SA FUNERAL CASH PLAN

ADMINISTRATED BY SA LIFE BENEFITS (PTY) LTD FSP#27738
UNDERWRITTEN BY GROUPS ARE US FSP#45735

AMENDMENT FORM

(Please attach ID/Passport/Birth Certificate for all New Members)

Main Member Details

Surname		First Names		
ID / Passport Number		Date of Birth		Marital Status	

CHANGE of Contact Details

Address																							
Post Code		Cell											Home/Work Tel										
Email																							

CHANGE of Beneficiary Details (The beneficiary below will receive the benefit when the Main Member dies)

Surname		First Names		
ID / Passport Number		Date of Birth		Relationship	
Address					
Post Code		Cell		Email	

CHANGE of Cover

Membership Cover	R	Category		Customer Premium	R

CHANGE / ADDITION of Spouse AND / OR Natural Children Details

Surname	Name	ID / Passport Number	Date of Birth	Add	Remove

CHANGE / ADDITION of Extended Children (under 18) Details

Surname	Name	ID / Passport Number	Date of Birth	Cover	Premium	Add	Remove

Total Extended Children PREMIUM	R
TOTAL CUSTOMER PREMIUM	**R**

Proof of Schooling (Please attach School's letter)

Dependants Full Name	

Declaration of Member

I have read and understand the rules and conditions of the scheme. I accept that no death claim resulting from suicide will be considered for payment within the first 12 (twelve) months of membership.

SIGNATURE OF MEMBER _____ **DATE** _____