

Referred by (name)						
Contact number						
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	SELECT PLAN (Please Tick ✓)			

Please note that the UASA Union Shop stewards, employees, members and/or any other authorised company employee may only introduce the Dignity UASA products to UASA members and are not permitted to give any advice or intermediary service.

APPLICATION FORM

STEP 1: About you, the policyholder

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	Y	Y	M	M	D	D	Identity number												
Full Name										Surname											
Street address																					
																		Code			
Postal address																		Code			
E-mail										Cell											
Tel - Home ()										Tel - Work ()											
MARITAL STATUS	<input type="checkbox"/>	married	<input type="checkbox"/>	single	<input type="checkbox"/>	divorced	<input type="checkbox"/>	widowed	RACE*	<input type="checkbox"/>	black	<input type="checkbox"/>	coloured	<input type="checkbox"/>	Indian	<input type="checkbox"/>	white	<input type="checkbox"/>	other		
Main occupation																					
Highest education																					
Employment sector:	(please tick ✓ the appropriate block)				<input type="checkbox"/>	government	<input type="checkbox"/>	parastatal	<input type="checkbox"/>	private sector company	<input type="checkbox"/>	self-employed	<input type="checkbox"/>	informal sector							
Source of funds from which you will pay your premium: (please tick ✓ the appropriate block)																					
<input type="checkbox"/>	salary	<input type="checkbox"/>	inheritance	<input type="checkbox"/>	sale of business / property																
<input type="checkbox"/>	allowance	<input type="checkbox"/>	donation	<input type="checkbox"/>	insurance policy / another investment																
<input type="checkbox"/>	state grant	<input type="checkbox"/>	retirement fund	<input type="checkbox"/>	court award / RAF claim / curatorship																
<input type="checkbox"/>	savings	<input type="checkbox"/>	income from own business (if applicable)	<input type="checkbox"/>	other (please specify):																
Employment industry: (please tick ✓ the appropriate block/s)																					
<input type="checkbox"/>	atomic power - e.g. Eskom (Koeberg)									<input type="checkbox"/>	diplomats - e.g. ambassador, health, diplomacy										
<input type="checkbox"/>	cash aggregators - e.g. PayFast, Yoco, Zapper, Ozow									<input type="checkbox"/>	embassies - e.g. US embassy, United Nations shell banks - e.g. unregulated banks										
<input type="checkbox"/>	shell banks - e.g. unregulated banks									<input type="checkbox"/>	shipping - e.g. FedEx, DHL, Maersk										
<input type="checkbox"/>	gambling entities - e.g. casinos, online gambling									<input type="checkbox"/>	money service business customers - e.g. currency issuer/dealer, issuer of money orders										
<input type="checkbox"/>	nuclear weapons - e.g. bombs, missiles									<input type="checkbox"/>	money value transfer partners - e.g. banks, foreign exchange providers										
<input type="checkbox"/>	virtual currencies - e.g. Bitcoin									<input type="checkbox"/>	non-government organisations - e.g. SA National Council for the Blind, Care Centres										
<input type="checkbox"/>	arms, defence, military - e.g. SANDF, weapons dealer									<input type="checkbox"/>	precious metals and stones - e.g. platinum, gold, diamonds, rubies										
<input type="checkbox"/>	chemical manufacturing - e.g. AECI, Afrox, Dulux chemicals									<input type="checkbox"/>	third party payment processors - e.g. PayPal, GooglePay, ApplePay										
<input type="checkbox"/>	extractive industries - e.g. oil, metals, minerals									<input type="checkbox"/>	red light business / adult entertainment - e.g. striptease artist / club owner / bouncer										
<input type="checkbox"/>	payment service providers - e.g. PayPal, PayFast, Zapper, Ozow, SnapScan									<input type="checkbox"/>	regulated charities / non-profit organisations - e.g. Section 21 companies, charities (CANSAs, The Smile Foundation)										
<input type="checkbox"/>	state owned entities - e.g. Eskom, Denel, Rand Water, SABC, CIPC																				
<input type="checkbox"/>	consulates - e.g. consul staff, consul general																				

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	Initials	Date of birth	Y	Y	M	M	D	D	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 dependent on you.

