

| Referred by (name) | Contact number |
|--|---|
| ease note that the PSA Union shop stewards or any other employee or member of the PSA may only | y introduce the Dignity PSA products to PSA Members and are not permitted to give any |

EXISTING DIGNITY POLICY HOLDER YES NO

ACCEPTANCE FORM: X-TENDED FAMILY FUNERAL COVER

| ACCEI | | AI | NCE FORM: X-TENDED FAMILY FUNERAL COVER |
|--|-------------------------|---------------------------------------|---|
| STEP 1: Yo | u th | ıe Pr | emium Payer |
| You must com | plete | this f | orm before you sign it. Make sure all the information is accurate or your claim may be declined. |
| Title | | nitials | Date of birth DDMMMYYY Identity number |
| Full Name | | | Surname |
| Postal addres | ss | | Code |
| E-mail addres | ss | | Cellphone |
| Tel No. (H) | (| | Tel No. (W) (|
| . , | u m | av c | over spouses, children or relatives as extended family members. A minimum of 2 family members are required on this policy. |
| | | | m 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 | 0110 1 | ii wiio | Full name and surname Relationship Cover Premium |
| D D M N | / T Y | Y | Tolitation and definante |
| D D M N | + | - | |
| D D M N | - | ' Y | |
| D D M N | - | ' Y | |
| | - | ′ Y | |
| | + | - | |
| D D M N | + | Y | |
| D D M N | + | Y | |
| D D M N | - | Y | |
| D D M N | - | Y | |
| D D M N | ЛУ | Y | |
| D D M N | ΛY | Y | |
| D D M N | Л | Y | |
| D D M N | Л | Y | |
| D D M N | Л | Y | |
| D D M N | Л | Y | |
| D D M N | Л | Y | |
| STEP 3: Sa | alar | y dec | duction and pay-over authorisation |
| to the day, det | ermi e Ad ırt wi | ned by minist th Ass | swise 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 y 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 rators 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 upol. Identity number |
| | gnec | 1 | _ ' |
| Occupation Persal number | or | | Department Date of first deduction |
| | | ortm | |
| | | | ent/Paymaster/Paying Officer to deduct the sum of R in the name of Assupol Life Ltd. If and agree with the above authorisation regarding payment by Persal or any other stop order. |
| MY SIGNATU | | | a and agree with the above authorisation regarding payment by Persai or any other stop order. |
| | | | |
| STEP 4: Alt | tera | tions | to method of payment (only applicable for persal deductions) |
| | | | ethod of payment to be altered in the event of me not qualifying for Persal deductions as follows: DEBIT ORDER ve read the information above and understand the content thereof. |
| MY SIGNATU | JRE | | Date D D M M Y Y |
| STEP 5: De | bit | orde | r authorisation |
| I authorise Ass the policyholde as close as to Administrators | supo er, A the o | to dra ssupol lay, de cept t | aw 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 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 stermined 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 hat 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. ank account will start with Assupol. |
| Name of bank | k | | Account number Branch code |
| Name of prer | niun | раус | Type of account Cheque Savings Transmission |
| Branch name | - | | Please debit the amount of on the of each month |
| | | | able 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 it 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 and agree with the above authorisation regarding payment by debit order. |
| MY SIGNATU | | | |
| | | | Date D D M M Y Y IT INFORMATION – PLEASE READ |
| It is very import that you do a c you need befo | rtant comp ore yo | that yo arison ou mal | Du 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 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 ree 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 reement entered into between the parties. |
| CTED 7: Va | | | ration as client |

STEP 7: Your declaration as client

I have read, understand and agree with the above STEP 6: "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 | Υ | Υ |
|--|------|---|---|---|---|---|---|
|--|------|---|---|---|---|---|---|





X-TENDED FAMILY FUNERAL PLAN

| EXTENDED Family Members - All Plans | | | | SUPER EXTENDED Family Members | | | |
|--|--------------|--------|--------------------|--|-------------|--------|--------------------|
| Member Unlimited | Age | Cover | Monthly Premium | Member Unlimited | Age | Cover | Monthly Premium |
| Member | 01-11 months | 4 000 | R18.00 | Member | 14-21 years | 20 000 | R65.00 |
| | | 2 500 | R12.00 | Member | 22-69 years | 30 000 | R160.00 |
| Member | 01-05 years | 5 000 | R20.00 | Member | 70-85 years | 15 000 | R170.00 |
| | | 4 000 | R18.00 | | | | |
| Member | 06-13 years | 7 000 | R26.00 | | | | |
| | | 5 500 | R25.00 | | | | |
| Member | 14-21 years | 10 000 | R42.00 | | | | |
| | | 8 000 | R36.00 | | | | |
| Member | 22-69 years | 12 000 | R75.00 | | | | |
| | | 10 000 | R59.00 | | | | |
| Member | 70-85 years | 10 000 | R114.00 | | | | |
| | | 7 500 | R96.00 | | | | |
| Waiting period | | | Waiting period | | | | |
| Natural 0-09 months 0% of sum insured | | | | Natural 0-12 months 0% of sum insured | | | |
| 10+ months 100% of sum insured Unnatural 1 month | | | | 13+ months 100% of sum insured Unnatural 1 month | | | |
| Suicide 24 months | | | Suicide 24 months | | | | |

GENERAL INFORMATION

- The maximum age at entry for the Premium Payer is up to and including 65 years and extended family members is up to and including eighty-five years.
- The Premium Payer has to be a PSA Member, but is not obliged to take out any cover on its own life.
- There are no restrictions on the maximum number of extended members that can be insured. The minimum number that has to be insured is 2 extended family members.
- No additional X-Tended family plans can be taken out on the lives of any extended members that are currently insured on one of the PSA Dignity family funeral plans.
- · The extended cover on the existing family plans can however be upgraded to the X-Tended family plans.
- The increased cover amount will be subjected to additional 9 or 12 month waiting period.
- Where a Main Member of an existing Family Plan (Plus or Premier) cancels an existing family or single plan, with extended family members insured, with the intention to only insure that extended family members under a new X-Tended family plan, a waiting period of 9 or 12 month months will be imposed on the full cover amount as it is a new policy.
- · All premiums and benefits are payable in the currency of the Republic of South Africa, and payable via Debit Orders or PERSAL.
- · The policy will not be in force until the FIRST premium has been successfully deducted.

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

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

Important Information

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

ASSUPOL



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

Want Cover Fast?



Assist Line 086 111 26 54 SMS PSA to 33967



012 548 4726 086 524 5841

