
*	*	*				*	* R

I hereby authorize the Accountant of the Department of Education to deduct from my salary each month for the premium specified above for cover I have chosen, with effect from selected month above and monthly thereafter, and pay this amount to Safrican Insurance Company Limited ("Safrian") from whom I have obtained a policy, until such time as I cancel this authorization in writing, or until I substitute it with a new authorization. Should the relevant premium rate be changed by Safrican as a result of an inflation related increase in premium rate, I confirm that the changed premium rate may be deducted from my salary until such time as I cancel this authorization in writing or until I substitute it with a new authorization. In the event of this deduction not being successful, the policy will end, subject to the grace period as described in the Terms and Conditions. No deductions are accepted for arrears or any other premiums. Please note that your policy only starts when your first premium is collected. Please allow sufficient time from submission of your application form to the collection date. (Your payroll department may take up to two months to commence the deduction from your salary.)

Should you wish to start your first deduction via debit order, please tick the block and provide us with your banking details:

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

*Also, provide us with your banking details and deduction date below, for us to deduct premium from your bank account if your salary deduction is unsuccessful.

DEBIT ORDER MANDATE (*Mandatory/Required fields)

Account Holder	Branch Code	Account Type	Account Number	Name of Bank	Deduction Date	Amount
*			*	*	*	* R

I hereby authorise Phakama on behalf of Safrican to commence a debit order withdrawal from my account monthly for the premium specified above 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. It remains your responsibility to ensure that we receive premiums. 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 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. The User Abbreviated Name as Registered with the Bank will reflect as follows on your bank account: **SAFRICAN** followed by your policy / membership number.

PREMIUM PAYER SIGNATURE: * _____ DATE: * _____

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 wilful 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. 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.

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

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

TERMS AND CONDITIONS OF THE SADTU FAMILY BENEFIT PLAN

FUNERAL BENEFITS:

The funeral plan provides for a cash payment of a death claim of a Principal Member, his/her Spouse and Children, where applicable.

Principal Member:

A permanent, genuine member of SADTU, who is allowed to elect participation in the Policy, in terms of the eligibility conditions as stated in the Policy. A Principal Member may not be older than the maximum entry age of 70 (seventy) years. A Principal Member must live in South Africa.

Spouse: a person married to the Principal Member by law or tribal custom or under the tenets of any Asian religion, which shall include a Common Law Spouse of the Principal Member. (Divorced spouse not covered). Only a maximum of 2 (two) Spouses may be covered. A Spouse may not be older than the maximum entry age of 70 (seventy) years.

Common Law Spouse: a person who is deemed by Safrican, at its sole discretion, to be a Spouse, considering the circumstances of each case, and shall include, where applicable, customary marriages or a relationship between two people of the same gender, or a relationship between two people who have lived together for at least six consecutive months prior to the date of death of the Spouse. Safrican will require satisfactory proof to support any claim.

Child: an unmarried child of the Principal Member, younger than age 21 (twenty-one) years, including a stepchild, posthumous child, an illegitimate child, a legally adopted child or a stillborn child (must be stillborn from the 26th week of pregnancy). Only 2 (two) stillbirth claims will be accepted per family during the term of the Policy. Cover for Children is extended to under age 26 (twenty-six) years if the Child is a full-time student at a recognised educational institution.

This does not include part-time and correspondence students. Children who are mentally disabled or totally and permanently disabled before age 21 (twenty-one) years, who are unable to care for themselves, are covered until cover for the Principal Member ends. Details of any children of a Common Law Spouse, illegitimate child and stepchild must be supplied to Safrican at the time that the Principal Member joins the scheme, or within 1 (one) month of the child becoming eligible for cover; Safrican will require satisfactory proof to support any claim for such children.

SADTU: The South African Democratic Teachers Union.

MEMORIAL BENEFIT:

The Benefit is optional and should be taken on a voluntary basis where a 6 (six) months waiting period will apply. The Benefit specified in the Schedule shall be due for payment where there has been a valid claim for a Principal Member, Spouse and/or Child age 14 (fourteen) – 21 (twenty one) years. The Memorial Benefit payee must contact Safrican with a request for payment of the Benefit within three months following the date of death of the deceased, failing which the benefit will be forfeited. The maximum benefit payable is R10 000. Termination conditions for the Benefit apply.

