

# CHANGE OF POLICY INFORMATION:

## Addendum to contract – Family members

**Policy number / Main member id number:**

**Main member name and surname:**

I, the main member/policy holder of the above mentioned policy number/s hereby request and consent for the following changes to be made on my funeral policy with immediate effect.

### Change of main member details:

Title: \_\_\_\_\_ Initials: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Full name: \_\_\_\_\_ Surname: \_\_\_\_\_

ID number: \_\_\_\_\_

Postal address: \_\_\_\_\_ Code: \_\_\_\_\_

Email address: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Tel no (work): \_\_\_\_\_

### Change or addition of spouse:

You may include your spouse as immediate family. He/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 6 months in a relationship that is similar to marriage.

Initials: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

ID number: \_\_\_\_\_

Full name: \_\_\_\_\_ Surname: \_\_\_\_\_

**Change of beneficiary:** (Main member's beneficiary) Your beneficiary is the person you appoint to receive the policy pay-out after your (Main member's) death. He or she must be 18 years or older. You may change the 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. Please note the main member is the beneficiary on all other family members covered on this policy.

Initials: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Full name: \_\_\_\_\_ Surname: \_\_\_\_\_

ID number: \_\_\_\_\_ Contact number: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Addition of another child:** You may cover up to 6 children under the age of 22 years. They are your own children, step children, legally adopted by your and/or financially dependent on you.

Date of birth	Name and surname	Relationship	Gender

## Client Declaration:

I declare that all information in this form is complete and correct. I am satisfied that I understand everything I need to know about this policy to make an informed decision myself in respect of the changes 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.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### Scheme Manager:

Dignity Life Administrators  
Twoline Trading 112 (Pty) Ltd,  
Registration number 2000/001457/07  
Authorised Financial Services Provider nr: 2602  
518 Genl. De Wet Street, Pretoria North, 0182  
P.O.Box 16002, Sinoville 0129  
Telephone: 086 1111 2654

### Underwriter:

Assupol Life Ltd  
Registration number: 2010/025083/06  
Authorized Financial Services Provider  
Summit Place Office Park, Building 6,  
Menlyn, Pretoria, 0181  
P.O.Box 35900, Menlo Park, 0102  
Telephone: 086 126 3600

