

A. Principal Life Assured information	
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. Benefit selection (for new applicants or upgrading of current benefits)
Note: 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).

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

B2. Principal Life Assured and Spouse Benefit		
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="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		
First Name	Surname	ID number or date of birth
		Y Y M M D D

B3. Immediate family details			
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="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 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.

C. Beneficiary details in the event of death of the Principal Life Assured				
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

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

Table 2: Principal Life Assured and Spouse Benefits

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

Table 2: Principal Life Assured and Spouse Benefits

Principal Life Assured and Spouse Benefit			
Benefit Option	Option 1	Option 2	Option 3
Principal Life Assured	R 15,000	R 25,000	R 40,000
Spouse	R 15,000	R 25,000	R 40,000
Child 14- 21 years	R 8,250	R 13,750	R 22,000
Child 6 - 13 years	R 8,250	R 13,750	R 22,000
Child 1- 5 years	R 4,500	R 6,250	R 10,000
Child 0 - 11 months	R 4,500	R 6,250	R 10,000
Stillborn	R 4,500	R 4,500	R 4,500
Monthly Premium per Principal Member			
Age at Entry	Option 1	Option 2	Option 3
18 to 65 years	R 91,00	R 147,00	R 231,00

D. Premium deduction authority

I hereby authorise the fund to draw against my salary, the premium payable under the above plan on a monthly basis. This request will remain in force, until cancelled by myself in writing. I understand that premiums are subject to change from time to time at the discretion of the underwriter.

Signature of Principal Life Assured

____ / ____ / ____
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

____ / ____ / ____
Date

F. Comments
