

## PICK N PAY (COMPULSORY)

### APPLICATION FOR MEMBERSHIP

#### 1. PERSONAL DETAILS OF POLICYHOLDER

SURNAME													FIRST NAMES												
ID / PASSPORT NUMBER	Y	Y	M	M	D	D							DATE JOINED	Y	Y	Y	Y	M	M	D	D	GENDER	M	F	
EMPLOYEE NUMBER													EMPLOYER												
MARITAL STATUS	MARRIED				SINGLE				DIVORCED				WIDOWED				DOMESTIC PARTNERSHIP								
CELL NUMBER													TELEPHONE NUMBER												
COUNTRY OF BIRTH													COUNTRY OF RESIDENCE												
NATIONALITY													INDUSTRY OF WORK												
SOURCE OF FUNDS																									
E-MAIL ADDRESS																									
RESIDENTIAL ADDRESS																									
																							CODE		
POSTAL ADDRESS																									
																							CODE		

#### 2. SPOUSE'S DETAILS (Proof of relationship required)

	NAME & SURNAME	DATE OF BIRTH / ID NUMBER												RELATIONSHIP	
1		Y	Y	M	M	D	D								

#### 3. CHILDREN'S DETAILS (under 21 years)

	NAME & SURNAME	DATE OF BIRTH / ID NUMBER												RELATIONSHIP	
1		Y	Y	M	M	D	D								
2		Y	Y	M	M	D	D								
3		Y	Y	M	M	D	D								
4		Y	Y	M	M	D	D								
5		Y	Y	M	M	D	D								
6		Y	Y	M	M	D	D								

#### 4. BENEFICIARY NOMINATION (Applicable in the event of the death of a Principal Member)

NAME													SURNAME												
ID NUMBER	Y	Y	M	M	D	D							RELATIONSHIP												

#### 5. PARENT'S DETAILS

	FIRST NAME & SURNAME	DATE OF BIRTH / ID NUMBER												AMOUNT OF BENEFIT
1		Y	Y	M	M	D	D							R 7 200
2		Y	Y	M	M	D	D							R 7 200

Only biological parents of the principal member are covered.

#### 6. FULL FAMILY BENEFIT

INSURED PERSON	OPTION A
Principal Member	R10 000
Spouse	R10 000
Child 14 - 21 years	R10 000
Child 6 - 13 years	R 5 000
Child 1 - 5 years	R 3 000
Child 0-11 months	R 3 000
Stillborn	R 3 000
<b>Family Rate Per Month</b>	<b>R26.30</b>

7. PARENT COVER BENEFIT	
INSURED PERSON	AMOUNT OF BENEFIT
Maximum Entry Age of Parent 74 years	R7 200

#### 8. PAYROLL DEDUCTION:

I hereby authorize the Employer to deduct from my salary each month the premium applicable for the cover selected and pay this amount to Safrican Insurance Company Limited ("Safican"). In the event of this deduction being dishonored, the policy will lapse, subject to the grace period as stipulated under the terms and conditions. No cash payments are accepted for arrear or any other premiums. I understand that this signed document is required in the Safrican offices 10 (ten) working days prior to the deduction date; if not, the deduction will only qualify for the following calendar month's deductions, and cover will only commence the following month.

#### 9. DECLARATION

I declare to the best of my knowledge and belief that the particulars given above are true and correct. I understand and agree that any willful misrepresentation in this application will invalidate any benefit under this Policy and that I undertake to abide by the terms and conditions of the Policy. Safrican Insurance Company Limited shall not be liable for any amount until it has accepted this application and first premium. If over the age limit when joining, the claim will be repudiated and premiums refunded. I declare further that I have read and understood the terms and conditions attached to this group policy. I understand that this product is offered to me on a non-advice basis, and that should I need to, I may contact the Safrican's offices for advice and assistance.

SIGNATURE OF PRINCIPAL MEMBER

DATE	Y	Y	Y	Y	M	M	D	D
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ON COMPLETION, THE APPLICATION MUST BE SUBMITTED TO YOUR HR REPRESENTATIVE.

**HEADOFFICE**  
**Safrican House**  
 21, 9<sup>th</sup> Street  
 Houghton Estate  
 Johannesburg  
 2198

**Tel:** 011 778 8000  
**Email:** service@safrican.co.za

**DURBAN**  
 13th Floor,  
 Embassy Building,  
 199 Anton Lembede Street,  
 Durban, 4001

**Tel:** 031 319 1380/99  
**Email:** service@safrican.co.za

**CAPETOWN**  
 3rd Floor, T3,  
 2 Strand Road,  
 Sanlam Head Office  
 Labiance, Cape Town, 7530

**Tel:** 021 405 1800/19  
**Email:** service@safrican.co.za

**PORT ELIZABETH**  
 78 - 84 2nd Avenue  
 Greenacres Office Park,  
 Block 4, Newton Park,  
 Gqeberha  
 6045

**Tel:** 041 509 9530/49  
**Email:** service@safrican.co.za

The Funeral policy provides for a cash benefit to be paid in settlement of a death claim of a Family Member covered under the policy.

