DEBIT ORDER FUNERAL BENEFIT APPLICATION FORM

ADMINISTRATED BY: TBFS

UNDERWRITTEN BY: Hollard.

VERY IMPORTANT:

- **Form must be completed with full names, initials will not be accepted. Incomplete forms will not be processed.**
- **Please read the declaration carefully and sign all applicable sections.**

Product Name:	Society / Group Name:	Region / Branch:	Province:

1. POLICYHOLDER DETAILS *(only persons residing in RSA will be eligible for Insurance cover).*

Full Names:		Date of Birth (DD-MM-YYYY):	
Surname:		Identity Number:	
Tel Work:	Tel Home:	Cell Number:	
Email Address:		Gender (mark with "X"): Male ☐ Female ☐	
Street Address:		Postal Code:	
Postal Address:		Postal Code:	
Country of Residence:	Occupation:		
Employer:	Salary: (mark with "X"): [<R5 000] ☐ [R5 000 – R10 000] ☐ [R10 000-R15 000] ☐ [R15 000-R20 000] ☐ [>R20 000] ☐		
Source of Income (mark with "X"): Salary ☐ Business Proceeds ☐ Sales Proceeds ☐ Claim Proceeds ☐		Source of Wealth (mark with "X"): Savings ☐ Inheritance ☐	

2. PARTNER AND DEPENDANT CHILDREN DETAILS *(only persons residing in RSA will be eligible for Insurance cover).*

	NAME & SURNAME	RELATIONSHIP	GENDER	IDENTITY NUMBER
Partner			M ☐ F ☐	
Child 1			M ☐ F ☐	
Child 2			M ☐ F ☐	
Child 3			M ☐ F ☐	
Child 4			M ☐ F ☐	
Child 5			M ☐ F ☐	

*Benefit Amount: Partner and Children cover amount is applied as a (%) percentage of Policyholder selected benefit amount: Partner = 100%
Child cover is subject to age: Child (14 – 20) = 100%; (6 – 13) = 50%; (1 – 5) = 25%; (Stillborn - 11 months) = 12.5%

3. ADDITIONAL DEPENDANTS TO BE ADDED *(only persons residing in RSA will be eligible for Insurance cover).*

	NAME & SURNAME	IDENTITY NUMBER	RELATIONSHIP	GENDER	BENEFIT AMOUNT	PREMIUMS
1				M ☐ F ☐		
2				M ☐ F ☐		
3				M ☐ F ☐		
4				M ☐ F ☐		
5				M ☐ F ☐		
6				M ☐ F ☐		
7				M ☐ F ☐		
8				M ☐ F ☐		

Waiting: Six (6) months for death due to natural causes for policyholder and immediate family on voluntary take-up. Six (6) months for death due to natural causes for all additional dependants. Twelve (12) months for death due to suicide, for all insured lives. No waiting period for accidental death, for all insured lives.

COMBINED PREMIUMS

Policyholder & Immediate Family ☐ Policyholder Only ☐	Benefit Amount* R	Monthly Premium	R
		Additional Dependants Total Monthly Premium *(where applicable)*	R
		Buy-up Service Benefit Package and Premium *(where applicable)*	R
		Total Monthly Premium	R

Payment: Premiums received for insured people who do not meet the entry age criteria or where no insurable interest has been established, will be refunded and no benefits will be payable for that insured person.

PAYMENT METHOD (choose one ☑): Pay@ - Cash ☐ Debit Order ☐

4. CASH (Pay@)	Initials:

5. DEBIT ORDER AUTHORISATION & DECLARATION

Account Holder:		Account Number:
Name of Bank:	Branch Code:	Account Type (Mark with "X"): Cheque ☐ Savings ☐ Transmission ☐ Other ☐
Day of Deduction (Mark with "X"): 1st ☐ 5th ☐ 16th ☐ 26th ☐ 28th ☐		Initials:

I authorise THE BEST Funeral Society (TBFS) or its assignee to debit my bank account at above mentioned bank (or any other bank/branch to which I may transfer my account) with the total Monthly Premium indicated above, every month on the debit date selected, unless I inform TBFS to stop the debit order. Arrears will be collected by double debit the next month. Should that double debit collection fail, the policy and ALL Benefits will automatically lapse and be forfeited. If the debit order date is on a weekend or public holiday, I authorise Hollard Life to debit my account on the first working day before or after the weekend or public holiday.

6. BENEFICIARY *(in the event of my death I nominate the following person to receive the proceeds of any benefit payable in terms of this policy or to authorise and arrange my funeral).*

Name & Surname		Relationship		Gender: Male ☐ Female ☐
Identity Number		Employer		
Cellphone Number		Occupation		

REPLACEMENT SECTION

Are you cancelling or replacing a policy? Yes ☐ No ☐

If you are cancelling a policy and replacing it with ours please note the following:

- You may pay some charges and fees twice, first on the existing policy and once again on the new policy.
- You may pay higher premiums on the new policy because you are older now.
- There might be differences in premium and benefit increases.
- Your new policy may have more exclusions, restrictions or waiting periods. This means that your new policy may not pay for some claims that your old policy would have.
- There may be other things to think about which might change your decision to replace your old policy.
- Because this is non-advice sale, we cannot offer you advice about the replacement. If you need advice, please contact your Intermediary.
- If you are replacing an existing policy(s) to take the TBFS policy we will need you to submit the policy schedule(s) from those insurer(s), (may include other Hollard Life policies), you are replacing from within 31 days from starting your TBFS policy. If we do not receive the policy schedule(s) then normal waiting periods will apply.
- You are responsible for contacting your existing insurer to cancel your existing policy and debit order.
- You confirm that this policy is suitable to address your current needs.

