



FOR OFFICE USE ONLY

Broker / Brokerage	
Broker Code	
Leads Company (if applicable)	
Leads Code (if applicable)	

SECTION 1: MAIN MEMBER PERSONAL DETAILS

Existing client: ☐ Yes ☐ No New client: ☐ Yes ☐ No ☐ A copy of the ID of the main member

Is this a replacement policy? ☐ Yes ☐ No

If yes, please provide us with the policy document as well as the resignation/termination certificate for this cover.

☐ Proof of address less than three months old (example Municipal account or any other personal account that shows your personal address). Should you not have proof of address in your name, you may provide a declaration by a third party confirming that you share an address with them and provide the third party's proof of ID and proof of address (less than three months old.)

NB: This application will not be processed if any of the items above are not sent through with this form.

Funeral Cover Entry/Start Date Y Y M M D D

Title Mr Mrs Ms Prof Dr Other (please specify)

First Names (in full) Initials

Surname

Date of Birth Y Y M M D D Cell no.

Gender (main member) M F O Alt. Contact no.

Email Address

Postal Address

Employer

Identity / Citizenship No.

Passport Number (Only complete if you don't have a valid RSA ID number)

Country of birth (if applicant is a non-South African)

SECTION 2: INSURED DEPENDANTS

IMMEDIATE FAMILY ONLY e.g. Spouse/common law partner and child/dren under the age of 21 years

Common Law partners need to provide an affidavit proving 12 months of cohabitation for membership to be considered.

Name	Contact Number	Email Address	ID Number	Sex (M/F/O)	Relationship to Main Member

Member's Marital Status: Married Legally or Lobola ☐ Cohabiting with a common law partner for at least 12 months ☐ Single ☐

IMPORTANT: IF THE MAIN MEMBER DOES NOT NOMINATE A BENEFICIARY, THE POLICY BENEFIT DEFAULTS TO THE SPOUSE. IF SUCH PERSONS ARE NOT AVAILABLE, THE INSURER PAYS THE PROCEEDS TO YOUR ESTATE.

NOMINATED BENEFICIARY

1. Spouse/Common Law Partner/Primary Beneficiary: I nominate my Spouse to receive the insured amount.

Spouse's Full Name

Spouse's ID Number

Spouse's Date of Birth Y Y M M D D

2. Non-Spouse: I nominate the following person to receive the insured amount:

Name

Relationship

Identity No.

Contact no

Common Law partners need to provide an affidavit proving 12 months of cohabitation for membership to be considered.

If you are married/have a proven long-term common law partner and you have not nominated your spouse as primary beneficiary, please have your spouse provide consent below.

SPOUSE CONSENT: I understand that I have a legal right to a death benefit equal to the participant's entire insured amount. I consent to waive that legal right in accordance with the beneficiary nomination set forth above. I acknowledge that I have a right to limit my consent only to a specific beneficiary and that I voluntarily elect to relinquish such right. I further understand and acknowledge that if I sign this form, no death benefit will be payable to me.

Spouse's Signature

Y Y M M D D

Date

SECTION 3: PRODUCT DETAILS (Please indicate choice of product by ticking boxes provided)
SINGLE MEMBER / IMMEDIATE FAMILY COVER - Principal Insured between the age of 18 - 65

OPTION	PLAN A	PLAN B	PLAN C	PLAN D	PLAN E	PLAN F
Principal	R 5 000	R 10 000	R 15 000	R 20 000	R 25 000	R 30 000
Spouse	R 5 000	R 10 000	R 15 000	R 20 000	R 25 000	R 30 000
Child 14 - 21	R 5 000	R 10 000	R 15 000	R 20 000	R 25 000	R 30 000
Child 06 - 13	R 2 500	R 5 000	R 7 500	R 10 000	R 12 500	R 15 000
Child 01 - 05	R 1 250	R 2 500	R 3 750	R 5 000	R 6 250	R 7 500
Stillborn - 11 months	R 500	R 1 000	R 1 500	R 2 000	R 2 500	R 3 750
Premium PER POLICY PER MONTH	R 25	R 50	R 75	R 100	R 125	R 150
Product Choice (please tick)						