#### POLICYHOLDER:

A person who is actively employed or is a member of a Policyholder on whose behalf Premiums are being paid, or a paying individual who qualifies for membership of a Policy, provided in all cases the eligibility conditions are met.

#### EXTENDED FAMILY:

Family members who may be covered are those who are dependent on the Principal Member for financial assistance towards funeral and related costs. This may include but not limited to parents, parents-in-law, uncles, aunts, brothers, sisters and children of the Principal Member over the age of 21 years.

#### SPOUSE:

A person who is deemed by Safrican at its sole discretion to be a Spouse, having regard to the particular circumstances of each case, shall include where a civil union, customary marriages, marriage by any Asian religion, a marriage between two people of the same gender, or a relationship between two people after a cohabitation period of (6) six months. A maximum of (2) two Spouses per Principal Member will be payable during the life of the policy.

#### ELIGIBLE CHILD:

A child is a person who is the natural or legally adopted child of the Policyholder or the natural or legally adopted child of their spouse, up to and including the day that the child:

- Reaches the age of 21 if the child is not married;
- Reaches the age of 25 if the child is attending full time education at a recognised educational institution; or
- A child who is permanently disabled before age 21 and who is unable to care for themselves, is covered until death or until the Principal Member ceases to qualify;
- If a child dies after the 26th week of pregnancy, that child is considered to be stillborn;

Details of any children of the Common Law Spouse, illegitimate children and stepchildren must be given to Safrican at the date the Principal Member joins the Scheme/Policy or within 1 (one) month of the Dependant becoming eligible for cover. Failing this, Safrican will require satisfactory proof to support any claim.

#### BENEFITS:

- the benefit for children older than 14 years does not exceed the maximum benefit limit of R50 000;
- the benefit for children younger than 14 and older than 6 years does not exceed the maximum benefit limit of R20 000 (or any other limit as specified by the Insurance Act); and
- the benefit for children younger than 6 years does not exceed the maximum benefit limit of R20 000

#### COVER START DATE:

This is the date when cover for a funeral benefit begins under this policy and is the date on which the first premium for the benefit is due.

#### WAITING PERIOD:

A waiting period means the Policyholder or the Lives Assured may only claim for funeral benefits once the policy has been active for a period of (6) six full calendar months with no termination or lapses in between. The waiting period will start once Safrican Insurance receives the first premium on the policy.

If the Policyholder or Lives Assured were previously insured the following will apply:

- No waiting period will be served if the full (6) six months waiting period was served with the previous insurer.
- If the full (6) six months waiting period was not served with the previous insurer, the Policyholder will serve the remainder which was not served with Safrican
- No waiting period applies for death as a result of an

accident. Cover for death as a result of an accident begins at the start date of this policy, on condition that all premiums have been received by Safrican Insurance.

Please note that Safrican Insurance reserves the right to request proof of previous insurance when accepting a new application for funeral cover. Waiting Period will apply to the increased cover and/or additional Benefits, not the current Benefits.

#### ACCIDENT:

Any specific event, occurring at an identifiable time and place that is unplanned and unexpected by the person, insured, resulting from unforeseen and unintentional circumstances, from an external source to the body.

#### LAPSE:

Safrican will terminate the policy when (2) two premiums have been missed during the lifetime of the policy.

#### CANCELLATION:

The Principal Member, as well as Safrican, reserves the right to cancel this Policy upon receipt of at least 31 (thirty one) days written notice of the intended cancellation.

#### GRACE PERIOD:

A premium is only regarded as paid once payment was successfully received and provided the payment is not subsequently reversed. If any premium is not paid on time, a (1) one-month grace period for payment is allowed. If the premium is still not paid after (2) two months, the policy will lapse. No benefit amounts are payable under a lapsed policy.

#### COOLING OFF PERIOD:

The Principal Member has a 31 days' cooling off period from receipt of this document to examine the policy. Provided that no death or claim has taken place in this period, he/she must inform Safrican in writing if he/she chooses not to take up the policy. All premiums already paid will be refunded, less the cost of any risk cover actually enjoyed.

#### PREMIUM RATE AND POLICY TERMS REVIEW:

Please note that premiums are reviewed annually by Safrican. Premiums and benefits are not guaranteed and Safrican will give you at least (3) three months written notice if there are reasonable actuarial grounds for the change or where the change will be to your benefit.

#### SURRENDER VALUES:

Should you wish to terminate the policy, you will not receive any cash benefit and/or surrender value. You may not use the benefits under this to be ceded or pledged in any way. No loans will be accepted against this Policy.

