Dignity PSA FUNERAL SCHEME

PSA The Union Of Choice

Referred by (name)

Contact number

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

	PLUS		PLAN A		PLAN B		PLAN C		PLAN D
	PREMIER		FAMILY		SINGLE	**SELECT PLAN** (Please Tick ✓)			
	EVEREST		FAMILY		SINGLE				
	DIGNITY 50		FAMILY		SINGLE				

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 | Married | Single | Divorced | Widowed | RACE* | Black | Coloured | Indian | White | Other

Main occupation | *Race only for statistical purposes

Highest education

Source of funds from which you will pay your premium: | Salary | State Grant e.g. SASSA | Other. Please specify:

Employment industry: (please tick ✓ the appropriate block/s) | Government | SANDF | Parastatal | State owned entities | Other

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	M F
		Y Y M M D D	M F
		Y Y M M D D	M F
		Y Y M M D D	M F
		Y Y M M D D	M F

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	Gender	Cover	Premium
		Y Y M M D D	M F	R	R
		Y Y M M D D	M F	R	R
		Y Y M M D D	M F	R	R
		Y Y M M D D	M F	R	R
		Y Y M M D D	M F	R	R
		Y Y M M D D	M F	R	R
		Y Y M M D D	M F	R	R
		Y Y M M D D	M F	R	R
		Y Y M M D D	M F	R	R
		Y Y M M D D	M F	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.												

STEP 6: OPTION 1 - Payment by Persal or any other Stop order — 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 deduct 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 possible to that day, determined by my employer. 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 payslip will start with: ASSUPOL.

Please deduct the amount of R	from my salary on the			of each month
Name of premium-payer				Persal number
Department				Occupation

I have read, understand and agree with the above authorisation regarding payment by Persal or any other Stop order.

POLICYHOLDER SIGNATURE:

Date Y Y M M D D

STEP 7 - Alterations to method of payment - only applicable for Persal — Authorisation

I, the undersigned, hereby authorise the method of payment to be altered in the event of me not qualifying for Persal deductions as Debit order. YES ☐ NO ☐
Please refer STEP 8 below for Debit order.

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

POLICYHOLDER SIGNATURE:

Date Y Y M M D D

STEP 8: OPTION 2 - 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					

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

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.

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

POLICYHOLDER SIGNATURE:

Date Y Y M M D D

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: Declaration by you, the policyholder

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. 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

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

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

POLICYHOLDER SIGNATURE:

Date Y Y M M D D

STEP 11: Declaration by the intermediary who assists with this acceptance form

Initial	Surname	Province	Code

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.

INTERMEDIARY SIGNATURE:

Date Y Y M M D D

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

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

Sanlam | ASSUPOL

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

PO Box 35900, Menlo Park, Pretoria, 0102

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

Compliance department: Fax: 087 230 5667
E-mail: compliance@assupol.co.za
Complaints department : Fax: 087 230 5669
Email: complaints@assupol.co.za

Dignity LIFE ADMINISTRATORS

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

PLUS funeral benefit

	Family Plus plan A	Single Plus plan C	Family Plus plan B	Single Plus plan D
Policyholder	**R13 000**	**R13 000**	**R5 300**	**R5 300**
(18-65 years)				
Spouse	**R10 500**		**R5 300**	
(18-65 years)				
Children				
(Add up to six)				
14-21 years	**R7 900**		**R3 200**	
06-13 years	**R3 100**		**R2 600**	
01-05 years	**R2 700**		**R1 600**	
01-11 months	**R1 600**		**R800**	
Stillborn	**R800**		**R520**	
Monthly premium	**R44**	**R33**	**R32**	**R24**

PREMIER funeral benefit

	Family plan	Single plan
Policyholder	**R21 000**	**R21 000**
(18-65 years)		
Spouse	**R21 000**	
(18-65 years)		
Children		
(Add up to six)		
14-21 years	**R10 500**	
06-13 years	**R6 000**	
01-05 years	**R4 200**	
01-11 months	**R3 000**	
Stillborn	**R1 100**	
Monthly premium	**R107**	**R80**

EVEREST funeral benefit

	Family plan	Single plan
Policyholder	**R32 000**	**R32 000**
(18-65 years)		
Spouse	**R32 000**	
(18-65 years)		
Children		
(Add up to six)		
14-21 years	**R19 000**	
06-13 years	**R9 500**	
01-05 years	**R7 400**	
01-11 months	**R5 300**	
Stillborn	**R2 100**	
Monthly premium	**R148**	**R110**

DIGNITY 50 funeral benefit

	Family plan	Single plan
Policyholder	**R50 000**	**R50 000**
(18-65 years)		
Spouse	**R50 000**	
(18-65 years)		
Children		
(Add up to six)		
14-21 years	**R18 000**	
06-13 years	**R9 000**	
0-05 years	**R7 000**	
Stillborn	**R2 000**	
Monthly premium	**R175**	**R100**

EXTENDED family benefits - all plans

Age group	Cover level 1	Cover level 2	Cover level 3	Cover level 4
01-11 months	**R2 500**	**R4 000**		
Monthly premium	**R12**	**R18**		
01-05 years	**R4 000**	**R5 000**		
Monthly premium	**R18**	**R20**		
06-13 years	**R5 500**	**R7 000**		
Monthly premium	**R25**	**R26**		
14-21 years	**R8 000**	**R10 000**	**R20 000**	
Monthly premium	**R36**	**R42**	**R65**	
22-69 years	**R10 000**	**R12 000**	**R21 000**	**R30 000**
Monthly premium	**R59**	**R75**	**R80**	**R160**
70-85 years	**R7 500**	**R10 000**	**R15 000**	
Monthly premium	**R96**	**R114**	**R170**	

Waiting periods - all plans

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

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.