Full name and surname	Relationship	Date of birth or ID Number										Gender								
		Y	Y	M	M	D	D							M	F					
		Y	Y	M	M	D	D													
		Y	Y	M	M	D	D													
		Y	Y	M	M	D	D													
		Y	Y	M	M	D	D													
		Y	Y	M	M	D	D													
		Y	Y	M	M	D	D													

STEP 4: Extended family (Spouses, children or relatives may be covered as Extended family)

They are persons in whom you have an insurable interest and who are not included above as direct family.

Full name and surname	Relationship	Date of birth or ID Number										Cover	Premium		
		Y	Y	M	M	D	D								
		Y	Y	M	M	D	D							R	R
		Y	Y	M	M	D	D							R	R
		Y	Y	M	M	D	D							R	R
		Y	Y	M	M	D	D							R	R
		Y	Y	M	M	D	D							R	R
		Y	Y	M	M	D	D							R	R

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	Initials	Date of birth	Y	Y	M	M	D	D	Identity number									
Full Name										Surname										
Relationship to you										Cell					Tel ()					

POLICYHOLDER NAME, SURNAME	ID NO.																			
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STEP 6: Payment by bank Debit order										Authorisation									
Name of bank					Account number					Branch code									
Name of premium-payer					Type of account					Cheque		Savings		Transmission					
Please debit the amount of R			on the				of each month			Branch name									
<p>I authorise Assupol to draw the premiums from my bank account. If the premium changes for any reason in terms of this policy, or by agreement between Assupol and the policyholder, the changed premium may likewise be drawn 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 possible to the day, determined by Assupol. If the policy ends this authorisation 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 statement will start with: ASSUPOL</p>																			
<p>PLEASE NOTE: Premiums are due and payable monthly in advance on the 1st working day of each month. A grace period of 31 (thirty-one) days is allowed to make a payment before the next payment date. It is very important to keep premiums up to date, as it may affect the pay-out benefits. 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.</p>																			
<p>I have read, understand and agree with the above authorisation regarding payment by Debit order.</p>																			
POLICYHOLDER SIGNATURE: <input type="text"/>										Date				Y	Y	M	M	D	D

STEP 7: IMPORTANT INFORMATION - PLEASE READ													
<p>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.</p>													

STEP 8: Declaration by you, the policyholder																			
<p>I have read, understand and agree with the above STEP 7: "IMPORTANT INFORMATION"</p>																			
<p>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. Companies in the Assupol group of companies may use information for my needs. They and their agents may use such information to assist me with my insurance and financial needs and from time to time offer other products and services to me. YES / NO</p>																			
<p>Are you taking out this policy to replace any of your existing insurance policies? If you have cancelled a funeral policy within 31 days from the start of this policy, you can apply to have your waiting period reduced - subject to any policy provisions we may require. YES / NO</p>																			
<p>I, the policyholder, give consent that Dignity PSA may assist me to manage and maintain this policy. I further give consent that my personal and policy information be shared with said entity. YES / NO</p>																			
POLICYHOLDER SIGNATURE: <input type="text"/>										Date				Y	Y	M	M	D	D

STEP 9: Declaration by the intermediary who assists with this acceptance form																			
Initial		Surname				Province				Code									
<p>I have checked that this form has been properly completed and signed. I discussed it with the policyholder. I have not given, and will not give, money or anything of value to the policyholder or a life insured as an inducement to take out this policy. I explained to the policyholder the implications of replacing insurance. I informed the policyholder that, for services rendered in respect of this application and the policy, Assupol pays to Dignity, a monthly commission and binder fee which is included in every monthly premium.</p>																			
INTERMEDIARY SIGNATURE: <input type="text"/>										Date				Y	Y	M	M	D	D
<p>Once you have filled out all the sections, please E-mail the completed application form to sales@dignity.co.za or fax 012 548 4726</p>																			

