

This is the person entering into the funeral policy. The Policyholder owns the policy and is the only person entitled to receive payment of the benefits to pay for the funerals of the insured persons.) Note: Cover is only available for a Policyholder who is younger than 65 on the start date of the Policy.

1. Policyholder Details

Title:	Initials:	Date of Birth:
_____	_____	_____
Full Name:	Surname:	
_____	_____	
ID number:	Gender:	
_____	_____	
Marital Status:	Cellphone number:	
_____	_____	
Email Address:	Work contact number:	
_____	_____	
Residential address:	Postal address:	
<div style="border: 1px solid black; height: 100px; width: 100%;"></div>	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>	
Postal Code: _____	Postal Code: _____	

2. Spouse details (If applicable - Note: Spouse older than 64 at the start date cannot be insured.)

Full Name:	Surname:		
_____	_____		
ID number:	Age:	Gender:	Date of Birth:
_____	_____	_____	_____

3. Children details (If applicable - Note: Children older than 21 at the start date cannot be insured. Complete a separate application form for additional children.)

Child 1:			
Full Name:	Surname:		
_____	_____		
ID number:	Age:	Gender:	Date of Birth:
_____	_____	_____	_____
Child 2:			
Full Name:	Surname:		
_____	_____		
ID number:	Age:	Gender:	Date of Birth:
_____	_____	_____	_____
Child 3:			
Full Name:	Surname:		
_____	_____		
ID number:	Age:	Gender:	Date of Birth:
_____	_____	_____	_____

Child 4:

Full Name: _____

Surname: _____

ID number: _____

Age: _____

Gender: _____

Date of Birth: _____

4. Beneficiaries details

On the death of the Policyholder, the beneficiary stated below will receive the benefits of the policy (100%). If beneficiaries are not nominated, the benefits will be paid to your spouse (if covered) or the closest relative we have on record. The second beneficiary will only be used if the payout of the claim can not be paid to the first beneficiary.

Beneficiary 1:

Full Name: _____

Surname: _____

ID number: _____

Gender: _____

Relationship: _____

Beneficiary 2:

Full Name: _____

Surname: _____

ID number: _____

Gender: _____

Relationship: _____

5. Premium Calculation

No. of:		Basic Plan	Executive Plan
	Adult(s) (Older than 21 years)	R40pm	R60pm
	Child(ren) (Younger than 21 years)	R10pm	R15pm

Cover Breakdown: Entity	Basic Cover	Executive Cover
Principal Member	R30 000	R60 000
Spouse	R30 000	R60 000
Children 14 - 21 years	R30 000	R60 000
Children 6 - 13 years	R15 000	R15 000
Children 0 - 5 years	R7 500	R7 500

Principal Member: A Principal Member is any person between the ages of 18 & 64 years at the time of qualifying for insurance in terms of the policy. Maximum Entry age is 64 years.

Qualifying Spouse (if applicable): Maximum entry age is 64 years.

Qualifying Child (if applicable): Cover for Children will cease at age 22. Children aged 22 or older will be covered up to age 26 if they are studying full-time at a recognised school or tertiary institution. Annual proof of full time study must be provided.

Membership Plan: _____

Basic/ Executive: _____

Calculated Premium to be paid: _____

6. Payment Information "Premium payer" - This is the person who pays the premiums and can be the policyholder or spouse covered in this policy.

ID number: _____

Inception Date: _____

Debit Day: _____

Account Holder Name: _____

Bank Name: _____

Account Number: _____

Type Of Account: _____

Bank Branch Name: _____

Branch Code: _____

Account Holder Email Address: _____

Account Holder Contact Number: _____

Initial: _____

I/We authorise Securitas Financial Group to draw against my / our bank account the contracted value in terms of an authority / mandate from Securitas Financial Group to collect and manage monies in respect of Securitas Funeral Cover for which I/we extend this authority to collect by debit order. I/We further authorise Securitas Financial Group to increase or reduce such amounts due from time to time to reflect any change to the Agreement, including changes in cover risk, sum insured or premium rates, as communicated to the applicant by Securitas Financial Group. I/We understand that the withdrawals hereby authorised will be processed through a computerised system provided by the South African Banks and I/we also understand that details of each withdrawal will be printed on the bank statement, with the reference prefix "SECURITAS". The individual debit instructions so authorised to be issued must be issued and delivered as follows: MONTHLY. In the event that the payment day falls on a Sunday, or recognised South African public holiday, the debit day will automatically be the preceding ordinary business day. I further authorise Securitas Financial Group to deposit directly into the above account any amount which may be due to me/us in respect of any refund amounts. We shall not be entitled to any refund of amounts which Securitas Financial Group has withdrawn while this authority was in force, if such amounts were legally due. I/ We acknowledge that all debit instructions issued by Securitas Financial Group shall be treated by my/our above-mentioned bank as if the instructions had been issued by me/us personally. By signing below the applicant agrees to these terms and conditions.

