

CASH PROVIDERS	V		CASH PROVIDERS	
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Referred by (name)

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.

PLAN A	PLAN A	SINGLE	SELECT MAIN
PLAN B	FAMILY	SINGLE	MEMBER PLAN
PLAN C	FAMILY	SINGLE	(Please Tick √)

STEP 1: You the Main Meml	bor	FAMILY SINGLE								
You must complete this form before		ation is accurate or your claim ma	y he declined							
Title Initials	Date of birth	D D M M Y Y	•	number	$\top$		П	$\top$	$\Box$	
Full Name	Bate of Bitti		name	Hamboi						
Postal address							Со	de		
E-mail address			Ce	ellphone						
Tel No. (H) ( )		Tel No. (W) (	)							
STEP 2: Your spouse										
You may include your spouse as import (b) the person you have been living				r the law of SA	A (includin	g a civil, c	ustomary	or same-	sex marri	age)
Gender M F Initial	<u> </u>	of birth DDMMY		number	Т			Т	TI	
Full Name	54.0		name	Hamboi						
STEP 3: You may cover up	to six (6) children under the									
They are your own children, stepchil			an vou							_
	ne and surname	y you and imancially dependent t	on you.	Ь	Polationsh	in			-	Sender
Date of Birtii	ie and sumame			I N	Relationsh	þ				M F
D D M M Y Y										M F
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STEP 4: You may cover mo	re spouses, children or rela	tives as extended family.								
They are persons in whom you have	e an insurable interest and who are i	not included above as immediate	family. You can ac	dd an unlimited	d number o	of extende	ed family m	embers.		
Date of Birth Full nam	ne and surname			Relationshi	p		Cover		Premiun	n
D D M M Y Y										
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D D M M Y Y										
STEP 5: Your beneficiary										
Your beneficiary is the person you a	ppoint to receive the policy pay-out	after your death. He or she must h	e 18 vears or olde	er You may ch	nange you	beneficia	rv at anv t	ime in wr	riting to D	ianity
1.16. Autorialiation of the control of	annot be made to the beneficiary, it w	vill be paid to your estate	,				,, .		9	.5,
Life Administrators. If the pay-out ca	,,,	in be paid to your octate.								
Gender M F Initial	•	of birth D D M M Y	Y Identity r	number						
Gender M F Initial Full Name	•	of birth DDMMY	name	number						
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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:





## **PLAN A**

PLAN A: R31 500 Funeral cover and R7 000 Assistance benefit

FAMILY funer	SINGLE	funeral b	enefit			
	Family cash benefit	Family Izinkomo s benefit	Family cash only option	Single cash benefit	Single Izinkomo benefit	Single cash only option
Main member	31 500	iNkomo	38 500	31 500	iNkomo	38 500
(18-65 years)						
Spouse	31 500	iNkomo	38 500			
(18-65 years)						
Children						
(Add up to 6)						
14-21 years	31 500	iNkomo	38 500			
06-13 years			22 000			
01-05 years			16 000			
01-11 months			9 500			
Stillborn			9 500			
Monthly premium	R174.00			R134.00		

All benefits above R30 000 are provided in terms of multiple assistance business policies

## **PLAN B**

PLAN B: R15 800 Funeral cover and R7 000 Assistance benefit

FAMILY funer	SINGLE	funeral b	enefit			
	Family cash benefit	Family Izinkomo benefit	Family cash only option	Single cash benefit	Single Izinkomo benefit	Single cash only option
Main member	15 800	iNkomo	22 800	15 800	iNkomo	22 800
(18-65 years)						
Spouse	15 800	iNkomo	22 800			
(18-65 years)						
Children						
(Add up to 6)						
14-21 years	15 800	iNkomo	22 800			
06-13 years			11 000			
01-05 years			7 900			
01-11 months			4 700			
Stillborn			4 700			
Monthly premium	R123.00			R96.00		

## **PLAN C**

PLAN C: R10 500 Funeral cover and R7 000 Assistance benefit

FAMILY funer	SINGLE	funeral b	enefit			
	Family cash benefit	Family Izinkomo benefit	Family cash only option	Single cash benefit	Single Izinkomo benefit	Single cash only option
Main member	10 500	iNkomo	17 500	10 500	iNkomo	17 500
(18-65 years)						
Spouse	10 500	iNkomo	17 500			
(18-65 years)						
Children						
(Add up to 6)						
14-21 years	10 500	iNkomo	17 500			
06-13 years			7 400			
01-05 years			5 300			
01-11 months			3 200			
Stillborn			3 200			
Monthly premium	R109.00			R57.00		

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

Extended Family Members - All plans					
Member Age	10 000 + iNkomo OR cash only option	Monthly Premium			
14-21 years	17 000	R92.00			
22-69 years	17 000	R126.00			
70-85 years	17 000	R227.00			

Waiting period - Extendeds				
Natural	0-09 months 0% of sum insured			
	10+ months 100% of sum insured			
Unnatural	1 month			
Suicide	24 months			

Waiting period - Family and Single Plans				
Natural:				
PLANS A & B	0-09 months 0% of sum insured			
	10+ months 100% of sum insured			
PLAN C	0-06 months 0% of sum insured			
	7+ months 100% of sum insured			
Unnatural	1 month			
Suicide	24 months			

## **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



### 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

## Breakdown of Premium :

Underwriter - 60% Administration - 10% Commission - 20% Transaction Fee - 10%

## 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