#### FRAUDULENT CLAIMS:

Safrican will not pay any fraudulent claim that is made against this policy. Safrican will, at its own discretion, be entitled to cancel this policy, and any other policy held by the Principal Member or claimant, with immediate effect, should any fraudulent claim be made with the knowledge or intent of the Principal Member or claimant to Safrican's detriment.

#### EXCLUSIONS:

The Benefit will not be paid if death is directly or indirectly caused by or attributable to:

- Terrorism and war (whether declared or not).
- Radioactive contamination, whether arising directly or indirectly.
- Suicide claims will not be covered during the first 12 (twelve) months of membership.

Divorced spouses at inception of the policy are not covered, and cover for spouses who divorce during the term of the policy will cease immediately on divorce. Should you wish to lodge a claim for a divorced spouse, you will be required to provide a settlement agreement which has been made an order of court.

#### PROTECTION OF PERSONAL INFORMATION:

Your personal information is processed, analysed and stored for the purposes for which it was collected, to:

- conclude and administer this application, which

- may include underwriting;
- allow for the collection of payments;
- assess and process claims, and to do mandatory checks;
- comply with all legal and regulatory requirements, including industry codes of conduct; include service providers in other jurisdictions for lawful purposes and for the conclusion of contracts;
- protect and pursue the legitimate interests of Safrican Insurance;
- prevent loss, fraud;

#### SUMMARY CLAIMS PROCEDURE:

- In the event of a death, a Claim Notification Form must be requested from a Safrican office, and submitted together with the relevant supporting documents.
- Failure to submit all required supporting documentation within (6) six months of the date of death may result in the benefit being forfeited.
- Safrican will have discretion to settle a claim made after (6) six months if there are good reasons provided for the delay in submitting the claim.

Claim documents must be clearly certified by: Police or a Commissioner of Oaths. The relevant details of the Police or Commissioner of Oaths as well as the date stamp must be clear. Documentation submitted other than those listed, will not be accepted.

Documents to be submitted include, but are not limited to:

- Fully completed Claim Notification Form.
- Proof of Death:
- (BI-5) Clearly Certified copy of computer produced Death Certificate; or
- (BI-18) Clearly Certified copy of unabridged Death Certificate; or
- (BI - 20) Certified copy of Abridged Death Certificate in respect of stillborn, together with supporting medical documents.
- Clearly certified copy of Principal Member's Identity Document/front and back of Smart ID
- (BI-1663) Original or faxed copy of the Notification of death
- Clearly certified copy of Principal Member's Identity Document
- Clearly certified copy of deceased's Identity Document
- Clearly certified copy of claimant's Identity Document
- Copy of Principal Member's pay slip for pay period immediately prior to death or the month in which the death occurred
- Marriage Certificate where applicable.
- Current bank statement of the claimant
- See the Claim Notification Form for further required document.

Safrican reserves the right to request further documentation or information as it may deem necessary to accurately assess a claim.

- Safrican will endeavour to settle the claim within 48 hours, from receipt of ALL claim documentation, provided all the claim procedure criteria have been met.

Safrican Insurance Company Limited, a licensed insurer conducting life insurance business and an authorised Financial Services Provider, FSP number 15123.

Safrican") Reg No. 1935/007463/06

An authorised Financial Services Provider FSP No. 15123  
[www.sfrican.co.za](http://www.sfrican.co.za)

#### Safrican Head Office

21 on 9th Street, Houghton Estate.

P.O. Box 616, Johannesburg, 2000

Tel: 011 778 8000

Email: [service@sfrican.co.za](mailto:service@sfrican.co.za)

## TREATING OF CUSTOMERS FAIRLY (TCF)

Please note that you have the following rights in terms of TCF. The Insurer should adhere to the following (6) six outcomes.

1. Policyholders can be confident that they are dealing with an Insurer where the fair treatment of policyholders is central to the insurer's culture;
2. Products are designed to meet the needs of identified types, kinds or categories of policyholders and are targeted accordingly;
3. Policyholders are given clear information and are kept appropriately informed before, during and after the time of entering into a policy;
4. Where policyholders receive advice, the advice is suitable and takes account of their circumstances;
5. Policyholders are provided with products that perform as insurers or their representatives have led them to expect, and the associated service is both of an acceptable standard and what they have been led to expect; and
6. Policyholders do not face unreasonable post-sale barriers to change or replace a policy, submit a claim or make a complaint.

## COMPLAINTS PROCEDURE:

If you have any reason to complain, kindly contact Safrican on the details set out below.

