

ACCEPTANCE FORM

Referred by (name)					Contact number				
<input type="checkbox"/> PLUS	<input type="checkbox"/> PLAN A	<input type="checkbox"/> PLAN B	<input type="checkbox"/> PLAN C	<input type="checkbox"/> PLAN D	Please note that the PSA Union shop stewards or any other employee or member of the PSA may only introduce the Dignity PSA products to PSA Members and are not permitted to give any advice or intermediary services.				
<input type="checkbox"/> PREMIER	<input type="checkbox"/> FAMILY	<input type="checkbox"/> SINGLE	SELECT MAIN MEMBER PLAN (Please Tick ✓)						
<input type="checkbox"/> EVEREST	<input type="checkbox"/> FAMILY	<input type="checkbox"/> SINGLE							
<input type="checkbox"/> DIGNITY 50	<input type="checkbox"/> FAMILY	<input type="checkbox"/> SINGLE							

STEP 1: You the Main Member

You must complete this form before you sign it. Make sure all the information is accurate or your claim may be declined.

Title	Initials	Date of birth	D	D	M	M	Y	Y	Identity number													
Full Name										Surname												
Postal address															Code							
E-mail address										Cellphone												
Tel No. (H) ()					Tel No. (W) ()																	

STEP 2: Your spouse

You may include your spouse as immediate family. He or she is either (a) the person to whom you are legally married under the law of SA (including a civil, customary or same-sex marriage) or (b) the person you have been living with for at least six months in a relationship that is similar to marriage.

Gender	M	F	Initial	Date of birth	D	D	M	M	Y	Y	Identity number										
Full Name										Surname											

STEP 3: You may cover up to six (6) children under the age of 22

They are your own children, stepchildren, and children legally adopted by you and financially dependant on you.

Date of Birth	Full name and surname	Relationship	Gender
D D M M Y Y			M F
D D M M Y Y			M F
D D M M Y Y			M F
D D M M Y Y			M F
D D M M Y Y			M F
D D M M Y Y			M F

STEP 4: You may cover more spouses, children or relatives as extended family.

They are persons in whom you have an insurable interest and who are not included above as immediate family. You can add an unlimited number of extended family members.

Date of Birth	Full name and surname	Relationship	Cover	Premium
D D M M Y Y				
D D M M Y Y				
D D M M Y Y				
D D M M Y Y				
D D M M Y Y				
D D M M Y Y				

STEP 5: Your beneficiary

Your beneficiary is the person you appoint to receive the policy pay-out after your death. He or she must be 18 years or older. You may change your beneficiary at any time in writing to Dignity Life Administrators. If the pay-out cannot be made to the beneficiary, it will be paid to your estate.

Gender	M	F	Initial	Date of birth	D	D	M	M	Y	Y	Identity number										
Full Name										Surname											
Relationship										Contact Number											

STEP 6: Salary deduction and pay-over authorisation

I authorise my employer to deduct the premiums from my salary and pay it to Assupol. If the premium changes for any reason in terms of the policy or by agreement between Assupol and the policyholder, Assupol likewise may draw the premium from my salary. If payment cannot be done on the preferred day of the month filled in above, it must be done on a day that is as close as to the day, determined by my employer. If the policy ends the authority also ends. I may cancel, amend or replace this authorisation by written notice to Dignity Life Administrators. I accept that Dignity Life Administrators must receive the notice not later than 31 days before the month from which the cancellation, amendment or replacement is to apply. The reference on your payslip will start with Assupol.

I, the undersigned	Identity number																			
Occupation	Department																			
Persal number	Date of first deduction																			
I authorise the Department/Paymaster/Paying Officer to deduct the sum of R										in the name of Assupol Life Ltd.										
I have read, understand and agree with the above authorisation regarding payment by Persal or any other stop order.																				

MY SIGNATURE:

STEP 7: Alterations to method of payment (only applicable for persal deductions)

I hereby authorize the method of payment to be altered in the event of me not qualifying for Persal deductions as follows: DEBIT ORDER
I hereby confirm that I have read the information above and understand the content thereof.

MY SIGNATURE: _____ Date

D	D	M	M	Y	Y
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STEP 8: Debit order authorisation

I authorise Assupol to draw the premiums from my bank account and pay it to Assupol. If the premium changes for any reason in terms of this policy or by agreement between Assupol and the policyholder, Assupol likewise may draw the premium from my bank account. If payment cannot be done on the preferred day of the month filled in above, it must be done on a day that is as close as to the day, determined by Dignity Life Administrators. If the policy ends the authority also ends. I may cancel, amend or replace this authorisation by written notice to Dignity Life Administrators. I accept that Dignity Life Administrators must receive the notice not later than 31 days before the month from which the cancellation, amendment or replacement is to apply. The reference on your bank account will start with Assupol.

Name of bank	Account number																				Branch code
Name of premium payer	Type of account	Cheque	Savings	Transmission																	
Branch name	Please debit the amount of	on the	of each month																		
Premiums are due and payable monthly in advance on the 1st working day of each month. A grace period of thirty days is allowed after which cover will cease and no claims will be considered. Premiums are only payable by way of Debit Order or Salary Deductions. No cash premiums are allowed. The insurer has the right to increase the premiums at any time after giving a 31 day written notice to the policyholder.																					
I have read, understand and agree with the above authorisation regarding payment by debit order.																					