Breakdown of Premium : Assupol - 60%, Binder fee - 7.5%, Commission - 32.5% **Annual increase:** Premium -10% and Funeral Cover - 6%



Underwritten by Assupol Life Ltd
 Assupol Life Ltd (Registration number 2010/025083/06) Is an insurer licensed to conduct life insurance business.
 Authorised financial service provider. FSP53.
 www.assupol.co.za

Summit Place Office Park,
 Building 6, 221 Garstfontein Road,
 Menlyn, Pretoria 0181

PO Box 35900, Menlo Park,
 Pretoria, 0102

Compliance department:
 Fax: 087 230 5667
 E-mail: compliance@assupol.co.za

Complaints department :
 Fax: 087 230 5669
 Email: complaints@assupol.co.za



Scheme Managers
 Dignity Life Administrators
 Twoline Trading 112 (Pty) Ltd
 Reg No. 2000/001457/07
 Registered Financial Services
 Provider (Reg No. 2602)
 FSP License Category - Long Term Insurance
 Category 1.1A (Funeral Cover) and
 IV (Assistance Business)

PO Box 16002, Sinoville, 0129

518 Generaal De Wet Street,
 Pretoria North 0182, Pretoria

Fax: 012 548 4726
 E-mail: admin@dignity.co.za
 FAIS Ombudsman: Tel 012 762 5000

DIGNITY FUNERAL SCHEMES - BENEFITS AND PREMIUMS

UASA 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
Policyholder (18-65 years)	R6 180	R6 180	R12 360	R12 360	R18 656	R18 656	R24 719	R24 719	R37 079	R37 079
Spouse (18-65 years)	R6 180		R12 360		R18 656		R24 719		R37 079	
Children (Add up to 6)										
14-21 years	R6 180		R12 360		R12 360		R12 360		R23 553	
06-13 years	R4 431		R8 745		R8 745		R8 745		R11 777	
01-05 years	R3 148		R6 180		R6 180		R6 180		R9 328	
1 -11 months	R1 866		R3 731		R3 731		R3 731		R6 879	
Stillborn	R1 866		R3 731		R3 731		R3 731		R6 879	
Monthly premium	R67	R54	R84	R64	R141	R77	R163	R133	R231	R177

UASA 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
Policyholder (66-85 years)	R6 180	R6 180	R12 360	R12 360	R18 539	R18 539	R24 719	R24 719
Spouse (66-85 years)	R6 180		R12 360		R18 539		R24 719	
Children (Add up to 6)								
14-21 years	R6 180		R12 360		R12 360		R12 360	
06-13 years	R4 431		R8 745		R8 745		R8 745	
01-05 years	R3 148		R6 180		R6 180		R6 180	
1 -11 months	R1 866		R3 731		R3 731		R3 731	
Stillborn	R1 866		R3 731		R3 731		R3 731	
Monthly premium	R106	R78	R150	R106	R183	R136	R234	R164

EXTENDED family members - all plans

Age group	Cover level 1
01-11 months	R5 014
Monthly premium	R28

01-05 years	R6 180
Monthly premium	R34

06-13 years	R8 745
Monthly premium	R47

14-21 years	R12 360
Monthly premium	R67

22-69 years	R14 925
Monthly premium	R80

70-85 years	R12 360
Monthly premium	R167

Waiting periods - all plans

Natural	6 months
Unnatural	0 months (After receipt of 1st premium)
Suicide	12 months

Breakdown of Premium : Assupol - 60%, Binder fee - 7.5%, Commission - 32.5%
Annual increase : Premium -10% and Funeral Cover - 6%

IMPORTANT: PLEASE READ THROUGH THESE FREQUENTLY ASKED QUESTIONS, AS IT WILL ASSIST YOU IN A BETTER UNDERSTANDING YOUR POLICY.