COMMENCEMENT OF COVER:

A policy commences on the first day of the calendar month following the receipt of the first premium. If the first premium is received before the 7th of a month, the policy shall commence on the first day of the same month. If the first premium is received after the 7th of the month, the policy shall commence on the first day of the following month.

WAITING PERIODS:

The following waiting periods apply:

- Claims due to accidental death will be paid immediately provided that the policy has commenced, i.e. the first premium is received by Safrican and the policy is not in arrears.
- A 6 (six) months waiting period shall apply from the date the premium is received by Safrican, in respect of a death due to natural causes.
- Where a Principal Member has chosen to increase a benefit amount for an insured person:
- A 6 (six) month waiting period shall apply to their increased part of the benefit amount only.
- Upon retirement, the member can continue with the policy, the policy must be taken up within 1 (one) month of retirement.
- After the death of the Principal Member, a family member can continue with the policy. It must be taken up within 1 (one) month. No increase in benefits allowed.

Where premium payments are missed and resumed again at a later stage, the applicable waiting period will apply from the date the payment of premiums is resumed and received.

LAPSE:

Sfrican will terminate the policy when 2 (two) consecutive premiums were missed.

CANCELLATION:

Principal Member, as well as Safrican, reserves the right to cancel this Policy upon receipt of a 30 day cancellation notice of such intention.

GENERAL:

- Each Principal Member must complete an application form choosing his/her dependents.
- Benefits end on the date of death of the Principal Member, non-payment of premiums (subject to the Grace Period), or withdrawal from the Plan by the Principal Member, which ever event may occur first.

- Premiums are paid up to death.
- No arrear premiums will be accepted according to the terms of this policy.
- A person may be covered any number of times under a SADTU Family Benefit Plan and/or a SADTU Extended Family Benefit Plan as long as the total benefit does not exceed R120 000.00.
- All Children may be covered multiple times under the Plan, provided that:
 - The benefit for children younger than 6 (six) years cannot exceed the maximum benefit limit of R20 000 across all Safrican plans.
 - The benefit for children younger than 14 (fourteen) and older than 6 (six) years cannot exceed the maximum benefit limit of R50 000 across all Safrican plans.
- Should a Principal Member have underpaid his/her premium, the benefit payable in respect of a claim will be reduced in proportion to the underpayment.
- The policyholder is entitled to be provided, upon request, with a copy of the Policy Document.
- Policyholders is entitled to be provided upon request with a copy of the Master Policy.

GRACE PERIOD:

A premium is only regarded as paid once payment was successfully received and provided the payment is not subsequently reversed. If any premium is not paid on time, a 1 (one) month grace period for payment is allowed. If the premium is still not paid after 2 (two) months, the policy will lapse. No benefit amounts are payable under a lapsed policy.

COOLING OFF PERIOD:

The Principal Member has a 31 day cooling off period from receipt of this document to examine the policy. Provided that no death or claim has taken place in this period, he/she must inform Safrican in writing if he/she chooses not to take up the policy. All premiums already paid will be refunded, less the cost of any risk cover.

PREMIUM RATE AND POLICY TERMS REVIEW:

The premium rate payable, and the terms and conditions of the policy, shall be subject to change by Safrican at any time on one month written notice to SADTU.

SURRENDER VALUES

Should you wish to terminate the policy, you will not receive any cash benefit and/or surrender value. You may not use the benefits under this to be ceded or pledged in any way. No loans will be accepted against this Policy.

FRAUDULENT CLAIMS:

Sfrican will not pay any fraudulent claim that is made against this policy. Safrican will, at its own discretion, be entitled to cancel this policy, and any other policy held by the Principal Member or claimant, with immediate effect, should any fraudulent claim be made with the knowledge or intent of the Principal Member or claimant to Safrican's detriment.

DEBIT ORDER PROCEDURE:

Please ensure that the debit order is drawn from your bank account on the date selected. If it is not deducted on the selected date, please contact our offices immediately.