Broker service and administration fee: None ☐ R10 pm ☐ R20 pm ☐ R30 pm ☐ R40 pm ☐ R50 pm ☐

Premium payment frequency: Monthly ☐ Annually ☐

The premium will not change during the Renewal Period after commencement of cover unless there are reasonable actuarial grounds to change the premium. After the first 12 months, at the Renewal Date, the Insurer reserves the right to review and change the premium in order to Renew the Policy. Any changes to the premium rate will be notified to the Policyholder 31 (thirty-one) Days prior to the change taking effect. Such notification will provide appropriate details of the reasons for the change to the premium rate and will afford the Policyholder with reasonable steps, such as an option to terminate the Policy, to mitigate the impact of the increase on the Policyholder. The premium rates may be amended or changed, based on the following factors: past and future expected economic factors (for example, but not limited to, interest rates, tax and inflation), past and future claims experience, past and future expected lapse experience, past and future expected mortality experience, expected future reinsurance, any regulatory and legislative changes impacting this Policy or any other factor impacting the premium that the Insurer deems material at the time.

SECTION 4: DEBIT ORDER DETAILS (the Main Insured shall also be the premium payer)

Bank	<input type="text"/>	Debit order date (including December)	1st <input type="text"/>	7th <input type="text"/>	25th <input type="text"/>	26th <input type="text"/>
Branch	<input type="text"/>	Account Number	<input type="text"/>			
Branch Code	<input type="text"/>	Account Holder	<input type="text"/>			
Type of Account	<input type="checkbox"/> Cheque <input type="checkbox"/> Savings <input type="checkbox"/> Transmission <input type="checkbox"/> Other <input type="checkbox"/>	(please specify) <input type="text"/>				

Details of person responsible for premium payment

Name	<input type="text"/>	Surname	<input type="text"/>
Identity No.	<input type="text"/>		
Source of funds to pay the premium: Salary <input type="checkbox"/> Rental income <input type="checkbox"/> Investment/Annuity <input type="checkbox"/> Other <input type="text"/>			

PAYER CONSENT:	INITIAL	I hereby authorise _____ (name of person responsible for premium payment), to pay the funeral premium for my selected option on my behalf.
		Email: _____ Cell phone no: _____

SECTION 5: CLAIMS PROCEDURE

- Claim forms can be obtained from, and returned to TRA at claims@totalrisksa.co.za. Our offices can be contacted on 011 372 1540.
- Please note that claims that are submitted and received after a period equal to 3 months after the date of death of the insured will not be considered for payment unless there are extenuating circumstances for the late notification.
- Claims will be paid into the bank account as confirmed by the Nominated Beneficiary on the claims form.

ANTI-MONEY LAUNDERING PROVISIONS AND INFLUENTIAL PERSONS DECLARATION

The Financial Intelligence Centre Act (FICA) requires that we know if you are an influential person as explained in the Act. It differentiates between a politically exposed person, domestic prominent influential person, foreign prominent public official and a known close associate or family of domestic prominent influential persons and foreign prominent public officials. More than one of the definitions can apply to the same person. Read the explanations at the end of this form, indicate which explanations apply to you and give your reason.