Signed at _____ on _____
(Place)

Signature of premium payer: _____

7. Medical Questions In answering the following questions the policyholder grants the insurance company permission to contact his/her healthcare provider to confirm any answers given.

Applicable to only Principal Member and their Spouse:

1. Have you applied for life insurance in the past 5 years for which you have been medically underwritten?
 - Was cover accepted at standard rates? (i.e. without premium loading or any exclusions?)
 - Has your health deteriorated since you last applied for this policy?

If you answered Yes to question 1 above, please provide us with more detail in the table below.

No:	Member	Insurer Name	Date Applied	Standard Rates	Health Deteriorated
				YES/ NO	YES/ NO

Applicable to Principal Member, their Spouse and Children:

2. Have you ever suffered from, or do you currently have any of the following:
 - 2.1 High blood pressure
 - 2.2 Diabetes
 - 2.3 Cancer or any kind of growth
 - 2.4 Heart attack or heart disease
 - 2.5 Shortness of breath
3. Have you, your spouse or any sexual partner been tested for or received treatment or medical advice in respect of AIDS or conditions related to AIDS or the HIV virus, or are you waiting for a test result?
4. Do you take regular (daily or weekly) prescription medication for any illness or disease?
5. Have you been off work for an illness or accident longer than 3 consecutive weeks in the last 2 years?
6. Are there any other factors that you know of that could influence your cover?

If you ticked Yes to any of the questions (2 - 6) above, please provide us with more detail in the table below.

No:	Member	Condition/ Impairment Detail	Doctor Initial And Surname	On Treatment?	Last Symptoms Date	Fully Recovered?

8. Client Declaration

1. I have received the information leaflet and summary terms and conditions containing the waiting period, rules of over insurance and the claims procedure.
2. I understand that the cover will only start when my application has been accepted and I have paid the first premium.
3. I understand that I have 30 days from the date I received the policy terms to cancel my policy. I also understand that if I do not cancel my policy within 30 days, I will be bound by the policy terms.
4. I have given all information correctly and understand that if any information is found to be untrue, my benefits may not be paid or my policy could be cancelled. I also agree to notify the underwriter in writing of any changes to the information I have provided.
5. I understand that the underwriter needs to collect and share my personal information specifically for this policy and to service, assess risks and consider claims for benefits under this policy. I also understand that this information will be kept confidential and secure for as long as the underwriter needs it.
6. I therefore authorise the staff, representatives and certain sub-contractors of the underwriter, it's holding company and subsidiaries, to collect and process the information I have provided which is relevant to my policy and to collect, process and share such information with an appointed financial adviser or other insurer either directly through us or any other institution in the financial services industry which provides a mechanism for the transmission of personal information.
7. I authorise the underwriter to communicate with me regarding my policy via Short Message System ("SMS") and/or email.
8. It is your responsibility as owner of this policy to make sure that Securitas Financial Group always has up-to-date contact information for you and anyone that can benefit on this contract.

Initial: _____

Where Securitas Financial Group becomes aware that there are benefits due to be paid out on the policy, we will always first try to contact you or your beneficiaries at the last address provided to us. If we are not able to contact you at this address, we have to take other reasonable steps to try find the person that is entitled to the policy benefits. In order to do this, we may have to appoint external tracing agents. By signing this application, you agree that we need your consent to provide you with information on products and services offered by Securitas Financial Group and also to share your information within the group. Please tick the box if you agree:

- to receive marketing information on products, services and special offers.
- to communicating other companies' products, services and special offers to me. If I respond positively to such communication, I may be contacted by that company.
- to sharing my personal information within the group for marketing purposes and the group then marketing its products, services and special offers to me.
- to contacting me for research purposes. (The research companies we use follow strict codes of conduct and treat customer information confidentially)

Replacements - Replacement of any insurance may be to the disadvantage of the proposer. Is the proposal to replace the whole of or any part of your existing insurance with any insurer (whether replacement is to occur immediately or to replace insurance within the past 4 months or within the next 4 months?) Please indicate your submission: _____

Signed at _____ on _____
(Place)

Signature of client/person duly authorised to:

9. Advisor Declaration

I declare that I have explained the meaning and implications of replacement of an insurance policy to the policy holder and that I am fully aware of the possible detrimental consequences of the replacement of an insurance policy.

Advisor Name:

Signature of Advisor:

Funeral Plan benefits:

The funeral plan provides for a cash benefit to be paid in settlement of a death claim of a Principal Member or his/her nominated Family and Extended Family Members.

Commencement of Insurance:

Insurance in terms of the Policy commences on the first day of the month provided the premium in respect of the Principal Member and his/her Family and Extended Family Members is received prior to the 7th of the month.