PURPOSE FOR PROCESSING YOUR INFORMATION

Your information will only be used for the purpose you would reasonably expect, including: providing administrative services on behalf of your Insurer and Service Provider; to issue, administer and manage your insurance policies; to process insurance claims; to notify you, on behalf of your Service Provider, of new products or developments that may be of interest to you; to verify your identity and to confirm, verify and update your details; and to comply with any legal and regulatory requirements.

FICA VALIDATION:

The validity of this insurance policy is subject to the fulfilment of party due diligence obligations of the Insurer and Service Provider under the provisions of the Financial Intelligence Centre Amendment Act conducted on the identity of client(s) or persons acting on behalf of clients as well as beneficiaries, premiums payers and beneficial owners of juristic persons where applicable.

CONSENT TO DISCLOSE AND SHARE YOUR INFORMATION:

Your information may need to be shared to verify your identity, provide advice, reports, analyses, products or services that you have requested. Where we share your information, we will take all precautions to ensure that the third party will treat your information with the same level of protection as required by us.

SUMMARY CLAIMS PROCEDURE:

- In the event of a death, a Claim Notification Form must be requested from a Safrican / Phakama office and submitted together with the relevant supporting documents.
- Failure to submit all required supporting documentation within 12 **twelve months** of the date of death will result in the benefit being forfeited.

Claim documents must be clearly certified by: Police or a Commissioner of Oaths. The relevant details of the Police or Commissioner of Oaths as

well as the date stamp must be clear. Documentation submitted other than those listed, will not be accepted. Documents to be submitted include, but are not limited to:

- Fully completed Claim Notification Form.
- Proof of Death:
- (BI-5) Clearly Certified copy of computer produced Death Certificate; **or**
- (BI-18) Clearly Certified copy of unabridged Death Certificate; **or**
- BI – 20) Certified copy of Abridged Death Certificate in respect of stillborn, together with supporting medical documents.
- (BI-1663) Copy of the Notification of death
- Clearly certified copy of Principal Member's Identity Document (If smart ID card, need front & back)
- (BI-1663) Original or faxed copy of the Notification of death
- Clearly certified copy of Principal Member's Identity Document
- Clearly certified copy of deceased's Identity Document
- Clearly certified copy of claimant's Identity Document
- Copy of Principal Member's pay slip for pay period immediately prior to death or the month in which the death occurred.
- Marriage Certificate where applicable.
- Current bank statement of the claimant
- See the Claim Notification Form for further required documents.

Sfrican reserves the right to request further documentation or information as it may deem necessary to accurately assess a claim.

- Safrican will endeavor to settle the claim within 48 hours, from receipt of ALL claim documentation, **provided** all the claim procedure criteria have been met.
- Claims will be rejected once the maximum benefit per individual has been reached. Safrican accepts no liability for loss of premiums or benefit where an individual was insured for more than the maximum benefit permitted.

Your policy is underwritten by:

Sfrican Insurance Company Limited ("Sfrican")
Reg No. 1935/007463/06
An authorised Financial Services Provider
FSP No. 15123 www.sfrican.co.za

For assistance with information on the SADTU Family Benefit Plan, kindly contact:

Sfrican Head Office

13 West Street, Houghton Estate, Johannesburg, 2198
P.O. Box 616, Johannesburg, 2000
Tel: (011) 778 8000 / 8075 / 8131 / 8132
Email: clientretention@sfrican.co.za
If you have any reason to complain, kindly **first** contact the Compliance Officer of Safrican at:
Post: P O Box 616, Johannesburg, 2000
Fax: (011) 778-8130
E-mail: compliance@sfrican.co.za

Should a complaint not be resolved to your satisfaction, you may then escalate the complaint to the Ombudsman at:

PARTICULARS OF THE NATIONAL FINANCIAL OMBUD SCHEME SOUTH AFRICA (the NFO)