<input type="checkbox"/> Politically exposed person	<input type="text"/>	<input type="checkbox"/> Foreign prominent public official	<input type="text"/>
<input type="checkbox"/> Domestic prominent influential person	<input type="text"/>	<input type="checkbox"/> Family member	<input type="text"/>
<input type="checkbox"/> Known close associate	<input type="text"/>		

ANTI-MONEY LAUNDERING PROVISIONS AND INFLUENTIAL PERSONS DECLARATION continued

Definitions of influential persons

- **A Politically exposed person** is someone who is or has been entrusted with prominent public functions, based on a specific political affiliation. Examples: A head of state, cabinet minister, member of parliament/local/provincial government, senior administrator in government department (financial department/tender processes), senior judge, manager of local municipalities who award tenders, senior and/or influential official, ambassador/high commissioner, senior representative of a religious organisation.
- **A Prominent influential person** refers to any individual who are or have in the past been entrusted with prominent functions in a particular country. A South African PIP would be known as a Domestic PIP. A Foreign Prominent Public Official (FPPO) would be someone who holds a Prominent Public Official (PPO) position in a foreign country.
Examples: Premier of a province, member of a foreign royal family, government minister or equivalent senior politician, leader of a political party, high ranking member of the military/police, etc.
- **A known close associate** is an individual who is closely connected to a prominent person, either socially or professionally. The term "close associate" is not intended to capture every person who has been associated with a prominent person.
Examples: Known relationships outside the family unit (e.g. girlfriends, boyfriends, mistresses), a prominent member of the same political party, civil organisation, labour or employee union as the prominent person, business partner or associate, especially one who shares (beneficial) ownership of corporate vehicles with the prominent person, or who is otherwise connected (e.g. through joint membership of a company board), any individual who has sole beneficial ownership of a corporate vehicle set up for the actual benefit of the prominent person.
- **A family member** is an individual who is related to a PEP/PIP either directly (consanguinity) or through marriage or similar (civil) forms of partnership. Examples: Spouse or civil/life partner, previous spouse or civil/life partner, children and stepchildren and their spouses or civil/life partners, parents, siblings and stepsiblings and their spouses or civil/life partners.

DECLARATION IN RESPECT OF THE PROTECTION OF PERSONAL INFORMATION ACT

Processing of Personal Information in terms of the Protection of Personal Information Act 4 of 2013

Your privacy is of utmost importance to Us. We will take the necessary measures to ensure that any and all information, provided by you or which is collected from you is processed in accordance with the provisions of the Protection of Personal Information Act 4 of 2013 and further, is stored in a safe and secure manner.

You hereby agree to give honest, accurate and up-to-date Personal Information and to maintain and update such information when necessary.

You accept that your Personal Information collected by Us may be used for the following reasons:

- to establish and verify your identity in terms of the Applicable Laws.
- to enable Us to fulfil our obligations in terms of this Policy.
- to enable Us to take the necessary measures to prevent any suspicious or fraudulent activity in terms of the Applicable Laws; and
- reporting to the relevant Regulatory Authority/Body, in terms of the Applicable Laws.

Unless consented to by yourself, we will not sell, exchange, transfer, rent or otherwise make available your Personal Information (such as your name, address, email address, telephone, or fax number) to any other parties and you indemnify Us from any claims resulting from disclosures made with your consent.

You understand that if the Administrator/Insurer has utilized your Personal Information contrary to the Applicable Laws, you have the right to lodge a complaint with Guardrisk or with the Information Regulator once established.

<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> MAIN MEMBER SIGNATURE	<div style="border: 1px solid black; padding: 2px; text-align: center;"> Y Y Y Y M M D D </div> DATE
---	--

FOR OFFICE USE ONLY

Is the policyholder:

• a Politically Exposed Person (PEP)? <input type="checkbox"/> Yes <input type="checkbox"/> No	• a Foreign Prominent Public Official (FPPO)? <input type="checkbox"/> Yes <input type="checkbox"/> No
• a Domestic Prominent Influential Person (DPIP)? <input type="checkbox"/> Yes <input type="checkbox"/> No	• on a Sanction List? <input type="checkbox"/> Yes <input type="checkbox"/> No

<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> ADMINISTRATOR NAME AND SURNAME	<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> ADMINISTRATOR SIGNATURE	<div style="border: 1px solid black; padding: 2px; text-align: center;"> Y Y Y Y M M D D </div> DATE
--	---	--