Principal Member

The main insured person who has chosen to join the Securitas Funeral Plan. The Principal Member must be between the ages of 18 and 64 years when the policy starts.

Family Member (if applicable)

Qualifying Spouse, Qualifying Child and Qualifying Extended Family Member.

Qualifying Spouse (if applicable)

A person married to the Principal Member or regarded as his/her life partner under civil, common or customary law. The spouse must not be older than 64 years when the policy starts. We only allow one spouse to be covered.

Qualifying Child (if applicable)

Your own natural or adopted child or any other legally dependent child (who you must support). Your child must be unmarried and not older than 21 years, unless they are a full time student. Children aged 22 or older will be covered up to age 26 if they are studying full-time at a recognised school or tertiary institution. This is subject to the provision of satisfactory evidence (annually) of full time study at a recognised school or tertiary institution. We only cover legally adopted or fostered grandchildren where proof of adoption or foster care is available when required. You may include a new born, adopted or fostered child within 90 days of their birth, adoption or fostering. We also cover:

- Stillborn children after 28 weeks of pregnancy and allow a maximum of two claims.
- Any disabled child of any age who you support fully, if you have medical proof that they are mentally or physically disabled.

Extended Family Member (if applicable)

Cover for Extended Family Member's under the age of 14 years will reduce in line with the funeral scale selected by the scheme. Additional children a maximum of 4, who are financially dependent on the Principal Member. An additional premium is payable per Extended Family Member. Maximum Entry age is 64 years.

Cancellation of Benefits / End of cover:

The funeral benefits in respect of the Principal Member, Spouse, Child/ren and Extended Family Members will lapse as soon as any of these happens:

- the 30 days of grace are over and no outstanding premium(s) were paid; or
- A funeral benefit is paid; or
- When Liberty Group or you cancel the policy.

Continuation of payment of premiums:

• Once the Principal Member's cover ceases, the funeral benefit for Spouses, Children and Extended Family Members ceases. • If the Principal Member ceases to be a member of the funeral scheme (dies, withdraws or retires) cover will cease immediately for the Principal Member and his/her Family and Extended Family Members.

• Should the Spouse elect to take over the policy of an existing Principal Member due to the Principal Member had died, this must be done within 30 days of the death and application/nominations form and monthly membership schedule must be updated accordingly.

Exclusions:

Active participation in war, riot and civil commotion or terrorism.

- All claims related to atomic, biological and chemical warfare or terrorism.
- Suicide will be excluded for the first 24 month

For Extended Family Members, the commission of a crime, suicide, or self-inflicted injury and deliberate exposure to exceptional danger will not be covered during the first year of membership from the date of receipt of the first months premium.

Waiting period:

Death due to natural causes

In the case of death due to natural causes, cover or any increase in cover has a waiting period of

- Six months in the case of a Principal Member, his/her Family and Extended Family Members
- The waiting period specified above will also apply for Extended Family Members added after the inception of the policy.

Accidental Death

In the event that the death of a person covered is a direct and solely a result of bodily injury caused by accidental means, an Accidental Death Benefit will be payable. Death must have taken place within 30 days of the accident and the event must be the primary cause of death. No waiting period applies in the event of death due to accidental causes, provided that premiums have commenced.

Suicide

No benefits will be paid out in the event of suicide, unless the Policy has been in force for twenty-four months. These calendar months commence on the entry date or the reinstatement date of the Policy in the event of the Policy having lapsed and then being reinstated. If the Principal Member and the Principal Members Family and Extended Family benefits have lapsed and he/she again becomes insured in terms of the policy, the above waiting periods will apply again.

Burial Repatriation Benefit:

Repatriation of Mortal remains within South Africa, Namibia, Lesotho, Swaziland, Botswana, Mozambique and Zimbabwe. When a member's death occurs more than 100km from their normal place of residence/place of burial, the deceased will be transported to the place of burial irrespective of where the death occurred, or where the burial will take place, provided that the repatriation is within the defined territory of the Funeral assistance service.

General Terms and conditions:

- Each Principal Member must complete an application form electing his/her Family and Extended Family Members.
- In the event of a discrepancy between the policy summary and the policy itself, the provisions of the policy will prevail. The policy may contain terms and conditions. This is a term group scheme policy and is annually renewable. Premiums may also be reviewed annually.
- Medical questions will be the only underwriting criteria; a member will be accepted or declined according to the medical questions answered. If medical questions were answered dishonestly at application stage Securitas have the right to repudiate the claim Acceptance as a member.
- The scheme may also be cancelled by the underwriter with a 60-day notification to all participating members.