Physical Address: Head Office, Postal Address and JHB
Physical Address: 110 Oxford Road,
Houghton Estate, Illovo, Johannesburg, 2198
CPT Physical Address: Claremont Central Building, 6th Floor, 6 Vineyard Road, Claremont, 7708
Company Registration No.: 2023/162407/08
VAT Reference No.: 4080315593
Telephone Number: 0860 800 900
Whats app Number: 066 473 0157
Email: info@nfosa.co.za
Website: www.nfosa.co.za

Your policy is administered by:

Phakama Administration Services
An authorised Financial Services Provider
FSP No. 1473
Greenhill Village Office Park, Candlewood Building, Ground floor, C/O Nentabos & Botterklapper Street, Die Wilgers, Pretoria, 0184
Tel: (012) 348 8310, Fax: 086 514 1115
Email: info@phakama.co.za
The administrator obtains a fee up to 4,5% which includes a binder fee and admin fee

Your Intermediary is:

AM Shikwambana Consultants CC
Reg No.: 2022/372922/07
An authorised Financial Services Provider
FSP No. 24518
Tel: (010) 880 2240
Email: info@amsncinsurance.co.za
The intermediary obtains a fee up to 27% which includes Commission, admin fee and marketing fee, and which is included in the premiums.



SADTU EXTENDED FAMILY BENEFIT PLAN APPLICATION FORM

AGENT NAME **Phakama**AGENT CODE **Default**

PRINCIPAL MEMBER NAME		SURNAME	
IDENTITY NUMBER	MARITALSTATUS	Married	Single
PERSAL NUMBER	UNION NUMBER	EMAIL ADDRESS	
CELL NUMBER	FAX NUMBER	HOME NUMBER	WORK NUMBER
SCHOOL NAME	POSTAL ADDRESS		POSTAL CODE

CATEGORY OF COVER (Waiting Period 6 months)*	PLAN A R26 000	PLAN B R15 600	PLAN C R10 400	PLAN D R7 280
Extended Family age 0 to 5 years	n/a	R55,15	R42,91	R30,67
Extended Family age 6 to 65 years	R94,33	R55,15	R42,91	R30,67
Extended Family age 66 to below 75 years	R228,42	R138,99	R93,05	R65,53
Extended Family age 75 to below 85 years	R303,04	R184,93	R123,71	R86,98
Extended Family age 85 years and older	n/a	R364,61	R243,93	R171,40

EXTENDED FAMILY DEPENDENTS

Surname	Full Name:	Full Identity Number:	Age	(Please Tick ✓)		Plan Selected (A,B,C,D)	Premium
				New	Existing		

TOTAL PREMIUM EXISTING POLICY	R
TOTAL PREMIUMS FOR NEW EXTENDED FAMILY MEMBERS	R
ADMINISTRATION FEE (R7,42) New policies	R
GRAND TOTAL PREMIUM	R

PREFERRED PAYMENT METHOD: PERSAL DEBIT ORDER

PERSAL DEDUCTION AUTHORISATION (*Mandatory/Required fields)

Full Name And Surname	Identity Number	Persal	School	Departmental Code	Rank	Month	Amount
*	*	*				*	* R

I hereby authorize the Accountant of the Department of Education to deduct from my salary each month for the premium specified above for cover I have chosen, with effect from selected month above and monthly thereafter, and pay this amount to Safrican Insurance Company Limited ("Safrican") from whom I have obtained a policy, until such time as I cancel this authorization in writing, or until I substitute it with a new authorization. Should the relevant premium rate be changed by Safrican as a result of an inflation related increase in premium rate, I confirm that the changed premium rate may be deducted from my salary until such time as I cancel this authorization in writing or until I substitute it with a new authorization. In the event of this deduction not being successful, the policy will end, subject to the grace period as described in the Terms and Conditions. No deductions are accepted for arrear or any other premiums. Please note that your policy only starts when your first premium is collected. Please allow sufficient time from submission of your application form to the collection date. (Your payroll department may take up to two months to commence the deduction from your salary.)

Should you wish to start your first deduction via debit order, please tick the block and provide us with your banking details?

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

*Also, provide us with your banking details and deduction date below, for us to deduct premium from your bank account if your salary deduction is unsuccessful.

DEBIT ORDER MANDATE (*Mandatory/Required fields)

Account Holder	Branch Code	Account Type	Account Number	Name of Bank	Deduction Date	Amount
*			*	*	*	*R

I hereby authorise Phakama on behalf of Safrican to commence a debit order withdrawal from my account monthly for the premium specified above 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. It remains your responsibility to ensure that we receive premiums. 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 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. The User Abbreviated Name as Registered with the Bank will reflect as follows on your bank account: **SAFRICAN** followed by your policy / membership number.

PREMIUM PAYER SIGNATURE: * _____ DATE: * _____

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 wilful 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. 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.

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

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

TERMS AND CONDITIONS FOR THE SADTU EXTENDED FAMILY BENEFIT PLAN

EXTENDED FUNERAL BENEFIT:

The Extended Funeral Plan provides for a cash benefit to be paid in settlement of a death claim of an Extended Family Member

PRINCIPAL MEMBER

A permanent, member of SADTU, who is allowed to elect participation in the Policy, in accordance with the eligibility conditions as stated in the Policy, and who is responsible for financial assistance towards funeral and related costs of his/her Extended Family Members. There is no benefit for a Principal Member on this Plan. A Principal Member may not be older than the maximum entry age of 70 (seventy) years. A Principal Member must live in South Africa.

EXTENDED FAMILY MEMBER

Family members who are dependent on the Principal Member for financial assistance in the event of their death and for whom an additional monthly premium as determined by Safrican is paid. This includes parents, parents-in-law, grandparents, uncles, aunts, brothers, sisters, nieces, nephews, and children of the Principal Member who are age 22 (twenty-two) years and older, including divorced spouses. An Extended Family Member may not be older than the maximum entry age of 114 (one hundred & fourteen) years. Up to 10 (ten) dependants may be nominated for cover as Extended Family Members.

SADTU: The South African Democratic Teachers Union.

COMMENCEMENT OF COVER:

A policy commences on the first day of the calendar month following the receipt of the first premium. If the first premium is received before the 7th of a month, the policy shall commence on the first day of the same month. If the first premium is received after the 7th of the month, the policy shall commence on the first day of the following month.

WAITING PERIODS:

The following waiting periods apply:

- Claims due to accidental death will be paid immediately provided that the policy has commenced, i.e. the first premium is received by Safrican and the policy is not in arrears.
- A 6 (six) months waiting period shall apply from the date the premium is received by Safrican.
- Where a Principal Member has chosen to increase a benefit amount for an insured person.
- A 6 (six) month waiting period shall apply to their increased part of the benefit amount only.
- Upon retirement, the member can continue with the policy, the policy must be taken up within 1 (one) month of retirement.
- After the death of the Principle Member, a family member can continue with the policy. It must be taken up within 1 (one) month. No increase in benefits allowed.
- Where premium payments are missed and resumed at a later stage, the applicable waiting period will apply from the date the payment of premiums is resumed and received.

LAPSE:

Sfrican will terminate the policy when 2 (two) consecutive premiums were missed.

CANCELLATION:

Principal Member, as well as Safrican, reserves the right to cancel this Policy upon receipt of a 30 day cancellation notice of such intention.

GENERAL:

- Each Principal Member must complete an application form electing all of his/her Extended Family Members.
- Claims, in respect of Extended Family Members will only be paid where such Members have been nominated on the original application form (waiting periods apply).
- Premiums are paid up to death.
- No arrear premiums will be accepted according to the terms of this policy.
- A maximum benefit of R100 000.00 will be paid to any individual covered on the SADTU Extended Family Benefit Plan.
- Policyholders is entitled to be provided upon request with a copy of the Master Policy
- Extended members may only be covered once per Extended policy.
- The benefit for children younger than 6 (six) years cannot exceed the maximum benefit limit of R20 000 across all Safrican plans.
- The benefit for children younger than 14 (fourteen) and older than 6 (six) years cannot exceed the maximum benefit limit of R50 000 across all Safrican plans.
- Should a Principal Member have under paid his/her premium, the benefit payable in respect of a claim will be reduced in proportion to the under payment.

GRACE PERIOD:

A premium is only regarded as paid once payment was successfully received and provided the payment is not subsequently reversed. If any premium is not paid on time, a 1 (one) month grace period for payment is allowed. If the premium is still not paid after 2 (two) months, the policy will lapse. No benefit amounts are payable under a lapsed policy.

COOLING OFF PERIOD:

The Principal Member has a 31 day cooling off period from receipt of this document to examine the policy. Provided that no death or claim has taken place in this period, he/she must inform Safrican in writing if he/she chooses not to take up the policy. All premiums already paid will be refunded, less the cost of any risk cover.

PREMIUM RATE AND POLICY TERMS REVIEW:

The premium rate payable, and the terms and conditions of the policy, shall be subject to alteration by Safrican at any time with 1 (one) months written notice to the Principal member

SURRENDER VALUES

Should you wish to terminate the policy, you will not receive any cash benefit and/or surrender value. You may not use the benefits under this to be ceded or pledged in any way. No loans will be accepted against this Policy.

FRAUDULENT CLAIMS:

Sfrican will not pay any fraudulent claim that is made against this policy. Safrican will, at its own discretion, be entitled to cancel this policy, and any other policy held by the Principal Member or claimant, with immediate effect, should any fraudulent claim be made with the knowledge or intent of the Principal Member or claimant to Safrican's detriment.

DEBIT ORDER PROCEDURE:

Please ensure that the debit order is drawn from your bank account on the date selected. If it is not deducted on the selected date, please contact our offices immediately.

ADMINISTRATION FEE:

Please note that there is an additional fee of R7.42 per month per policy that must be paid to Safrican for the administration of the Policy.

PURPOSE FOR PROCESSING YOUR INFORMATION

Your personal information will only be used for the purpose you would reasonably expect, including: providing administrative services on behalf of your Insurer and Service Provider; to issue, administer and manage your insurance policies, to process insurance claims; to notify you, on behalf of your Service Provider, of new products or developments that may be of interest to you; to verify your identity and to confirm, verify and update your details; and to comply with any legal and regulatory requirements

FICA VALIDATION:

The validity of this insurance policy is subject to the fulfilment of the obligations of the Insurer and Service Provider under the provisions of the Financial Intelligence Centre Amendment Act conducted on the identity of client(s) or persons acting on behalf of clients as well as beneficiaries, premiums payers and beneficial owners of juristic persons where applicable.

CONSENT TO DISCLOSE AND SHARE YOUR INFORMATION:

Your personal information may need to be shared in order to verify your identity, provide advice, reports, analyses, products or services that you have requested. Where we share your information, we will take all precautions to ensure that the third party will treat your information with the same level of protection as required by us.

SUMMARY CLAIMS PROCEDURE:

- In the event of a death, a Claim Notification Form must be requested from a Safrican / Phakama office and submitted together with the relevant supporting documents.
- Failure to submit all required supporting documentation within 12 (twelve) months of the date of death may result in the benefit being forfeited.

Claim documents must be clearly certified by:

Police or a Commissioner of Oaths. The relevant details of the Police or Commissioner of Oaths as well as the date stamp must be clear. Documentation submitted other than those listed, will not be accepted.

Documents to be submitted include, but are not limited to:

- Fully completed Claim Notification Form.
- Proof of Death:
 - (BI-5) Clearly Certified copy of computer produced Death Certificate; or
 - (BI-18) Clearly Certified copy of unabridged Death Certificate; or
 - BI – 20) Certified copy of Abridged Death Certificate in respect of stillborn, together with supporting medical documents.

- Clearly certified copy of Principal Member's Identity Document (If smart ID card, need front & back)
- (BI-1663) Original or faxed copy of the Notification of death
- Clearly certified copy of Principal Member's Identity Document
- Clearly certified copy of deceased's Identity Document
- Clearly certified copy of claimant's Identity Document
- Copy of Principal Member's pay slip for pay period immediately prior to death or the month in which the death occurred.
- Marriage Certificate where applicable.
- Current bank statement of the claimant
- See the Claim Notification Form for further required document.