1. **Complaints department:** Customerrelations@Safrican.co.za  
Should a complaint not be resolved to your satisfaction, you may escalate the complaint to:
2. **Sanlam Arbitrator:** Arbitrator@sanlam.co.za  
Should a complaint not be resolved to your satisfaction, you may escalate the complaint to either the FAIS Ombudsman or the Long-term Insurance Ombudsman whose details are set out below. Note that you must be able to show that you have already attempted to resolve the matter with Safrican first.
3. **The Ombudsman of Long-term Insurance**  
Private Bag X45, Claremont, 7735  
**Tel:** 021 657 5000 **Fax:** 021 674 0951  
**Email:** info@ombud.co.za  
  
**FAIS Ombudsman**  
P.O. Box 74571, Lynnwood Ridge, 0040  
**Tel:** 012 762 5000 **Fax:** 012 348 3447  
**Email:** info@faisombud.co.za

You have the right to complain, view, request deletion of personal information or to request copy of information held Safrican from the Information Officer:

**Tel:** 011 778 8000  
**Email:** SafricanIO@safrican.co.za

Furthermore, you also have the right to lodge a complaint directly with the Information Regulator:

**Tel:** 010 023 5200  
**Email:** enquiries@infoeregulator.org.za

## STATUTORY REQUIREMENTS

**As a long-term policyholder, or prospective policyholder you have the right to the following information:**

**1. The intermediary (insurance broker or representative) dealing with you must at the earliest reasonable opportunity disclose:**

- a. Name, physical and postal address and telephone number.
- b. Legal capacity, whether independent or representing an insurer or brokerage.
- c. Concise details of relevant experience,
- d. Insurance products that may be sold.
- e. Insurers whose products may be marketed.
- f. indemnity cover held-Yes/No.
- g. Shareholdings in insurers if 10% or more.

Name of Insurers from which the intermediary received 30% or more of total commission and remuneration during the past calendar year. (The Intermediary must be able to produce proof.)

**4. Your right to be informed by the insurer.**

The insurer will forward you documentation confirming policy details as noted in paragraph 2 of this Notice. This will also include:

- a. The name of the insurer,
- b. The product being purchased;
- c. The cost in Rands of the transaction and specifically:
  - i. The loadings, if any;
  - ii. the initial expense and;
  - iii. the amount of commission and other remuneration being paid to the Intermediary.
- d. In the case of policies with an investment element, the ongoing expense and any other fees or charges payable.
- f. The evidence of cover or policy wording as contemplated in rule 11.5.1 of the Policyholder Protection Rules.
- e. The contact number and address of the complaints and compliance officers of the insurer. (the insurer may disclose the above information on a generic basis with additional policyholder specific disclosure).

**2. Your right to know the impact of the decision you elect to make:**

- a. The intermediary or insurer dealing with you must inform you of:
  - i. The premium you may be paying;
  - ii. the nature and extent of benefits you may receive.
- b. If the benefits are linked to the performance of certain assets:
  - i. how much of the premium will go towards the benefit?
  - ii. to what portfolio will your benefits be linked?
- c. The possible impact of this purchase on your finances
- d. The possible impact of this purchase on your other policies (affordability)
- e. The possible impact of this purchase on your investment portfolio (affordability).
- f. The flexibility of changes you may make to the proposed contract.
- g. The contract terms of the product you intend to purchase.

**5. Your right to cancel the transaction:**

In most cases, you have a right to cancel a policy within 31 days after receipt of evidence of cover as contemplated in rule 11.5.1 of the Policyholder Protection Rules. The same applies to certain changes you may make to a policy. The Insurer is obliged to confirm to you whether you have this right and to explain how to exercise it. Please bear in mind that you may not exercise it if you have already claimed under the policy or in the event, which the policy Insures you against. Has already happened. If the policy has an investment component you will carry any Investment loss.

**3. Your right when being advised to replace an existing policy:**

You may not be advised to cancel a policy to enable you to purchase a new policy or amend an existing policy, unless:

- a. The intermediary identifies the policy as a replacement policy
- b. The implications of cancellation of the policy are disclosed to you such as:
  - i. The influence on your benefits under the old policy.
  - ii. The additional costs incurred with the replacement.
- c. The insurer which issued the original policy will contact you, you are advised to discuss the matter with its representative.

**6. Serious warning:**

It is very important that you are quite sure that the product or transaction meets your needs and that you feel you have all the information you need before making a decision.

- a. It is recommended that you discuss with the Intermediary or insurer the possible impact of the proposed transact on on your finances, your other policies or your broader investment portfolio.
- b. You should also ask for Information about the flexibility of any proposed policy.
- c. Where paper forms are required, it is advisable to sign them only once they are fully completed. Feel free to make notes regarding verbal information, and to ask for written confirmation or copies of documents.
- d. Remember that you may contact either the Long -term Insurance Ombudsman or the Financial Sector Conduct Authority, if you have any concerns regarding a product sold to you or advice given to you.