



Approved by LegalWise

FAMILY BURIAL PLAN

POST THIS APPLICATION TO: LIFEWISE, PO BOX 3294, FLORIDA 1710 OR FAX TO (011) 472-2055.

PLEASE CROSS THE OPTION YOU HAVE CHOSEN

R5 000 COVER

R10 000 COVER

R15 000 COVER

R20 000 COVER

FAMILY PLAN OPTION 1
 FAMILY PLAN OPTION 2
 FAMILY PLAN OPTION 3
 FAMILY PLAN OPTION 4
 INDIVIDUAL OPTION 1
 INDIVIDUAL OPTION 2
 INDIVIDUAL OPTION 3
 INDIVIDUAL OPTION 4

1. MEMBERS DETAILS

SURNAME _____ INITIALS _____ TITLE: Prof/Mr/Mrs/Ms/Dr/Rev _____
 POSTAL ADDRESS _____ CODE _____
 TEL HOME() _____ TEL WORK() _____ CELL _____
 DATE OF BIRTH _____ ID NO _____
 EMPLOYER'S NAME _____ EMPLOYER'S TEL NO _____

2. PARTNER AND CHILDREN'S DETAILS

	SURNAME	INITIALS	ID NUMBER/DATE OF BIRTH	SEX M/F
PARTNER				
CHILD				
CHILD				
CHILD				
CHILD				
CHILD				

3. PARENTS/PARENTS-IN-LAW DETAILS

RELATIONSHIP	SURNAME	INITIALS	ID NUMBER/DATE OF BIRTH	PREMIUM
FATHER				
MOTHER				
FATHER-IN-LAW				
MOTHER-IN-LAW				

4. NOMINATION OF BENEFICIARY (IN CASE OF MEMBER'S DEATH)

I nominate(Name) _____ ID NO _____
 to receive the benefits to be paid in terms of this policy in the event of my death.
 The beneficiary is my _____
 Relationship to member _____ Beneficiary Tel no _____

5. PAYMENT DETAILS PLEASE CROSS THE APPLICABLE BLOCK:

I wish to pay every month by cash at an office or branch of LifeWise/LegalWise. DO NOT POST CASH.
 I wish to pay every month by Postal Order or Cheque and enclose postal orders or a cheque crossed "Not Transferable" and made out to LifeWise.
 I wish to pay every month by Debit Order. Details are given below.
 I wish to pay every month by Stop Order salary deduction. Please arrange this with my employer. Attached is a signed Stop Order authority form and a copy of my payslip.

NAME OF BANK _____ ACCOUNT NO _____
 TYPE OF ACCOUNT: Cheque Transmission Savings
 BRANCH NAME _____ BRANCH CODE _____

PLEASE DEDUCT MY PREMIUM ON THE _____ DAY OF EVERY MONTH, AN AMOUNT OF R _____
 I hereby authorise LifeWise to arrange deduction(s) and or deduction(s) of arrear(s) from my salary by means of stop order with my employer, or a debit order from my bank account. I acknowledge that LifeWise may not cede or assign any of its rights to a third party without my written consent. I may not delegate my obligations in terms of this authority to a third party without prior written consent from LifeWise. This authority may be cancelled by me by giving LifeWise thirty days written notice. The member agrees, in the event of unsuccessful collections on the preferred deduction date, that an alternative date may be selected by LifeWise. I confirm I have read and understand the terms and conditions under this policy as covered in the summary attached hereto.

MEMBERS SIGNATURE _____ DATE _____
 SIGNATURE OF ACCOUNT HOLDER/PREMIUM PAYER _____ DATE _____