



Referred by (name) \_\_\_\_\_ Contact number \_\_\_\_\_

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"/> PLAN A	<input type="checkbox"/> PLAN A	<input type="checkbox"/> SINGLE	<b>SELECT MAIN MEMBER PLAN</b> (Please Tick ✓)
<input type="checkbox"/> PLAN B	<input type="checkbox"/> FAMILY	<input type="checkbox"/> SINGLE	
<input type="checkbox"/> PLAN C	<input type="checkbox"/> FAMILY	<input type="checkbox"/> SINGLE	

# ACCEPTANCE FORM

## 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

## 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																				
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

## 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

## PLAN A

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

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

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

## PLAN C

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

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

### Extended Family Members - All plans

Member Age	10 000 + iNkomo OR cash only option	Monthly Premium
14-21 years	<b>17 000</b>	<b>R92.00</b>
22-69 years	<b>17 000</b>	<b>R126.00</b>
70-85 years	<b>17 000</b>	<b>R227.00</b>

### 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

**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

### 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

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