



Approved by LegalWise

Family Expenses Southern Africa (Pty) Limited

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FAMILY BURIAL PLAN

POST THIS APPLICATION TO: LEFWISE, 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 1-4, INDIVIDUAL OPTION 1-4

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

Table with columns: SURNAME, INITIALS, ID NUMBER/DATE OF BIRTH, SEX M/F. Rows for PARTNER and CHILD.

3. PARENTS/PARENTS-IN-LAW DETAILS

Table with columns: RELATIONSHIP, SURNAME, INITIALS, ID NUMBER/DATE OF BIRTH, PREMIUM. Rows for 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

Beneficiary Employer's Name Beneficiary Employer's 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.

MEMBERS SIGNATURE DATE SIGNATURE OF ACCOUNT HOLDER/PREMIUM PAYER DATE

Authorised Financial Services Provider