- Who is the owner of the policy?** The policyholder/main member is the owner of the policy, who holds and exercises the rights in your policy.
- Who is the premium payer on the policy?** The person who pays the premium is known as the premium payer. This will be you, as the policyholder and premium-payer must be the same person.
- What does "age at entry level" mean?** A member's maximum or minimum age is when they enter the policy.
- Can I cover any person on this policy?** No, you can only cover family members in whose life you have an insurable interest. You and all the other role-players must be South African citizens. Please refer diagram overleaf.
- What is an insurable interest?** You have an insurable interest in a family member when you have to contribute towards their funeral financially.
- What is a waiting period?** A waiting period is a period during which you cannot claim benefits. Waiting periods are based on completed months, not how many premiums have been paid.
 Natural cause of death: 6 (Six) months.
 Suicide: 12 (Twelve) months.
 Unnatural cause of death: 0 (Zero) months, provided the first premium was received.
 Accidental death: Accidental death is death caused by an incident that causes harm to the body of the life insured from outside the life insured, which harm excludes any sickness – and which incident and harm the life insured did not intend and reasonably could not have foreseen. The incident must be the direct and only cause of death, and death must happen within 30 days after the incident.
- When is the start date of this policy?** It is the first day of the month on which the Underwriter, Assupol, receives the first premium for the cover on the policy.
- How will I know my policy is captured?** We will give you a courtesy call to confirm your personal information. Once your policy is captured, you will receive your documents via SMS or E-mail.
- Does it mean I am immediately covered when I receive my policy documents?** No - the policy documents are only an acknowledgement of participation. Members enjoy coverage after the successful deduction of the first premium.
- Who is responsible for paying the premium to the Underwriter?** Dignity has systems in place to deduct the premium, on your behalf, from your banking account or salary and is doing everything possible to ensure the successful deduction of the premium. The main responsibility, however, stays with the Policyholder, who has to ensure that the premium deduction has occurred. Check your bank account statement or payslip every month and ensure the premium deduction was successful - call our Assist Line at 086 111 2654 if you need assistance.

Want Cover Fast?



Assist Line 086 111 2654
Whatsapp 072 999 8766



Fax 012 548 4726
 012 546 0728
 086 524 5841



E-mail sales@dignity.co.za
Website www.dignity.co.za

Your Direct & Extended Family



- MARRIED



- YOUR PARENTS



- YOUR DIRECT FAMILY



- YOUR EXTENDED FAMILY

NOTE :

In your policy, relationships shown on the diagram are relations to you and your spouse.

RELATIONSHIPS EXPLAINED :

Spouse means...

- a person to whom you are married and which marriage is accepted under the law of South Africa - including, among others, a civil, customary or same-sex marriage; or
- a person with whom you live in a relationship similar to a marriage, which relationship is intended to be permanent like a marriage, and has existed for at least six months.

Important: If there's more than one spouse, only one spouse will be accepted on the policy under spouse rates. Other spouses will be accepted at the rates of extended family members.

****Child** includes own child, an adopted (legal or traditional) child and a stepchild.

Traditional adoption includes a child whom you have been taking care of on a permanent basis and whom have been living with you for at least six months.