SECTION 6: TERMS AND CONDITIONS

- Maximum joining age for the Main Member is 65 years (minimum entry age 18 years).
- Maximum joining age for Spouse is 65 years.
- A maximum of five (5) children will be allowed, under the age of 21 years.
- A waiting period of 6 (six) months applies for death due to natural causes.
- Should a Main Member join from another Underwriter, and can provide proof of membership in the 31 days prior to this Policy's commencement date, and provided that the full waiting period for natural death on the alternate policy has fully expired and such alternate Policy is being replaced with this Policy, the waiting period on this Policy will be waived upon proof of cancellation of the alternate policy.
- Immediate cover for accidental death (Upon receipt of first premium).
- A waiting period of 12 (twelve) months from the commencement date applies for suicide.
- TRA requires 31 days notice of cancellation.
- There is a 31 day cooling-off period from the Commencement Date in which to cancel and provided no claim event has arisen or any benefit paid, the premium paid will be refunded in full.
- If new and eligible Dependants are to be added to the Policy, TRA must be informed within 30 days and provided with written notice of such an addition to the Policy. If TRA is not notified within this time frame, for example, from the date of birth/adoption/ adjustment/marriage, and then a Claim is made for this Dependand thereafter, the Claim will under no circumstances be valid and will not be paid. Waiting Periods and Exclusions will apply to all new Dependants (excluding stillborn) from the date of being added to the Policy.
- **Consent for Communication:** TRA has a duty to keep policyholders updated about any offers and new products that are made available from time to time. TRA might communicate about these. As a Policyholder who has accepted this Policy, you accept this possible communication channel.

