

[illegible]

PRODUCT SELECTION : FAMILY PROTECTOR PLAN															
Product	Benefit Description										(x)	benefit Value	Premium		
												R	R		
												R	R		
												R	R		
												R	R		
												R	R		
												R	R		
												R	R		
												R	R		
PREMIUM CALCULATION															
												R			
												R			
												R			
												R			
												R			
ADMINISTRATION FEE (ONCE OFF)												R			
AMOUNT TO BE DEDUCTED 1ST MONTH												R			
AMOUNT TO BE DEDUCTED 2ND AND SUBSEQUENT MONTHS												R			
PAYMENT OPTIONS : Indicate with (x)															
Debit Order		EasyPay		EasyPay Ref Number										Specify other payment option	
Cash		Employer		Staff Employee Number											
Persal				Persal Number											
STOP ORDER REQUEST : INSURANCE															
I, the undersigned (Full name and surname)															
ID Number (starting with date of birth)															
Hereby authorise the Accountant of the Department of															
To deduct	R		for the month of		20	and monthly thereafter the amount of									
R	from my salary and remit to SoulRest Funerals (Reg No : 2008/223021/23)														
Until such time as I cancel this authorisation in writing, or substitute it with a new authorisation . Should the relevant premium be adjusted by the Company / Institution, I confirm that such increase may be deducted from my salary until such time as I cancel or replace this authorisation in writing.															
Signed at											on this	day of	20		
Signature															
PROCESSED															
Accountant											Date				
K. PRINCIPAL INSURED DECLARATION															
<p>I hereby apply for the benefits contained in this member application form and I declare that I have not withheld any material information. I accept that this member application and declaration shall be the basis of the agreement between SoulRest Funerals and myself. I understand that any inaccurate, false or untrue statement may render my policy null and void and all premiums paid will be forfeited to SoulRest Funerals. I understand that the policy will only come into effect after SoulRest Funerals has received my 1st premium. I understand that claims will not be paid to the beneficiary if all my premiums have not been paid to SoulRest Funerals, subject to section 52 of the LTIA .I have been informed of my rights of the policy protection rules and I declare that I understand and accept the terms and conditions applicable to this policy I further declare that:</p> <p>* The information supplied on this member application form is true, complete, accurate and correct</p> <p>* The benefits, terms and conditions of this policy have been explained to me and that I understand and accept them</p> <p>* The monthly premium is affordable and that I can afford to pay for this policy</p> <p>* My bank details are correct for the deduction of my monthly premium via debit order (if applicable)</p> <p>* I understand and accept the terms and conditions of any add-on product that I have selected</p> <p>* I can request to see a copy of the Master Policy that is held by the Policyholder (scheme owner)</p> <p>* I will receive a participation certificate</p> <p>* I understand and accept the contents of this declaration with my signature below</p>															
PRINCIPAL INSURED ACCEPTANCE & SIGNATURE															
Principal Insured Signature					Date application form completed and signed					____ / ____ / 2____					
					Entry date of policy					____ / ____ / 2____					