Consent to collect and share personal information:

Liberty Group or Securitas or both of them may need to collect and share certain personal information about you (and the other insured persons) for administration purposes and to assess risks or consider claims for benefits under this policy. Liberty Group and Securitas may legally only collect, share and process information specifically related and relevant to this policy. Liberty Group and Securitas undertake to keep that information confidential and secure, and not to keep it for longer than it is needed. You consent to Liberty Group and Securitas (including their staff, representatives and certain subcontractors):

- collecting any personal, medical or financial information about you that they regard as necessary from any person and processing it; and
- sharing information in any related policy or other document with any other insurance company, directly or indirectly.
- This consent may limit your right to privacy. But it applies only for the above purposes and you may ask at any time for access to the information collected, processed or shared. Your consent is still effective after you pass away.

Information on Unpaid or Unclaimed Benefits:

It is your responsibility to ensure that Liberty Group and Securitas Financial Group always have up to date contact information (including that of any potential beneficiary). Where we become aware that benefits are payable, we will seek to communicate at the last address provided to us. If this is unsuccessful, we will take reasonable steps to find those who are entitled to the benefits, which steps may entail the appointment by us of external tracing agents. The policyholder/owner consents to us appointing an external tracing agent and providing them with the necessary personal information to conduct such tracing. A tracing and management fee as determined at time of tracing may be deducted by us from the benefits payable.

Premiums:

- A monthly premium per Principal Member and Extended Family Member(s), determined by Liberty from time to time, is payable.
- Premiums are payable monthly in advance.
- Premiums must be paid before the 7th of each month.
- If any premium is not paid continuously and timeously Liability in terms of the Policy regarding the Principal Member lapses. Liberty may, however, reinstate its liability on conditions which it may lay down, but in such a case no benefit is provided regarding the Principal Member and his/her Family and Extended Family Members if he/she dies as a result of natural causes within:

- six months after the date on which Liberty reinstates its liability in the case of a Principal Member and his/her Family and Extended Family Members.
- An Extended Family Member can cease membership while the main member remains a member, but that Extended Family Member cannot be readmitted to membership.

Debit order procedure:

The Debit Order will run on the date selected by the Principal Member. If the debit order is not honoured for any reason, two withdrawal runs will be done the next month. In the event of this second run being dishonoured, the policy will lapse. Liberty may, however, reinstate your cover on conditions which it may lay down from time to time.

Claim Procedures:

The following documents must be provided for consideration of a claim for funeral plan benefits:

- Membership Certificate; and
- Benefit claim forms as required by Liberty; and
- Application for Benefits form on which the Principal Member nominated his/her Family and Extended Family Members;
- Original certified copy of the official death certificate.
- Original certified copy of the Deceased ID document.
- Original certified copy of the Principal Member ID document.
- Copy of recent bank statement.
- If the cause of death is unnatural – a copy of the police statement is required.

No funeral plan benefit is payable if Liberty is notified of the claim for the benefit later than 12 months after a deceased's date of death. Liberty reserves the right to request any further documentation or information as it may deem necessary to accurately assess a claim that are not dealt with in the summary.

The provisions of the Policy are compatible with the provision of the Long Term Insurance Act.

Contact details:

Tel: 0861 778 883

Claims:

funeral@securitas.co.za

Underwriter or Insurer Liberty Group Limited

The insurer for this product is Liberty Group Limited (referred to as Liberty Group), company registration number 1957/002788/06. Street address: Liberty Centre, 1 Ameshoff Street, Braamfontein, 2001
Postal address: PO Box 10499, Johannesburg, 2000
T: 011 408 2999
E: contactlcb@liberty.co.za

Complaints or comments should be directed in writing to:

(Securitas)

Please email your complaints to: info@securitas.co.za

Post: PO Box 40544, Moreleta Ridge, Pretoria, 0044

Call: 012 990 5000

(Liberty)

The Complaints Resolution Manager

Liberty Corporate

P O Box 2094, Johannesburg, 2000

T: 011 408 2771

F: 011 408 4440

E: contactlcb@liberty.co.za

Alternatively, complaints may be directed in writing to:

The Liberty Internal Ombudsman

P O Box 10499, Johannesburg, 2000

F: 011 408 3157

E: internalombud@liberty.co.za

If your complaint is not resolved to your satisfaction by Liberty, you may contact one of the legislative bodies that have been tasked to look after your interests as a customer.

Registrar of Long-term Insurance

Postal address Financial Services Board, PO Box 35655, Menlo Park, 0102

T: 012 428 8000

F: 012 347 0221

The Long-term Insurance Ombud

Postal address The Ombudsman for Long-term Insurance Private

Bag X45, Claremont, 7735

T: 021 657 5000

Liberty Group Limited a division of Liberty is the Underwriter of this product:

Capital Alliance

Group Risk

A division of  LIBERTY

_____ Date

_____ Signature of client/ person authorised to: