

THE ULTIMATE TABLE CHARM FUNERAL PLAN

🏠 www.tcdirect.co.za ✉ info@tablecharm.co.za 📞 +27 (0)11 226 1600

Are you an existing TC Direct Member?	Yes <input type="checkbox"/> If Yes, enter your unique TC Member No.		No <input type="checkbox"/>
Have you been referred by a TC Direct Member?	Yes <input type="checkbox"/> If Yes, enter their unique TC Member No.		No <input type="checkbox"/>

Main Member Personal Details

*All details marked with * are **IMPORTANT** - you MUST complete these in order for the application to be accepted*

Name & Surname (Same as ID)*														
ID Number or Passport Number*						Date of birth:	D	D	M	M	Y	Y	Y	Y
Your Cell Phone Number*						Gender:*	Female		Male					
Alternative Cell Phone Number*														
Email Address*														
Your Address*	B U I L D I N G / C O M P L E X / C O M P A N Y H O U S E N O S T R E E T S U B U R B / T O W N P R O V I N C E C O U N T R Y													
											*Postal Code:	C O D E		
Marital Status:*	Single		Married		Widow		Divorced							
How am I paying?*	Savings		Job		Business		Allowance		Other:					
FICA Documents*	ID		Passport		Smart ID		(back and front copy) with clear photo/ readable writing / clear watermarks and barcode							

Funeral Plans

TC Individual Plan <small>Covers the policy holder only</small>			TC Family Plan <small>Covers the policy holder, 1 Spouse & up to 5 Children</small>		
COVER AMOUNT	PREMIUM PER MONTH		COVER AMOUNT	PREMIUM PER MONTH	
R5 000	R50 p/m	<input type="checkbox"/>	R5 000	R60 p/m	<input type="checkbox"/>
R10 000	R65 p/m	<input type="checkbox"/>	R10 000	R90 p/m	<input type="checkbox"/>
R15 000	R80 p/m	<input type="checkbox"/>	R15 000	R110 p/m	<input type="checkbox"/>
R20 000	R85 p/m	<input type="checkbox"/>	R20 000	R120 p/m	<input type="checkbox"/>
R25 000	R99 p/m	<input type="checkbox"/>	R25 000	R149 p/m	<input type="checkbox"/>

Extended Family Plans

Total Premium per chosen frequency – Covers up to 7 Extended Family Members. Extended family includes parents, siblings, in-laws, aunts, uncles, cousins, nieces, nephews, grandparents, grandchildren, or a major child of the policyholder.

Age: 1 - 64 years <small>(Age at next birthday)</small>			Age: 65 - 80 years <small>(Age at next birthday)</small>		
COVER AMOUNT	PREMIUM PER MONTH		COVER AMOUNT	PREMIUM PER MONTH	
R5 000	R40 p/m	<input type="checkbox"/>	R5 000	R100 p/m	<input type="checkbox"/>
R10 000	R50 p/m	<input type="checkbox"/>	R10 000	R170 p/m	<input type="checkbox"/>
R15 000	R60 p/m	<input type="checkbox"/>	R15 000	R230 p/m	<input type="checkbox"/>
R20 000	R70 p/m	<input type="checkbox"/>	R20 000	R300 p/m	<input type="checkbox"/>
R25 000	R80 p/m	<input type="checkbox"/>	R25 000	R340 p/m	<input type="checkbox"/>

Beneficiary Details

*All details marked with * are **IMPORTANT** - you **MUST** complete these in order for the application to be accepted*

Name & Surname (Same as ID):*																												
ID or Passport Number: *															Date of birth:	D D		M M		Y Y Y Y								
Cell Phone Number: *															Gender:*	Female				Male								
Relationship: *																												

Family Plan - Member Details

Name	Surname	Relationship	ID/Passport No.:	Date of Birth
		Spouse		
		Child 1		
		Child 2		
		Child 3		
		Child 4		
		Child 5		