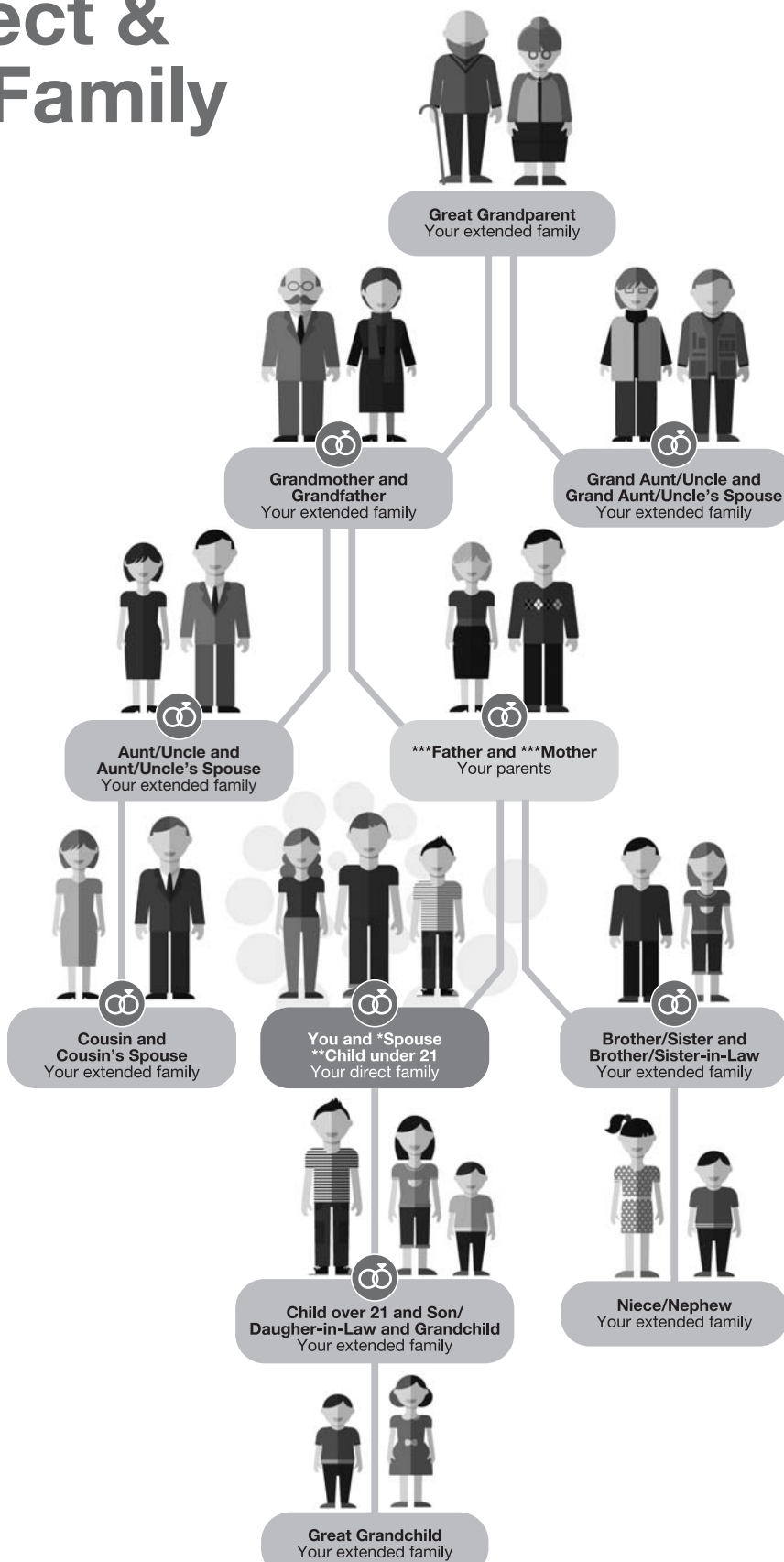
*****Mother** or *****Father** includes the person you or your spouse, are a child to according to the description of 'Child' above.

Brother or **Sister** includes step-brother or step-sister as well as half-sister or half-brother.

Uncle or **Aunt** includes your mother or father's sister or brother.

Cousin includes the children and grandchildren of your or your spouse's aunt and uncle.

IMPORTANT : Cover will not be provided for relationships which are not on the diagram.



IMPORTANT INFORMATION :

ASSUPOL

SERVING THOSE WHO SERVE SINCE 1913

Underwritten by Assupol Life Ltd
 Assupol Life Ltd (Registration number 2010/025083/06)
 Is an insurer licensed to conduct life insurance business.
 Authorised financial service provider. FSP53.
 www.assupol.co.za

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Dignity

LIFE
 ADMINISTRATORS

Scheme Managers
 Dignity Life Administrators
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 (Reg No. 2602)

FSP License Category -
 Long Term Insurance
 Category 1.1A (Funeral Cover) and
 IV (Assistance Business)
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