



Dear Sir/Madam,

We have an exciting and affordable funeral product!

For only R150 per month, you can cover yourself and 9 family dependants for R10 000 each.

There is only a 6 month waiting period for natural death, but accidental death is covered as soon as the first premium is paid.

The application form and terms and conditions are included.

Completed forms can be sent to info@phakama.co.za or faxed to 086 514 1115.

Kind regards

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Phakama



At Phakama, we take our responsibility of safeguarding the planet seriously. In a continuous effort to improve efficiency and contribute to an eco-friendly environment, we encourage you to receive information about your policy by email. This will help us save paper and reduce our carbon footprint. Please email us at info@phakama.co.za to provide your email address, please remember to use your policy number as reference.

Phakama Funeral Society (Pty) Ltd

Co. Reg. No.: 1990/002950/07, Vat Reg. No.: 4650214622, FSP No.: 1473

Lynnridge Mews, 5th Floor, 22 Hibiscus Road, Lynnwood Ridge, 0081. Private Bag X13, Lynnwood Ridge, 0040

Tel: (012) 348 8310, Fax: 086 514 1115, Email: hq@phakama.co.za

DIRECTORS: M.J. Maluleke *(Chairman), E.D. van Tonder (CEO), R.P. Attwell, J.C. Oosthuizen, A. Shikwambana*, T.I. Nompula* (*Non-Executive)

APPLICATION FOR MEMBERSHIP OF THE AFRICAN UNITY SUPER 10 FUNERAL PLAN



Agent / Broker Name: PCB

Agent / Broker Code: PCB

R10 000.00 Benefit – R150.00 Monthly Premium

MAIN MEMBER ENTRY AGE: 18 - 64

**MEMBER SURNAME:	FIRST NAMES:	EMAIL ADDRESS:
POSTAL ADDRESS:	IDENTITY NUMBER:	OCCUPATION:
	TELEPHONE NUMBER:	CELL PHONE NUMBER:

**** Applicant is the policy owner.**

9 FAMILY DEPENDANTS ENTRY AGE: 0 - 64

Surname:	First Names:	Identity Number:	Date of Birth:	Relationship to Member:

Disclosure: Underwriting and administration R100, Distribution Fee R50.00

Inception date of policy: Cover to commence on the 1st day of new month: 01/...../20.....

Debit order Authority:

Name of Bank: _____ Branch Code: _____ Account type: Cheque ☐ Savings ☐ Transmission ☐

Account Number: _____ Name of Account holder: _____

I hereby authorise Phakama to commence a debit order withdrawal from my account on the _____ day of the month (add appropriate date of the month), and monthly thereafter for the premium applicable for the cover selected. I understand that the debit order will be run on the date selected. If for any reason it is not honoured, two withdrawal runs will be done the next month. In the event of this second run being dishonoured, the policy will lapse. I understand it is required that this signed document reaches Phakama offices 10 working days prior to the selected deduction date, if not, the deduction will only qualify for the following calendar month's deductions. 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.

Signature of Account Holder _____

Date: _____

Cash Deposit:

You can deposit your premium directly into Phakama's premium account at First National Bank, an additional R10.15 is payable to accommodate the banking fees: Phakama, First National Bank, Account Number: 62023403687, Branch Code: 252045, **Reference Number: Your policy number or ID number.**

Remember to include the relevant fees with cash deposits into this First National Bank account in order for your premium to be sufficient.

For cover to continue uninterrupted, the deposit is to be made by the **7th of each month.**

Salary Stop order Instruction:

Persal Number: _____ Department Code: _____

I hereby authorise the Department ofto deduct the premium of Rfrom my salary monthly with effect from20..... and to remit it to African Unity Insurance Limited with whom I have an insurance policy, until such time as I cancel this authorisation in writing, or until I substitute it with a new authorisation. Should the relevant premium rate be adjusted by African Unity Insurance Limited as a result of an inflation related increase in subscription/premium/payment rate, I confirm that the adjusted premium rate may be deducted from my salary until such time as I cancel this authorisation in writing or until I substitute it with a new authorisation.

Signature of approval for Persal deduction: _____

I declare to the best of my knowledge and belief that the particulars given are true and correct * I am satisfied that the plan chosen by me best suits my needs * I am able to afford the monthly premium of the plan chosen by me * I have read and understood the Summary of the Terms and Condition on the reverse side hereof. * I am/am not replacing an existing Funeral Plan with this Policy.

Beneficiary:

I hereby authorise African Unity Insurance Limited to pay the proceeds of this Funeral Plan directly to, ID number, the policy owner / beneficiary of the policy owner.

Signature of Applicant: _____

Date: _____

Terms and Conditions of the African Unity Super 10 Funeral Benefit

Principal Member

Any person who has completed an application form and been admitted to membership of the Scheme and is allowed to elect participation in the Policy, in accordance with the eligibility conditions as stated in the policy schedule, and who has not reached the age of 65 years

Relations	Benefit
Member	R 10,000
Family Dependants (Max 9)	R 10,000 (each)

Dependant Members:

Up to 9 (nine) Family Dependants are covered.

Family Dependant in regard to the Principal Member means any person in which the Main Member has an insurable interest, this includes a Spouse and a Child, additional Spouses, parents and parents-in-law, brothers, sisters, uncles, aunts, nephews and nieces, who is nominated to the Front Office by the Principal Member.

Insured

The Principal Member and Family Dependants that have been accepted by the Insurer.

Beneficiary

Any person nominated by the Principal Member to whom death benefits will be paid in the event of a successful claim, due to the death of the Principal Member.

General terms and conditions

The Principal Member may not cede the benefit and any cession shall be null and void.

Each Principal Member must complete an application form and nominate his/her beneficiary.

Benefits cease upon the death of the Principal Member or his/her written instruction to terminate the contribution and benefits or in case of non-payment for the benefits.

Waiting periods

There is a 6 (six) month waiting period for Principal Members and Family Dependants.

Age limitations

The Principal Member must be between the ages of 18 and 65 at the time of application. Family Dependants must be between the ages of 0 and 65 at the time of application.

Surrender values

There are no surrender values. Benefits may not be ceded or pledged in any way. No loans will be accepted against any benefits.

Specific exclusions

African Unity Insurance shall not be obliged to make payment in respect of any condition or event arising directly or indirectly from, contributed to by, or traceable to:

1. Suicide within the first 24 (twenty four) months of application.
2. War, invasion, acts of foreign enemy, hostilities, rebellion, revolution, insurrection or military or usurped power, or by ionizing radiation or contamination by radioactivity from any nuclear fuel or waste.
3. Any participation in hazardous sports i.e. motor/cycle racing, mountain climbing etc.
4. Any involvement or participation in any criminal activity.
5. Premium payments must be up to date to qualify for benefits.

Description of benefits:

(a) Funeral Benefit for the Principal Member

The Insurer will pay the Insured's beneficiary or estate R10 000 (ten thousand rand) upon death of the Principal Member.

(b) Funeral Benefit for the Family Dependants

In case of the death of the Principal Member's Family Dependants, the Insurer will pay the Principal Member the amount of R10 000 (ten thousand rand) per Family Dependant.

Premiums

Should you not pay the monthly premium, your policy will lapse. In such event, no premium refunds or benefits will be due and payable to you.

Burial Repatriation Benefit

This benefit is not described in the policy and is available on the death of any Insured or Family Member at no charge.

The benefit provides for transport of the deceased via road or air from anywhere in South Africa, Lesotho, Swaziland, Zimbabwe, Botswana, Namibia or Mozambique (south of the 22° latitude), to the funeral home closest to the place of burial in South Africa.

One relative may accompany the body to the funeral home, and if needed, overnight accommodation (one night) will be provided at no additional cost." When a member's death occurs more than 100km from their normal place of residence / place of burial, the deceased will be transported to the place of burial irrespective of where the death occurred or where the burial will take place, provided that the repatriation is within the defined territory.

Call: 0860 000 265

Claims procedure

In the event of a claim, report claims to the Client Service Centre immediately on 086 514 1115 or claims@phakama.co.za. Claim forms must be requested from Phakama and together with the relevant supporting documents, must be submitted to Phakama within 180 days of 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.

Complaints

Complaints that cannot be resolved via the Client Service Centre, should be reduced to writing and be addressed to the Complaints Officer of Phakama at the address below.

Phakama Funeral Society (Pty) Ltd

An Authorised Financial Services Provider FSP no. 1473
Lynnridge Mews – 5th Floor
22 Hibiscus Street
Lynnwood Ridge, 0081
Tel: +27 12 348 8310
Fax: 086 514 1115
Private Bag x13
Lynnwood Ridge
0040

African Unity Insurance Limited

A Licensed Financial Services Provider FSP no. 8447
Old Museum Building, First Floor,
28 Bird Street, Central
Port Elizabeth, 6001
Tel: +27 41 582 4577
Fax: +27 41 582 3865
PO Box 12270
Moffat Place
6002



ADMINISTRATION HELP LINE:

Tel: (012)348 8310
Fax: 085 101 2430 or 086 514 1115 or (012)365 2871

NEW APPLICATION SUBMISSION:

Fax: 086 514 1115

The Ombudsman for Long-term Insurance

Private bag X45
Claremont
7735
Tel: 021 657 5000 / 0860 103 236
Fax: 021 674 0951

FAIS Ombudsman

Financial Services Board
P.O. Box 74571
Lynnwood Ridge
0040
Tel: (012) 470-9080
Fax: (012) 348 3447