Extended Family Plan - Member Details

Name	Surname	Relationship	ID/Passport No.:	Date of Birth	Gender	Cellphone No.:	Cover Amount	Premium Amount
					M F			
					M F			
					M F			
					M F			
					M F			
					M F			
					M F			

Debit Order Payment Option

*Paying your TC Funeral Policy premium is easy and convenient with the **Debit Order** payment option.*

Debit Order

Name of Bank*																												
Account Holder*																												
Account Number*																												
Account Type*																												
Branch Code*					Debit my premiums on the	D D		of	M M		* Monthly	<input type="checkbox"/>	Quarterly	<input type="checkbox"/>	Annual	<input type="checkbox"/>												

I hereby authorise Phakama Administration Services on behalf of Fedgroup for Table Charm to commence a debit order withdrawal from my account on the 'debit date' selected above, and on the frequency selected (monthly/quarterly/annual) thereafter for the premium applicable for the cover selected. I understand that the debit order will be run on the date selected. If for any reason it is not honoured, the debit order will be run the next month in addition to any other debit order collections. In the event of this second run being dishonoured, the policy will lapse. I understand it is required that this signed document reaches Phakama offices 10 working days prior to the selected deduction date, if not, the deduction will only qualify for the following calendar month's deductions. In the event that the payment day falls on a Sunday, or recognised South African public holiday, the payment day will automatically be the preceding ordinary business day. Should the relevant premium rate be adjusted by the Institution as a result of an inflation related increase in subscription/premium/payment rate, I confirm that the adjusted premium rate may be deducted. I agree that although this Authority and Mandate may be cancelled by me by giving you notice in writing of not less than 20 ordinary working days, such cancellation will not cancel the Agreement. I shall not be entitled to any refund of amounts which you have withdrawn while this Authority was in force, if such amounts were legally owing to you. I acknowledge and agree that payment instructions issued from this Mandate will be treated as payment instructions issued personally by myself, the account holder. 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: Table Charm followed by your policy / membership number.

Date

Policyholder Signature

Terms and Conditions

FUNERAL BENEFITS

In the event of the death of a policyholder, spouse, child or extend family member, Funeral Cover provides cover towards the cost of a funeral. The benefit schedule (Policy Schedule) indicates the benefits selected by the policyholder.

Insured

Any person over the age of 18 (eighteen) years at the time of qualifying for insurance in terms of this policy.

Family Member (if applicable)

Qualifying Spouse and Qualifying Children.

Extended Member (if applicable)

Qualifying parents, siblings, in-laws, aunts, uncles, cousins, nieces, nephews, grandparents, grandchildren or a major child of the policyholder.

Marriage (if applicable)

A spouse is defined as the person with whom the policyholder is joined in marriage and includes:

- A marriage or union in accordance with the Marriage Act, 1961, the Recognition of Customary Marriages Act, 1998, or the Civil Union Act, 2006, or the tenets of a religion or
- A person living with the policyholder in the manner of a spouse, living in a relationship of mutual dependence with the policyholder, and running and sharing a common household with the policyholder.

Common-law and same-sex partners are included in the definition of spouse.

Qualifying Spouse (if applicable)

The policyholder must nominate their spouse in writing at the inception of the policy. A policyholder can change the spouse covered at any time thereafter on marriage, divorce or death, but must do so in writing within three months of the marriage, divorce or death.

If a policyholder has more than one spouse, then the spouse that qualifies first for a benefit is the spouse the policyholder married first, or the spouse that the policyholder nominated first. A maximum of one spouse per policyholder will be covered at any point in time.

Qualifying Child (if applicable)

A child is defined as an unmarried person who is financially dependent on the policyholder and is described as:

- A child, born of the policyholder.
- A dependent stepchild of the policyholder.
- A foster child of the policyholder.
- A child, legally adopted by the policyholder.
- A stillborn child, being a child that has had at least 26 weeks of intra-uterine existence
- A grandchild, being a child of the policyholder's children, where both the child's parents are deceased, or the child is dependent on the policyholder.