MY SIGNATURE: _____ Date

D	D	M	M	Y	Y
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STEP 9: IMPORTANT INFORMATION – PLEASE READ

It is very important that you are quite sure that the product meets your need and that you can afford the chosen product. If you intend to replace an existing policy with this one please ensure that you do a comparison between the policies. Please do not hesitate to contact us on 086 111 2654 should you require any assistance in this regard. Please ensure you have all the information you need before you make a decision. The personal information hereby provided by the client will be used and processed as is necessary to carry out actions and functions for the conclusion or performance of the agreement entered into between the parties.

STEP 10: Your declaration as client

I have read, understand and agree with the above STEP 9: "IMPORTANT INFORMATION"

I declare that all information in this form is complete and correct. I am satisfied that I understand everything I need to know about the policy to make an informed decision myself in respect of the purchase thereof. I hereby confirm that no advice was given to me. I will be able to pay the premiums and I understand that if information is not correct, benefits under this policy may be declined and premiums paid could be forfeited. Are you taking out this policy to replace any of your existing insurance policies? YES / NO

MY SIGNATURE: _____ Date

D	D	M	M	Y	Y
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DIGNITY FUNERAL SCHEMES


PLUS funeral benefit					PREMIER funeral benefit			EVEREST funeral benefit		
	Family Plus plan A	Single Plus plan C	Family Plus plan B	Single Plus plan D		Family plan	Single plan		Family plan	Single plan
Main member	13 000	13 000	5 300	5 300	Main member	21 000	21 000	Main member	32 000	32 000
(18-65 years)					(18-65 years)			(18-65 years)		
Spouse	10 500		5 300		Spouse	21 000		Spouse	32 000	
(18-65 years)					(18-65 years)			(18-65 years)		
Children					Children			Children		
(Add up to 6)					(Add up to 6)			(Add up to 6)		
14-21 years	7 900		3 200		14-21 years	10 500		14-21 years	19 000	
06-13 years	3 100		2 600		06-13 years	6 000		06-13 years	9 500	
01-05 years	2 700		1 600		01-05 years	4 200		01-05 years	7 400	
01-11 months	1 600		800		01-11 months	3 000		01-11 months	5 300	
Stillborn	800		520		Stillborn	1 100		Stillborn	2 100	
Monthly premium	R44.00	R33.00	R32.00	R24.00	Monthly premium	R107.00	R80.00	Monthly premium	R148.00	R110.00
Waiting period					Waiting period			Waiting period		
Natural	0-06 months 0% of sum insured 7+ months 100% of sum insured				Natural	0-09 months 0% of sum insured 10+ months 100% of sum insured		Natural	0-09 months 0% of sum insured 10+ months 100% of sum insured	
Unnatural	1 month				Unnatural	1 month		Unnatural	1 month	
Suicide	24 months				Suicide	24 months		Suicide	24 months	

DIGNITY 50 funeral benefit			EXTENDED Family Members - All Plans			
	Family plan	Single plan	Member Unlimited	Age	Cover	Monthly Premium
Main member	50 000	50 000	Member	01-11 months	4 000	R18.00
(18-65 years)					2 500	R12.00
Spouse	50 000		Member	01-05 years	5 000	R20.00
(18-65 years)					4 000	R18.00
Children			Member	06-13 years	7 000	R26.00
(Add up to 6)					5 500	R25.00
14-21 years	18 000		Member	14-21 years	20 000*	R65.00
06-13 years	9 000				10 000	R42.00
0-05 years	7 000				8 000	R36.00
Stillborn	2 000		Member	22-69 years	30 000*	R160.00
					12 000	R75.00
Monthly premium	R175.00	R100.00			10 000	R59.00
Waiting period			Member	70-85 years	15 000*	R170.00
Natural	0-09 months 0% of sum insured 10+ months 100% of sum insured				10 000	R114.00
Unnatural	1 month				7 500	R96.00
Suicide	24 months		Waiting period			
			Natural	0-09 months 0% of sum insured 10+ months 100% of sum insured *0-12 months 0% of sum insured 13+ months 100% of sum insured		
			Unnatural	1 month		
			Suicide	24 months		


R30 000 Funeral Cover and R20 000 Assistance Benefit. All benefits above R30 000 are provided in terms of multiple assistance business policies.

FAX THE COMPLETED APPLICATION FORM TO
012 548 4726
086 524 5841

Want Cover Fast?

 **Assist Line**
086 111 26 54
SMS
PSA to 33967

 **Fax**
012 548 4726
086 524 5841

 **Email**
sales@dignity.co.za
Website
www.dignity.co.za

Important Information

Breakdown of Premium : Underwriter - 60%, Administration - 10%, Commission - 20%, Transaction Fee - 10%

Underwriter

Assupol Life Limited
Reg No. 2010/025083/06
Authorised Financial Services Provider



Summit Place Office Park,
Building 6
221 Garsfontein Road
Menlyn, Pretoria 0181
PO Box 35900, Menlo Park 0102
Telephone: 086 123 5664
Fax: 012 366 3500
Email: info@assupol.co.za



Scheme Managers

Dignity Life Administrators
Twoline Trading 112 (Pty) Ltd
Reg No. 2000/001457/07

PO Box 16002, Sinoville 0129
518 Generaal De Wet Street,
Pretoria North 0182, Pretoria

Registered Financial Services Provider (Reg No. 2602)
FSP License Category - Long Term Insurance Category 1A (Funeral Cover)
Fax: 012 548 4726
E-Mail: admin@dignity.co.za
FAIS Ombudsman: Tel 012 762 5000