

CHANGE OF POLICY INFORMATION:



Addendum to contract: Policy & Payment changes

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.

Upgrade or Downgrade of policy: You can upgrade or down grade your policy to higher or lower cover levels. When upgrading a policy, please note waiting periods will apply on the new cover level difference amount. Refer to Terms & Conditions.

I, the main member of policy nr _____ / ID number _____, hereby request to upgrade/down grade my policy to the following:

Funeral Plan: _____

Cover Level: _____

Premium: _____

Salary Deduction Authorization (Government employees only)

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 below, 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 apply. The reference on your payslip will start with "Assupol". The insurer has the right to increase the premiums at any time after giving 31 days written notice to the policyholder.

I, the undersigned _____ ID number _____

Occupation: _____ Department: _____

Persal number: _____ Date of 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.

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 below, 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 be "AssuDigni"

Name of bank: _____ Account number: _____

Name of premium payer: _____ Type of account: _____

Branch name: _____

Please debit the amount of R _____ 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 31 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 31 days written notice to the policyholder.

I have read, understand and agree with the above authorisation regarding payment by Debit order.

Signature: _____

Date: _____

Cancellation of funeral policy:

I _____ ID number _____
hereby request to cancel my funeral policy, policy no _____ with immediate effect.

Reason for cancellation: _____

Signature: _____

Date: _____

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