Qualifying Extended Family (if applicable)

The policyholder must nominate the extended family covered in writing at inception of the policy. A policyholder can change the extended family covered at anytime but must do so in writing within 3 months.

The policyholder must nominate the children covered in writing at the inception of the policy. The policyholder can change the nominated children covered at any time thereafter on birth, marriage or adoption, but must do so in writing within three months of the birth, marriage or adoption. Proof of dependency must be submitted to Fedgroup Life. A maximum of five children per policyholder will be covered at any point in time.

COMMENCEMENT OF INSURANCE

Insurance cover in respect of a policyholder shall commence on the 1st (first) day of the month in after which Fedgroup Life receives a duly completed application, accepts the application for cover; and receives the first premium.

PREMIUMS

The policy premiums are payable monthly in advance for as long as the policyholder and lives insured are covered under the policy. A period of 2 (two) months grace is allowed for the payment of premiums, unless otherwise arranged with Fedgroup Life in writing. The premiums payable in respect of the policy benefits are as reflected on the application form and on the membership certificate. If any premium is not paid timeously, Fedgroup Life's liability in terms of the policy regarding that Insured and his/her Family Members lapses. Fedgroup Life may, however, reinstate you and your Family Member's cover on conditions which it may lay down from time to time.

Debit order procedure

Should you not pay the premium per selected salary frequency, your policy will lapse. In such event, no premium refunds or benefits will be due and payable to you. **Please therefore ensure that the debit order is deducted from your bank account on the relevant date. If it is not deducted, please contact our offices immediately.**

WAITING PERIOD

In the case of death due to natural causes, cover or any increase in cover has a waiting period of

- There is a 3 (three) month waiting period for Principal Members, Spouses and Children when natural death.
- There is a 12 (twelve) month waiting period for Principal Member, Spouse, Children and Extended Family in the event of suicide.
- Accidental death will be covered immediately provided that the first premium was received.
- There is a 6 (six) month waiting period for Extended Family members for death due to natural causes.

If the Insured's, Family Member's, Extend Family benefits have lapsed and he/she again becomes insured in terms of the policy, the above waiting periods will apply again.

REINSTATEMENT

Cover in terms of the Funeral Policy can be reinstated within 2 (two) months from the date that cover in terms of the Funeral Policy lapsed, provided that all outstanding premiums have been paid in full.

Fedgroup Life will impose a Waiting Period not exceeding the unexpired Waiting Period under the lapsed policy. After the 2 (two) month period stated above, cover cannot be reinstated. The Policyholder may apply for a new policy, subject to the terms and conditions of the Funeral Policy and subject to Fedgroup Life's acceptance of the new policy application.

EXCLUSIONS

- Certain exclusions with regards to war, riot and terrorism apply.
- Certain limitations may apply if you are not physically present in the Republic of South Africa. If you are going to be outside the borders of the Republic of South Africa for a period longer than 6 months, please inform Phakama / Fedgroup Life immediately.

GENERAL

Each Principal Member must complete an application form specifying his/her family members.

Any incorrect information provided to Phakama/Fedgroup Life may result in a claim not being honoured.

COOLING OFF

The cooling-off period enables the policyholder to re-evaluate the policy purchased and cancel the policy by sending a written cancellation notice to Fedgroup Life within 31 days of the policy having been issued. The cooling-off period only applies if no benefits have been paid or an event insured against has not yet occurred. Any premiums paid will be refunded after the deduction of any reasonable costs incurred.

RIGHT TO CANCEL

The member may at any time cancel the policy. The effective date of the cancellation will be the end of the calendar month for which premiums have been requested prior to the date of the request for cancellation. This may result in 2 (two) premiums being deducted after the date the cancellation is requested. All premiums received after the effective date of cancellation will be refunded.

