

<b>A. Principal Life Assured information</b>	
Employer name _____	Sub-employer name _____
Employee number _____	Title _____
Full names _____	Surname _____
Date of birth _____	Marital status _____ Gender <input type="checkbox"/> M <input type="checkbox"/> F
ID number _____	Cell number _____
Fax number _____	Work number _____
Email _____	
Physical address _____	Code _____
Postal address _____	Code _____

<b>B. Benefit selection (for new applicants or upgrading of current benefit )</b>
<b>Note:</b> When selecting cover for the Principal Life Assured, choose either the Principal Life Assured only, Principal Life Assured & Spouse benefit or the Immediate family benefit (Refer to table 1-3).

<b>B1. Principal Life Assured Benefit Only</b>
Please mark your option with an "X" See table 1 (page 2) and write your benefit option number here <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="3"/>

<b>B2. Principal Life Assured and Spouse Benefit</b>		
Please complete details of your spouse in the table below, please mark with an "X" see table 2 (page 2) and write your option here <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="3"/>		
First Name	Surname	ID number or date of birth
		Y Y M M D D

<b>B3. Immediate family details</b>			
Please complete the details of your Immediate Family in the table below, please mark your option with an "X" see table 3 (page 2) and write your benefit option number here <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="3"/>			
First Name	Surname	ID number or date of birth	Relationship
		Y Y M M D D	
		Y Y M M D D	
		Y Y M M D D	
		Y Y M M D D	
		Y Y M M D D	
		Y Y M M D D	

**NB:** Children over 22 and under 26 need to be registered full time students. Maximum of one spouse and four children may be covered.

<b>C. Beneficiary details in the event of death of the Principal Life Assured</b>				
Title	Surname	Full names	ID number or date of birth	Relationship
			Y Y M M D D	

**Note:** Only one beneficiary may be nominated. Please attach a copy of the beneficiary's ID.

Table 1: Principal Life Assured Only Benefits

<b>Principal Life Assured Only</b>			
<b>Benefit Optio</b>	<b>Option 1</b>	<b>Option 2</b>	<b>Option 3</b>
<b>Principal Life Assured</b>	R 15,000	R 25,000	R 40,000
<b>Monthly Premium per Principal Member</b>			
<b>Age at Entry</b>	<b>Option 1</b>	<b>Option 2</b>	<b>Option 3</b>
<b>18 to 65 years</b>	R 44.50	R 69.50	R 107.00

Table 2: Principal Life Assured and Spouse Benefits

<b>Principal Life Assured and Spouse Benefit</b>			
<b>Benefit Optio</b>	<b>Option 1</b>	<b>Option 2</b>	<b>Option 3</b>
<b>Principal Life Assured</b>	R 15,000	R 25,000	R 40,000
<b>Spouse</b>	R 15,000	R 25,000	R 40,000
<b>Monthly Premium per Principal Member</b>			
<b>Age at Entry</b>	<b>Option 1</b>	<b>Option 2</b>	<b>Option 3</b>
<b>18 to 65 years</b>	R 85,00	R 137,00	R 215,00

Table 3: Principal Life Assured and Spouse Benefits

<b>Principal Life Assured and Spouse Benefit</b>			
<b>Benefit Optio</b>	<b>Option 1</b>	<b>Option 2</b>	<b>Option 3</b>
<b>Principal Life Assured</b>	R 15,000	R 25,000	R 40,000
<b>Spouse</b>	R 15,000	R 25,000	R 40,000
<b>Chlld 14- 21 years</b>	R 8,250	R 13,750	R 22,000
<b>Chlld 6 - 13 years</b>	R 8,250	R 13,750	R 22,000
<b>Chlld 1- 5 years</b>	R 4,500	R 6,250	R 10,000
<b>Chlld 0 - 11 months</b>	R 4,500	R 6,250	R 10,000
<b>Stillborn</b>	R 4,500	R 4,500	R 4,500
<b>Monthly Premium per Principal Member</b>			
<b>Age at Entry</b>	<b>Option 1</b>	<b>Option 2</b>	<b>Option 3</b>
<b>18 to 65 years</b>	R 91,00	R 147,00	R 231.00

**D. Premium deduction authority**

I hereby authorize Sanlam to draw against my account with the bank mentioned below (or any other bank or branch to which I transfer my account) the premium due in respect of this policy, on the \_\_\_\_\_ (deduction date) day of each month continuing until the instruction is cancelled by me. All such withdrawals from my bank account by Sanlam shall be treated as though they have been signed by me personally. I understand that the withdrawals hereby authorised will be processed by any other collection service applicable and that details of each withdrawal will be printed on my bank statement or applicable voucher. I agree to pay any bank charges or collection fees relating to this debit order or deduction instruction.

This authority may be cancelled by me giving Sanlam 30 (thirty) days' notice in writing, sent by prepaid registered post. I understand that I shall not be entitled to any refund amounts which have been withdrawn while this authority was in force if such amounts were legally owing to Sanlam Receipt of this instruction by Sanlam shall be regarded as receipt thereof by my bank or premium payment facilitator (whichever it is, or will be).

I am responsible to ensure that my monthly premium is paid and that the following banking details are correct.

Monthly premium \_\_\_\_\_ With effect from Y Y Y Y / M M / D D

Name of account holder \_\_\_\_\_ Name of bank \_\_\_\_\_

Branch name \_\_\_\_\_ Branch code \_\_\_\_\_

Account number \_\_\_\_\_ Deduction date \_\_\_\_\_

Account type  Current (Cheque)  Savings

\_\_\_\_\_  
Signature of Principal Life Assured Y Y Y Y / M M / D D  
Date

**E. Declaration of acceptance**

**I hereby apply to participate in the NFMW Annuitants Funeral Scheme for Individuals product in accordance with its Terms and Conditions. I hereby accept that going forward my policy will be underwritten by Sanlam Developing Markets. I declare that the above information and supporting documents are true and correct.**

I understand that any false/incorrect information misstatement in the application will invalidate any claim or benefit under the policy and I undertake to abide by the Terms and Conditions of the policy.

Sanlam Developing Markets Limited shall not be liable for any amount until it has accepted this application and has received the first premium. I understand that Sanlam Developing Markets Limited has the right to defer a claim under this policy until all requirements, as specified by Sanlam Developing Markets Limited, have been met. If the premium of this policy is paid by an approved stop order, and the first deduction is received, up to 90 (Ninety) days from the original specified date. Sanlam Developing Markets Limited has the right to adjust the date of issue of this policy accordingly.

The policyholder may cancel the policy at any time by giving 1 (one) month written notice to Sanlam Developing Markets Limited. It is important to remember that cancellation normally leads to loss of valuable benefits and should be avoided where possible.

Sanlam Developing Markets Limited undertakes to treat all information supplied by the policyholder and relating to the member's benefits, strictly confidential. Sanlam Developing Markets Limited undertakes not to divulge to any party, not signatory to this policy, any such information supplied by the member and relating to the member's benefits, without prior written consent of the policyholder.

I acknowledge that I have read and understood this declaration.

\_\_\_\_\_  
Signature of Principal Life Assured Y Y Y Y / M M / D D  
Date

**F. Comments**
