



ACCEPTANCE FORM

SELECT MAIN MEMBER PLAN (Please Tick ✓)

FAMILY FUNERAL PLANS			SENIOR FUNERAL PLANS		
SAVER	FAMILY	SINGLE	SAVER	FAMILY	SINGLE
PROTECTOR	FAMILY	SINGLE	PROTECTOR	FAMILY	SINGLE
TRUST	FAMILY	SINGLE	TRUST	FAMILY	SINGLE
FUTURE	FAMILY	SINGLE	FUTURE	FAMILY	SINGLE
LEGACY	FAMILY	SINGLE	LEGACY	FAMILY	SINGLE

Please note that the UASA Union shop stewards or any other employee or member of UASA may only introduce the Dignity UASA products to UASA Members and are not permitted to give any advice or intermediary services.

Contact number

Referred by (name)

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

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

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

FAMILY FUNERAL PLANS	FAMILY SAVER		FAMILY PROTECTOR		FAMILY TRUST		FAMILY FUTURE		FAMILY LEGACY	
	Family plan	Single plan	Family plan	Single plan	Family plan	Single plan	Family plan	Single plan	Family plan	Single plan
Main member (18-65 years)	5 000	5 000	10 000	10 000	15 000	15 000	20 000	20 000	30 000	30 000
Spouse (18-65 years)	5 000		10 000		15 000		20 000		30 000	
Children (Add up to 6)										
14-21 years	5 000		10 000		10 000		10 000		19 000	
06-13 years	3 500		7 000		7 000		7 000		9 500	
01-05 years	2 500		5 000		5 000		5 000		7 500	
Stillborn -11 months	1 500		3 000		3 000		3 000		5 500	
Monthly premium	R50.00	R40.00	R62.00	R47.00	R105.00	R57.00	R121.00	R100.00	R173.00	R132.00
Waiting period for Family and Single Plans			Natural	0-09 months 0% of sum insured 10+ months 100% of sum insured			Unnatural	1 month Suicide 24 months		

SENIOR FUNERAL PLANS	SENIOR SAVER		SENIOR PROTECTOR		SENIOR TRUST		SENIOR FUTURE		
	Family plan	Single plan	Family plan	Single plan	Family plan	Single plan	Family plan	Single plan	
Main member (66-85 years)	5 000	5 000	10 000	10 000	15 000	15 000	20 000	20 000	
Spouse (66-85 years)	5 000		10 000		15 000		20 000		
Children (Add up to 6)									
14-21 years	5 000		10 000		10 000		10 000		
06-13 years	3 500		7 000		7 000		7 000		
01-05 years	2 500		5 000		5 000		5 000		
Stillborn -11 months	1 500		3 000		3 000		3 000		
Monthly premium	R79.00	R58.00	R111.00	R79.00	R137.00	R101.00	R175.00	R122.00	
Waiting period for Senior Family and Single Plans			Natural	0-12 months 0% of sum insured 13+ months 100% of sum insured			Unnatural	1 month Suicide 24 months	

EXTENDED Family Members - All Plans			
Member Unlimited	Age	Cover	Monthly Premium
Member	01-11 months	4 000	R20.00
Member	01-05 years	5 000	R25.00
Member	06-13 years	7 000	R35.00
Member	14-21 years	10 000	R50.00
Member	22-69 years	12 000	R60.00
Member	70-85 years	10 000	R125.00
Waiting period			
Natural	0-12 months 0% of sum insured 13+ months 100% of sum insured		
Unnatural	1 month		
Suicide	24 months		

FAX THE COMPLETED APPLICATION FORM TO 012 546 0728 / 086 524 5841

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

Want Cover Fast?



Assist Line
086 111 26 54



Fax
012 548 4726
086 524 5841



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