I, the undersigned, hereby declare and warrant that I have a duty to support all dependants listed above and I am obliged to provide for their funeral arrangements. I confirm that any and all information supplied herein is true and complete. I am aware and understand that failure of a legitimate duty; any non-disclosure or misrepresentation of information material to the determination of the risk by Hollard Life may lead to non-payment of a claim or the policy being declared null and void, in which case all premiums paid may be forfeited. I understand that no analysis has been undertaken of my financial needs or position and that no advice or representation has been given to me with regard to this product.

Multiple funeral plans across all Hollard Life products are allowed, provided that a maximum benefit for the Policyholder must not exceed R100 000. The maximum benefit for additional dependants across all Hollard Life products may not exceed R30 000. Terms and Conditions applicable to this policy, are explained in your policy documents and policy certificate. You have 31 days after receipt of the summary of the policy, to cancel your policy by notifying Hollard Life in writing on the details provided on your policy documents. Should there be any non-compliance with the laws governing your policy, email compliance@tbfs.co.za or alternatively fax to (011) 836 8573.

Please Note: This is an application for insurance cover only. There IS NO GUARANTEED OR IMMEDIATE ACCEPTANCE of your application - terms & conditions apply. Hollard Life will send you a policy certificate confirming the details of the policy and insured people. Should you not receive your policy documents and policy certificate within 31 days, please contact our offices on 0860 101 003. Premiums received for insured people who do not meet the entry criteria will be refunded and no benefits will be payable for that insured person.

DISCLOSURE OF YOUR PERSONAL INFORMATION

We care about the privacy, security and online safety of your personal information and we take responsibility to protect this information. By completing this form, you consent to the processing and disclosure of your personal information for the application of this policy. We will share your personal information with other insurers, industry bodies, credit agencies, service providers, any regulatory body, tax authority and to comply with Anti-Money laundering legislation. This includes information about your insurance, claims and premium payments. We do this to provide insurance services, prevent fraud, assess claims and conduct surveys. You are welcome to request access to any of your personal information that we hold.

ANTI-MONEY LAUNDERING

Money Laundering & Financing of terrorism risks (Anti-Money laundering) are governed by relevant applicable legislation. At Hollard Life, we've taken the necessary steps to implement the Anti-Money laundering legislation that deals with preventing money laundering and combating the financing of terrorism. We are required by Anti-Money laundering legislation to obtain specific information from you and certain related parties, to enable us to establish and verify your and related parties' identity. You understand that different information will be required depending on the type of client and related party and we may require supporting documentation. This requirement applies when we receive the application, on an ongoing basis while the policy is in force and when a claim is made under the policy.

By signing this form, I confirm that I have read, understood and agree to all terms and conditions including all the declarations shown on this application form.

1. You agree to co-operate fully with us and to provide us with all such information and documentation requested as soon as possible.
2. You understand that there may be different information and documentation requirements, depending on the type of owner of the policy and the related parties. Related parties include but is not limited to, the owner of the policy, the premium payer, claimant and beneficiaries.
3. You understand and accept the information and documentation requirements, which is set out in your application form, may be changed from time to time without notice.
4. You understand that if we do not receive the information and documentation as soon as possible or within a timeframe that will be communicated to you, we may be unable to provide you with insurance cover and we may have to cancel your existing policies immediately.
5. You consent to the processing and disclosure of your personal information for the application of this policy, to any regulatory body, tax authority and to comply with Anti-Money laundering legislation.
6. You consent to us conducting ongoing monitoring of your transactions and activities related to your business relationship with us, as required by the Anti-Money laundering legislation and understand that we are not required to disclose our monitoring activities to you.
7. If we are unable, for whatever reason, to conduct ongoing monitoring of your transactions and activities we may be unable to provide you with insurance cover and we may have to cancel your existing policies immediately.
8. You understand and accept that we will require documentation and information from the claimant, including the beneficiary, in order to process a claim. We will therefore not be able to process a claim before the claimant and beneficiary has provided us with the required information and documents for us to establish and verify their identity.
9. All the information you provide to us, including the information requested from you in this application form, is true and correct and you indemnify us against any damages we may suffer due to the provision of false or inaccurate information.
10. The Intermediary receives regulated commission from Hollard Life based on sales performance. The details of the regulated commission will be included in your policy schedule.

MARKETING CONSENT

I would like to hear more about products and offers from Hollard? **Yes** ☐ **No** ☐

I would like to hear more about products and offers from Hollard Partners? **Yes** ☐ **No** ☐

SIGNATURE AS ACCEPTANCE OF TERMS AND CONDITIONS

Policyholder Signature: _____

Premium Payer Signature: _____

Complete if Premium Payer is not the Policyholder

Premium Payer ID No: _____

Premium Payer Cell No: _____

FOR OFFICE USE: INTERMEDIARY DETAILS (To be filled in by the Intermediary or Agent)

Intermediary Name:	**FSP No:**
Representative / Agent Name & Surname:	**Representative / Agent Code:**

Representative / Agent Signature: _____ **Date:** D D / M M / Y Y Y Y