Sfrican reserves the right to request further documentation or information as it may deem necessary to accurately assess a claim.

- Safrican will endeavour to settle the claim within 48 hours, from receipt of ALL claim documentation, **provided** all the claim procedure criteria have been met.
- Claims will be rejected once the maximum benefit per individual has been reached. Safrican accepts no liability for loss of premiums or benefit where an individual was insured for more than the maximum benefit permitted.

Your policy is underwritten by:

Sfrican Insurance Company Limited ("Sfrican")
Reg No. 1935/007463/06
An authorised Financial Services Provider
FSP No. 15123 www.sfrican.co.za

For assistance with information on the SADTU Extended Family Benefit Plan, kindly contact:

Sfrican Head Office

13 West Street, Houghton Estate, Johannesburg, 2198
P.O. Box 616, Johannesburg, 2000
Tel: (011) 778 8000

Email: clientretention@sfrican.co.za

If you have any reason to complain, kindly first contact the Compliance Officer of Safrican at:
Post: P O Box 616, Johannesburg, 2000
Fax: (011) 778-8130
E-mail: compliance@sfrican.co.za

Should a complaint not be resolved to your satisfaction, you may then escalate the complaint to the Ombudsman at:

PARTICULARS OF THE NATIONAL FINANCIAL OMBUD SCHEME SOUTH AFRICA (the NFO)

Physical Address: Head Office, Postal Address and JHB Physical Address: 110 Oxford Road, Houghton Estate, Illovo, Johannesburg, 2198
CPT Physical Address: Claremont Central Building, 6th Floor, 6 Vineyard Road, Claremont, 7708
Company Registration No.: 2023/162407/08
VAT Reference No.: 4080315593
Telephone Number: 0860 800 900
Whats app Number: 066 473 0157
Email: info@nfosa.co.za
Website: www.nfosa.co.za

Your policy is administered by:

Phakama Administration Services
An authorised Financial Services Provider
FSP No. 1473
Greenhill Village Office Park, Candlewood Building, Ground floor, C/O Nentabos & Botterklapper Street, Die Wilgers, Pretoria, 0184
Tel: (012) 348 8310, Fax: 086 514 1115
Email: info@phakama.co.za
The administrator obtains a fee up to 4,5% which includes a binder fee and admin fee

Your Intermediary is:

AM Shikwambana Consultants CC
Reg No.: 2022/372922/07
An authorised Financial Services Provider
FSP No. 24518
Tel: (010) 880 2240
Email: info@amsinsurance.co.za
The intermediary obtains a fee up to 27% which includes Commission, admin fee and marketing fee, and which is included in the premiums.



PAID UP APPLICATION FORM - SADTU UNION BENEFIT

Principal Members Full Names:				
Principal Members Surname:				
Identity Number:	Marital Status:	Gender:	Male:	Female:
Postal Address:				
Work Telephone No.:	Home Telephone No.:	Cell No.:		
Fax No.:	Email Address:			
Retirement / Disability Date:				

BENEFICIARY

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

- 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>

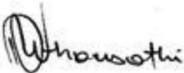
BENEFIT SCHEDULE

Grant the benefits set out below to the terms and conditions contained herein

GROUP ASSURANCE PLAN NUMBER:	P4045
SCHEME NUMBER:	S4045
Scheme Name:	SADTU - S. A. DEMOCRATIC TEACHERS UNION
Frequency:	Monthly
Policy Type:	Compulsory
Cessation Age:	65
Maximum Entry Age:	64
Paid up on On Retirement	Yes
Paid up on Disability	Yes
(1) BENEFIT TYPE	Member Only
Policy Number	P4045/4045/1
Inception Date	1 April 1998
Effective Date	1 October 2021
Minimum Entry Age	18
Maximum Entry Age	64
Monthly Premium Per Member	R 9.35
Member	R 10,000.00

Eligibility:

ALL EMPLOYEES OF SADTU - S. A. DEMOCRATIC TEACHERS UNION SHALL BE ELIGIBLE TO BECOME PARTICIPANTS OF THIS SCHEME.

p.p. 

SAFRICAN

19 January 2026