Terms and Conditions

CLAIM PROCEDURES:

In the event of a claim, report claims to the Client Service Centre immediately on 086 514 1115 (Fax) or Claims@tablecharm.co.za. Claims are processed by the Binder Holder Phakama Admin Services on behalf of Fedgroup Life Ltd a Licensed Life Insurer.

Claim forms must be requested from Phakama and together with the relevant supporting documents, must be submitted to Phakama as soon as possible from the date of event. Failure to do so could result in the benefit being forfeited.

Copies must be clearly certified. The details of the Commissioner of Oath with all of the relevant details must be clear.

NB: Posted documents must be sent via registered mail.

HOW TO LODGE A COMPLAINT

If you have received inadequate information or unsatisfactory service, or have complaints about the advice you have received, please contact Phakama Administration Services and have the following information on hand:

Policy number;
Identity number
Nature of enquiry

Fedgroup Life Limited – Insurer

Phone : 011 305 2300
Complaints: complaints@fedgroup.co.za
Web address: www.fedgroup.co.za

Phakama Administration Services - Administrator and Binder Holder:

Phone : 012 348 8310
General Queries : info@phakama.co.za
Claims : claims@phakama.co.za
Web address : www.phakama.co.za
Physical address : Greenhill Village Office Park, Ground Floor - Candiewood Building Botterklapper Street Pretoria 0184
Postal address : Private Box X13 Lynnwood Ridge, Pretoria, 0040
Registration Number : 1990/002950/07
FSP Number : 1473

Phakama Administration Services - Compliance Officer:

Email : compliance@phakama.co.za
Phone : 012 348 8310

If Phakama Administration Services does not resolve your complaint to your satisfaction, you may contact the parties mentioned below for assistance:

National Financial Ombud Scheme (NFO)

Phone: 0860 800 900
Email: info@nfosa.co.za
Web address: www.nfosa.co.za
Physical address (JHB) : 110 Oxford Road, Houghton Estate, Johannesburg, 2198
Physical address (CPT) : Claremont Central Building, 6th Floor, 6 Vineyard Road, Claremont, 7708

FAIS Ombudsman

Phone : 012 762 5000 / 086 066 3274
Email : info@faisombud.co.za
Physical address : Menlyn Central Office Building, 125 Dallas Avenue, Waterkloof Glen, Pretoria, 0010
Postal address : PO Box 41, Menlyn Park, 0063

Claims, in respect of Family Members and Extended family, will only be paid where such Family Members and Extended family have been nominated on the original application/amended form.

Phakama on behalf of Fedgroup Life reserves the right to request any further documentation or information as it may deem necessary to accurately assess a claim.

Phakama on behalf of Fedgroup Life will endeavour to settle the claim within 2 business days of receiving all of the required fully completed documentation.

Faxed copies must be clearly certified. The details of the Commissioner of Oaths with all the relevant details must be clearly legible.

Documentation submitted, other than those listed, will not be accepted. **EXCEPT WHERE SPECIFIED ABOVE, AFFIDAVITS ARE NOT ACCEPTED.**

NOTIFICATION OF DEATH

Phakama must be notified in the event of death, even if no claim is processed. Failure to inform Phakama of deceased will result in continued deductions of the premiums. Where a claim was not processed by Phakama for any reason, refunds will be processed from the date that the correspondence was received informing Phakama of the death. Correspondence must include a copy of the death certificate.

I declare to the best of my knowledge and belief that the particulars given are true and correct. I am satisfied that the plan chosen by me best suits my needs. I am able to afford the premium of the plan chosen by me. I have read and understood the Summary of the Terms and Condition on the reverse side hereof.

- I am replacing an existing Funeral Plan with this Policy.
 I am not replacing an existing Funeral Plan with this Policy.

I confirm and accept the terms and conditions of this policy. I understand, accept and consent to the FICA Validation, the Processing of my Information, and the Disclosure and Sharing of my Information, per the terms and conditions.

Date

Policyholder Signature