SECTION 7: MAIN MEMBER DECLARATION AND CONSENT

MEMBER DECLARATION:	INITIAL	I have read the terms and conditions above and I am fully aware of the contents thereof.						
MEMBER CONSENT:	INITIAL	<p>Processing of Personal Information in terms of the Protection of Personal Information Act 4 of 2013</p> <p>Your privacy is of utmost importance to TRA/Guardrisk. We will take the necessary measures to ensure that any and all information, including Personal Information (as defined in the Protection of Personal Information Act 4 of 2013) provided by you or which is collected from you is processed in accordance with the provisions of the Protection of Personal Information Act 4 of 2013 and further, is stored in a safe and secure manner. You hereby agree to give honest, accurate and up-to-date Personal Information and to maintain and update such information when necessary. You accept that your Personal Information collected by TRA/Guardrisk may be used for the following reasons:</p> <ol style="list-style-type: none"> 1. to establish and verify your identity in terms of the Applicable Laws; 2. to enable TRA/Guardrisk to fulfil its obligations in terms of this Policy; 3. to enable TRA/Guardrisk to take the necessary measures to prevent any suspicious or fraudulent activity in terms of the Applicable Laws; and 4. reporting to the relevant Regulatory Authority/Body, in terms of the Applicable Laws. <p>You acknowledge that any Personal Information supplied to TRA/Guardrisk in terms of this Policy is provided according to the Applicable Laws.</p> <p>By accepting this Policy, you further acknowledge that such conduct constitutes an unconditional, specific and voluntary consent to the processing of your information by TRA/Guardrisk under the Applicable Laws in the manner contemplated above, which consent shall, in the absence of any written objection issued by yourself, be indefinite and/or for the period otherwise required in terms of any Applicable Laws.</p> <p>Unless consented to by yourself, TRA/Guardrisk will not sell, exchange, transfer, rent or otherwise make available your Personal Information (such as your name, address, email address, telephone or fax number) to any other parties and you indemnify TRA/Guardrisk from any unintentional disclosures of such information to unauthorized persons.</p> <p>You understand that if TRA/Guardrisk has utilised your Personal Information contrary to the Applicable Laws, you have the right to lodge a complaint with Guardrisk within 10 (ten) days. Should Guardrisk not resolve the complaint to your satisfaction, you have the right to escalate the complaint to the Information Regulator.</p>						
PREMIUM BREAKDOWN:	INITIAL	<table> <tr> <td>Funeral Cover</td> <td>R.....</td> </tr> <tr> <td>Broker Fee (if applicable)</td> <td>R.....</td> </tr> <tr> <td>Total LT debit order amount</td> <td>R.....</td> </tr> </table>	Funeral Cover	R.....	Broker Fee (if applicable)	R.....	Total LT debit order amount	R.....
Funeral Cover	R.....							
Broker Fee (if applicable)	R.....							
Total LT debit order amount	R.....							
USE OF PERSONAL INFORMATION:	INITIAL	<p>When you enter into this policy you will be giving TRA your personal information that may be protected by data protections legislation, including but not only, the Protection of Personal Information Act, 2013 ("POPI"). We will take all reasonable steps to protect your personal information. You authorise us to:</p> <ol style="list-style-type: none"> a. Process your personal information to: <ol style="list-style-type: none"> i. Communicate information to you that you ask us for. ii. Provide you with insurance services. iii. Verify the information you have given us against any source or database. iv. Compile non-personal statistical information about you. b. Transmit your personal information to any affiliate, subsidiary or re-insurer so that we can provide insurance services to you and to enable us to further our legitimate interests including statistical analysis, re-insurance and credit control. c. Transmit your personal information to any third party service provider that we may appoint to perform functions relating to your policy on your behalf. <p>You acknowledge that this consent clause may remain in force even if your policy is cancelled or lapsed unless specifically requested to be removed before the expiry of the legislated time period to retain such personal information.</p>						
MEMBER AUTHORISATION:	INITIAL	<p>I hereby authorise TRA to deduct an amount of R..... from my bank account, monthly in advance, for my premiums to the insurance products chosen by me on this application form. Premiums are subject to an annual review. The Insured needs to submit notice of cancellation to the Insurer 31 days prior to the cancellation date and the cancellation notice must be received in writing. Details of each premium deduction will be printed on my bank statement, which will enable me to identify the deduction.</p> <p>Mandate: I/We acknowledge that all payment instructions issued by you shall be treated by my/our above-mentioned Bank as if the instructions have been issued by me/us personally.</p> <p>Cancellation: I/We agree that although this Authority and Mandate may be cancelled by me/us, such cancellation will not cancel the Agreement. I/We shall not be entitled to any refund of amounts which you have withdrawn while this Authority was in force, if such amounts were legally owing to TRA.</p> <p>Assignment: I/We acknowledge that this Authority may be ceded or assigned to a third party if the Agreement is also ceded or assigned to that third party, but in the absence of such assignment of the Agreement, this Authority and Mandate cannot be assigned to any third party.</p>						

MAIN MEMBER NAME AND SURNAME

SIGNATURE

DATE

Y	Y	Y	Y	M	M	D	D
---	---	---	---	---	---	---	---

Relationship between Total Risk Administrators (Pty) Ltd (TRA) and Guardrisk

Please note that this Policy is subject to a cell captive relationship between Guardrisk and TRA, as a result of a shareholder and subscription agreement concluded between Guardrisk and TRA, whereby the TRA is entitled to share in the profits and losses generated by the insurance business. Therefore, this is an arrangement whereby Guardrisk shares equity with the TRA through a shareholding arrangement and provides TRA a vehicle through which to write the TRA insurance risks.

IMPORTANT INFORMATION

Total Risk Administrators (Pty) Ltd (TRA) is an authorised financial services provider. FSP No 40815.

Please send this completed form to your intermediary for submission to TRA.

This policy is underwritten by Guardrisk Life Ltd. - a licensed life insurer and an authorised financial services provider (FSP No 76).