SA FUNERAL CASH PLAN

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

APPLICATION FORM

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

Main Member Details

Surname		First Names			
ID / Passport Number		Date of Birth		Marital Status	
I am a previous dependant now turning 21 (Provide ID of Main Member)					

Contact Details

Address					
Post Code		Cell		Home/Work Tel	
Email					

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	

Cover

Membership Cover	R	Category		Customer Premium	R

Spouse / Natural Children Details

Surname	Name	ID / Passport Number	Date of Birth

Extended Children (under 18) Details

Surname	Name	ID / Passport Number	Date of Birth	Cover	Premium

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

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.
I have read and understand the disclosures whereby I consent to the processing of my personal information, including the sharing of information for purposes of implementing this policy in terms of Section 69(2) of POPIA.

SIGNATURE OF MEMBER _____ **DATE** _____