



1LIFE FUNERAL COVER ck 2023/769292/07/ ta

**1LIFE4SURE**

Email: sales@1life4sure.co.za

Contact: 0832589431

Policy No \_\_\_\_\_ Inception date \_\_\_\_\_

I the undersigned hereby apply for membership and benefits, as indicated by below.

Main Member's Age \_\_\_\_\_ Plan \_\_\_\_\_ Cover Amount R \_\_\_\_\_ Total Premium R \_\_\_\_\_

**1. PERSONAL DETAILS OF MAIN MEMBER**

Title	Full names		Surname	
ID No	Age		Marital Status	Date of Birth
Physical Address		Postal Address		
Cell No	Tel No (H)		Tel No (O)	
Work Name	Job/Occupation		E-Mail	
Source of Funds	Salary	Social Grant	Savings	Divorce Settlement

**2. PERSONAL DETAILS OF SPOUSE**

Title	Full names		Surname	
ID No	Age		Date of Birth	

**3. DEPENDANT CHILDREN/ADULTS**

Names and Surname	Relationship	Age	Identity number or Date of Birth	Cover Amount
1				
2				
3				
4				
5				

**4. EXTENDED MEMBERS**

Names and Surname	Relationship	Age	Identity number or Date of Birth	Cover Amount
1				
2				
3				
4				
5				
6				
7				
8				
9				
<b>TOTAL PREMIUM (per month)</b>				<b>R</b>

**5. BENEFICIARY**

1	ID NO	Tel No
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I, the applicant/policyholder under this policy, in the event of my death, hereby nominate the above-mentioned person as the beneficiary in terms of this policy, to receive benefits payable under this policy. I hereby indemnify my Scheme, 1LIFE4SURE FUNERAL COVER, Paymansol Financial Services or the underwriter against any claim/s by myself or by any third parties in respect of the payment of the policy benefits to the beneficiary I hereby acknowledge and understand that unless I instruct differently in writing, the benefits will be received by \_\_\_\_\_ and payment will be forwarded to me or my nominated beneficiary.

**6. WAIVER OF WAITING PERIOD**

Question	Answer			
Are you taking this policy to replace funeral policy that was cancelled within 2 months before taking this one?	YES		NO	
Name of Insurer				
Cover start date	YYYYMMDD			
Cancellation/Lapse date	YYYYMMDD			
Are you covering the same life/lives that were covered on your previous funeral policy (Principal member)	YES		NO	
If "NO", full waiting period will be imposed.				

**7. DETAILS OF PREVIOUSLY INSURED PERSON(S)**

Name	Surname	Date of Birth	Previous cover amount
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## 8. Waiver of Waiting Period (Full/Partial)

Type	Waiting Period(A)	Month(s) Waiting Periods Served from Previous Insured (B)	Applicable Waiting Period on New Policy (A-B)
Death by Natural Causes			Waiting period LESS waiting period served from previous insurer
Suicide			Waiting period served from previous insurer
Cash payment		YES:	NO:
Total of Policy + adult dependent			Total Premium

### BANKING DETAILS

BANK	FIRST NATIONAL BANK (FNB)
ACCOUNT NUMBER	63055234454
BRANCH	250655
REFERENCE	POLICY NUMBER + FULL NAME
EMAIL OR WHATSAPP PROOF OF PAYMENT	ACCOUNTS@1LIFE4SURE.CO.ZA OR 083 258 9431

## 9. TERMS

Policies are to be paid in cash, into the above FIRST NATIONAL BANK (FNB) account with account number 63055234454 with the relevant reference. There is a 6-months waiting period for new policies or additional members. No waiting period for accidental death. 12 Month waiting period for suicidal death. Cover only starts once first premium has been received by the underwriter. Cover cancelled when 2 premiums are not received. New waiting period will apply to reinstate.

## 10. DECLARATION

I, the undersigned hereby declare and warrant all information supplied herein, to be true and complete. I am aware, of any non-disclosure or misrepresentation of information which is material to the determination of the risk by the underwriter, may lead to the policy being declared null and void, in which case all premiums paid, will be forfeited. I am certain that the product which I am applying for meets my needs and feel that I have all the necessary information in order to make an informed decision in respect of the purchase thereof. I have been advised on the product features, premiums and all its terms and conditions. I was given a flyer which includes product features, premiums and all product terms and conditions. I also confirm that I have read and understood all the terms and conditions. I am aware and have been explained of the waiting period applicable to this policy. I have been informed of the maximum of cover aggregation per life assured. Should we not be able to confirm your previous policy or not meeting the requirements, waiting period will not be waived. I understand that a waiting period applies to death because death other than an accident. This means that cover will not be paid if the insured person dies due to causes other than an accident within the waiting period.

## 11. REPLACEMENTS

- The person selling me this product has not recommended I do a replacement.
- If I am replacing the policy, I know that I must insist on an explanation of the potential negative consequences and costs to me for so doing, before undertaking the replacement. Waiver of Waiting Period (Full/Partial).
- We will not impose a waiting period on a funeral policy if the policy holder confirms that they have taken out this policy to replace a previous policy where the waiting period was served and was cancelled within two months before the application date of the new policy.
  - This applies to waiting periods served on the policies with the same or different insurer.
  - This only applies when the same life is insured for the same amount of cover. For any additional cover bought over and above the cover amount of the previous policy, the full applicable waiting period will apply.
  - We will reduce the waiting period if the policy holder completed part of the waiting period on the previous, similar policy.
  - The previous policy must have been with the registered Insurer with Financial Sector Conduct Authority.

## 12 TRANSFER DOCUMENTS

Existing policy application/membership certificate attached	YES:	NO:
Last six months proof of payment slips attached	YES:	NO:

### PROTECTION OF PERSONAL INFORMATION

Underwriter would like to offer ongoing financial services and may use your personal information to provide you with information about products or services that may be suitable to meet your financial needs. Underwriter may use, share or obtain your personal information (including criminal and/or health information) for the following purposes: • Underwriting • Assessment and processing of claims • Where applicable, credit reference searches or verification, credit scoring and assessment and credit management • Verification of personal information (including your identity, address, and banking details) • Updating your personal information • Claims checks (Industry Life & Claims Register(s)) • Tracing beneficiaries • Debt tracing or debt recovery • Tracing you where you are uncontactable • Prevention and detection of fraud, crime, money laundering (including anti-money laundering screening) or other malpractice • Market or customer satisfaction research or statistical analysis • Audit & record keeping purposes • Compliance with legal & regulatory requirements and in connection with legal proceedings • Sharing information with service providers we engage to process such information on our behalf or who render services to us. These service providers may be abroad, we will not share your information with them unless we are satisfied that they have adequate security measures in place to protect your personal info. You agree that Underwriter may view, search, and update your information. You may access your personal information that we hold and may also, under certain circumstances, request us to correct any errors or to delete this information. In certain cases, you have the right to object to the processing of your personal information. You also have the right to complain to the Information Regulator, whose contact details are:

<http://www.justice.gov.za/infocreg/index.html> General enquiries: [enquiries@infoeregulator.org.za](mailto:enquiries@infoeregulator.org.za) Complaints: [POPIAComplaints@infoeregulator.org.za](mailto:POPIAComplaints@infoeregulator.org.za)

I CONSENT TO BE CONTACTED BY THE INSURER/INTERMEDIARY OR IT'S AFFILIATES FOR MARKETING PURPOSES.	YES		NO	
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Signature of Main Member: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Agent: \_\_\_\_\_ Agent Code: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_