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

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

GM1026

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.

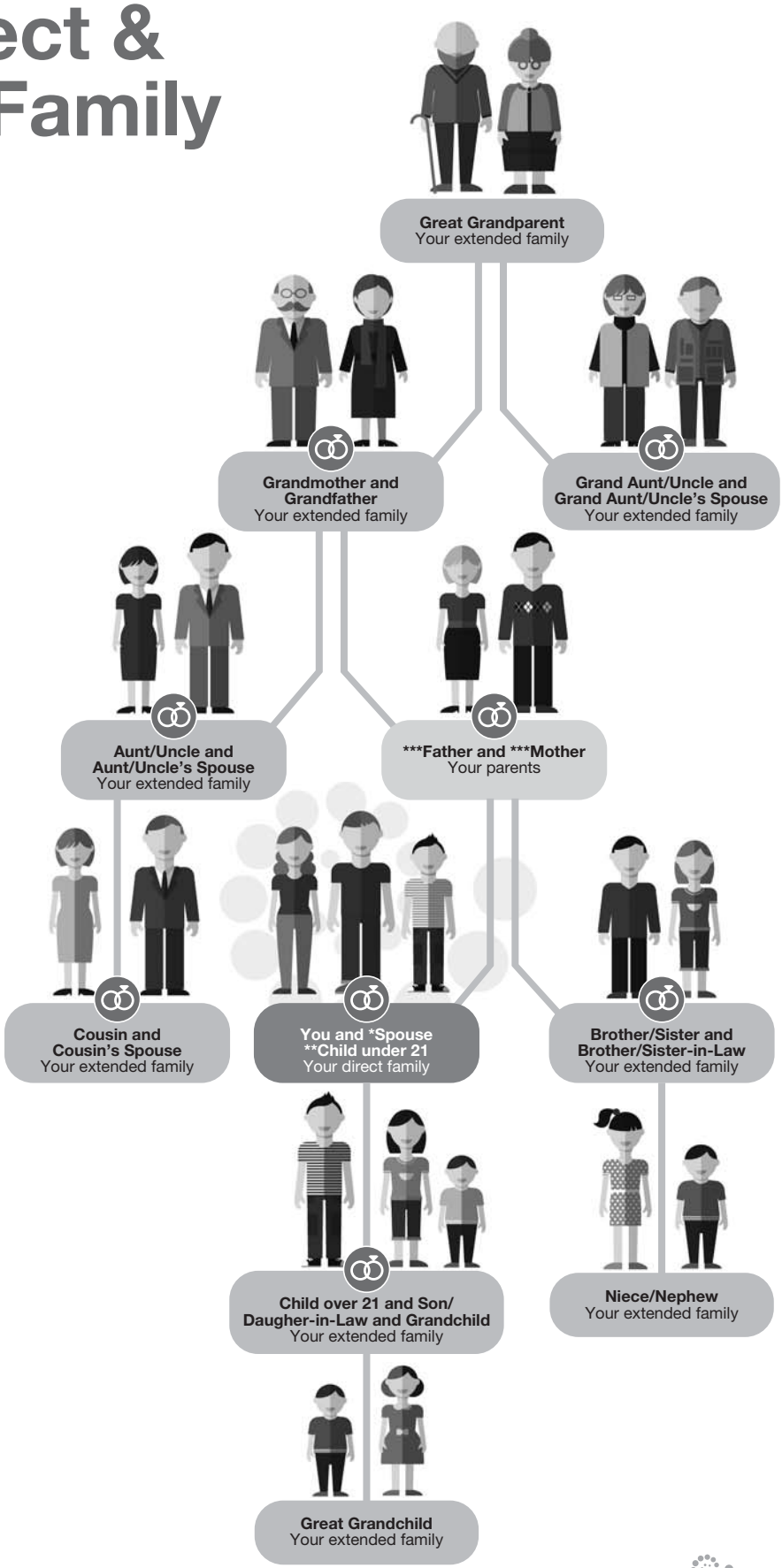
*****Mother** or *****Father** includes the person you or your spouse, are a child to according to the description of 'Child' above.

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 :

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Is an insurer licensed to conduct life insurance business.
Authorised financial service provider. FSP53.
www.assupol.co.za

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Fax: 087 230 5667
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Complaints department :
Fax: 087 230 5669
Email: complaints@assupol.co.za

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