



FAMILY BURIAL PLAN

Family Expenses Southern Africa (Pty) Limited

Cnr Goldman Street & 2nd Avenue, Florida. PO Box 3294, Florida 1710. Tel 011 472 2020, Fax 011 472 2055. Email: lifewise@mweb.co.za

APPLICATION FOR FUNERAL POLICY

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

PLEASE CROSS THE OPTION YOU HAVE CHOSEN

COVER [] R5 000 [] R10 000 [] R15 000 [] R20 000 [] R30 000

FOOD ANNUITY [] R500PM X6 [] R1 000PM X6 [] R500PM X12 [] R1 000PM X12

1. NEW MEMBER'S DETAILS

SURNAME TITLE: Prof/Mr/Mrs/Ms/Dr/Rev
FIRST NAME/S
POSTAL ADDRESS CODE
EMAIL ADDRESS

TEL HOME 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, COVER AMOUNT. 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 Number
Beneficiary Employer's Name Beneficiary Employer's Tel No

5. YOUR PREMIUMS

Age Under 46 Age 46-64 Age 65-75
R5 000 cover R40-50 R51-50 R101-00
R10 000 cover R73-50 R94-00 R188-00
R15 000 cover R100-00 R123-00
R20 000 cover R126-00 R153-00
R30 000 cover R172-00 R220-00

A 6 month waiting period applies for natural causes. A 9 month waiting period applies for natural causes for ages 65-75.

Premium for parents

Up to 4 parents may be added to your policy. The maximum cover is R10 000 per parent and the maximum entry age is 75 years of age. Subject to cover of main insured. A 9 month waiting period applies for natural causes.

Age Under 56 Age 56-65 Age 66-75
R5-75/R1 000 R8-00/R1 000 R10-75/R1 000
Father
Mother
Father-in-law
Mother-in-law

The Food Annuity Benefit

Table with columns: Benefit Amount, Total Benefit, Benefit Term, Age Under 46, Age 46-64, Age 65-75. Rows for R500, R500, R1 000, R1 000.

A 6 month waiting period applies for natural causes. A 9 month waiting period applies for natural causes for ages 65-75.

TOTAL MONTHLY PREMIUM R WHICH IS THE AMOUNT TO BE DEDUCTED OR PAID AS PER THE CROSSED BLOCK BELOW

6. 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. Payment can also be made at S.A. Post Office or EasyPay outlet.
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.
I wish to pay every month by Debit Order. Details are given below.

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

MY SALARY PAYDATE IS THE OF EVERY MONTH WHICH IS ALSO MY DEBIT ORDER DEDUCTION DATE YOUR SALARY NO

I hereby authorise LifeWise to arrange monthly premium deduction(s) and/or deduction(s) of arrears(s) by means of a debit order from my nominated bank account. I acknowledge that all payment instructions issued by LifeWise shall be treated by my abovementioned bank as if the instruction has been issued by me personally. I may not delegate my obligations in terms of this authority to a third party without prior written consent from LifeWise. I acknowledge that LifeWise may not cede or assign any of its rights to a third party without my written consent. If the deduction is unsuccessful to meet the obligation, you are entitled to track my account with the Naedo or a similar system and re-present the instructions for payment monthly on alternative dates when the obligation in terms of the agreement is due. This authority will continue until cancelled by me by giving LifeWise thirty days written notice.

NAME OF ACCOUNT HOLDER SIGNATURE OF ACCOUNT HOLDER/ PREMIUM PAYER DATE
ID NO OF ACCOUNT HOLDER

7. SUITABILITY OF COVER

The Total Existing Funeral Cover on the life of new member is: Funeral Insurance Company Funeral Cover Monthly premium
I confirm, the funeral cover under this application is suitable for my Funeral Insurance needs

8. INFORMATION ON REPLACING A POLICY

Are you taking this policy out in place of an old one that you have cancelled in the last 4 months, or that you will cancel in the next 4 months? YES NO
If you answered 'Yes' and have decided to take out a new policy in place of an old one, then you must think about the following:
> You may pay some charges and fees twice - first on the existing policy and once again on the new policy.
> You may pay a higher premium on the new policy because you are older now or your health situation might have changed.
> There might be differences in premium and benefits.
> Your new policy may have more exclusions, restrictions or waiting periods. This means the new policy may sometimes not pay claims when the old policy did.
> There may be other things to think about which might change your decision to replace your old policy. Because this is a non-advice sale, we cannot offer you advice about the replacement. If you need advice, please contact your financial advisor.

MEMBERS SIGNATURE DATE
I hereby confirm that I have read and understand the FAIS notice on this website plus the terms and conditions of the policy on this document.