

Compliance Checklist.

As a prospective Policyholder, you have the right to the following information:

A. Intermediary status (indicate with an X in the yes / no box)	Yes	No
1. Has the intermediary explained the purpose of their visit?		
2. Has the intermediary disclosed below information to you by means of a disclosure letter?		
a. The intermediary's full name, title, designation and Office physical and postal address?		
b. Telephonic and electronic contact details of the intermediary?		
3. Are you returning the status disclosure letter signed?		

B. Advice	Yes	No
1. Has the intermediary taken your circumstances into account to satisfy your financial needs?		
a. Have you accepted the recommendation leading from this financial need analysis?		

If your answer is "NO", please state the reason

2. Has the intermediary disclosed the following information to you?		
a. The name, type of policy and premium?		
b. The qualifying period, extent and limitations of the benefits?		
c. Who in your family can be covered as a spouse/parents/children/wider family members?		
d. The commission and remuneration payable to the intermediary?		
e. The 60-day cooling period?		
f. The claims notification procedure?		
g. The full registered name and address of insurer?		
h. About the minimum total cover amount to be maintained at all times for at least one life		

Application stage	Yes	No
1. Are you satisfied with the advice and disclosure that you have been given?		
2. Have you completed and signed the application form?		
3. If your answer is NO , are you aware of the financial risk of not applying for this Policy?		

Note: completing and signing the application form does not mean that insurance has been granted.

Name of Policyholder: _____ Signature: _____ Date:

Y	Y	Y	Y	M	M	D	D
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Replacement question

Important note: replacement of any insurance may be to the disadvantage of the client.

Is this proposal to replace the whole or any part of your existing insurance with any insurer (whether replacement is to occur immediately or to replace an insurance discontinued within the past four months or within the next four months)? Please indicate your submission on the line as a YES or NO.

If "Yes" the representative must discuss and complete the Replacement Policy Advice Record and attach it to this proposal form.

Name of Prospective Policyholder: _____ Signature: _____

Declaration by the intermediary

I hereby declare that I have requested and recorded the client's responses to the questions (Annexure 1A) with regard to replacement and that the client is fully aware of the possible detrimental consequences of the replacement of an insurance policy.

I further declare that, irrespective of the client's response to the question in Annexure 1A, I explained the following to the client:

- The meaning of replacement
- No waiving of qualifying period applies on this product.
- That a replacement is potentially prejudicial
- The levying/deduction of a termination charge and
- That where a replacement is considered, the client is legally entitled to comprehensive information regarding the consequences of replacement.

Name of Intermediary: _____ ID/Passport _____ Date:

Y	Y	Y	Y	M	M	D	D
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Intermediary code: _____ Cell no: _____ Signature: _____

Product Version May 2022

Application for a RandLife Comfort Funeral Cover

***Policyholder's Details**

First Names:												
Surname:												
ID Number:				Title:			Date of Birth:	YYYY/MM/DD				
Nationality:				Country Of Residence:								
Ethnicity:	Black	coloured	Indian	White	Gender:	M	F	Marital Status:	Single	Married	Divorced	widowed

***Telephone Numbers (include dialling code)**

Home phone:				Cell Number:				We will send information regarding your policy to your cell phone			
Work phone:				E-mail Address:							

***Postal address** **Physical address same as postal address** Y N

Building:				Street Name/Box/Ward:							
Suburb:				Postal Code:							
City:				Province:							

***Physical address**

Building/Complex/Unit:				Street Name/Box/Ward:							
Suburb:				Postal Code:							
City:				Province:							

Update all your other RandLife policies with the telephone numbers and postal address above.	<input type="checkbox"/> Y	<input type="checkbox"/> N	Would you like to receive all documents via email?	<input type="checkbox"/> Y	<input type="checkbox"/> N
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***Employment details**

Employer:				Employment date:							
Unit/division:				Basic earnings: R							
Union:				Deduction: R							
Occupation:				Source of income:							
Education level:				When paid:	Monthly	Weekly	Salary Pay day:				
Employee No:				Date of last income:	YYYY/MM/DD						

***Payment details (The policyholder must be the person paying the premiums)**

Payment method:	Stop Order	Debit Order	deposit	Debit-check	Monthly premium: R							
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***Bank details**

Name of Bank:				Account number:							
Branch Name:				Branch code:							
Account Type:	Current	Saving	Transmission	With effect from:							
Preferred debit order selected payment day	<input type="checkbox"/> D	<input type="checkbox"/> D	(Usually your salary Pay day) Your bank statement will show RandLife.								

Payment Details Authority

I allow RandLife financial services (RandLife) to adjust the date that they take the money from my bank account to be the date that I get my salary or to a date that RandLife needs it to be for operational reasons within its business.	<input type="checkbox"/> Y	<input type="checkbox"/> N	I agree that in order to cancel the debit order, I would need to cancel with RandLife directly.	<input type="checkbox"/> Y	<input type="checkbox"/> N
I agree that a debit against my bank account may be done by using the EDO (Early Debit Order), used by the banks, which allows for tracking of credits to my bank account.	<input type="checkbox"/> Y	<input type="checkbox"/> N	I agree that if my employer is unable to pay over a premium from my salary, that RandLife is allowed to take the money from my bank account as supplied by me.	<input type="checkbox"/> Y	<input type="checkbox"/> N
I confirm that the above deduction details that I have supplied are correct.	<input type="checkbox"/> Y	<input type="checkbox"/> N	Stop order 1st salary deduction date:	YYYY/MM	

Stop order deduction and pay-over authority (applicable to Stop Order only) I allow my employer to take the monthly premium from my salary and to pay it to RandLife financial services (RandLife) where I have an assurance policy.	<input type="checkbox"/> Y	<input type="checkbox"/> N	I will allow this, until I cancel this instruction in writing, or until I change it with a new instruction, in writing. This instruction is in force for any premium increase advised by RandLife.
The banking details provided on this application form will be used to pay any refunds and cash back benefits that might be due on the policy, unless RandLife financial service (RandLife) is advised otherwise by the Policyholder.			

The policyholder must be the person paying the premiums.

Prospective policyholder's signature Date

*Fields marked with this must be filled to make sure the mandate is valid.

Policyholder					Cover	Premium
RandLife comfort family funeral plan					R	
Spouse	First names	Surname	Identity Number/Birth Date	Cell Number		
Children	First names	Surname	Identity Number/Birth Date	Age	Gender	
1					F	M
2					F	M
3					F	M
4					F	M

Note: 1 - Child cover will end on their 21st birthday.

RandLife comfort single individual plan						
First names	Surname	Birth Date	Relationship	Cover	Premium	
				R		

RandLife comfort Group scheme plan				
	First names	Surname	Identity Number/Birth Date	Relationship
1				
2				
3				
4				
5				
6				
7				
8				
9				

Choose the group scheme cover and extra benefits suitable for your need.				Cover	Premium		
GROUP SCHEME				R			
MEMORIAL BENEFIT (not on included on group scheme)				R			
iNKOMO BENEFIT (not included on group scheme)				R			
GROCERY BENEFIT (only to the main member)				R			
ESCALATION		PREMIUM 5% AND COVER AMOUNT 4%		PREMIUM 10% AND COVER AMOUNT 8%	ISSUE DATE		
Single adult		Immediate family		Individual		Group	(Indicate with an X to choose package)

There are laws about how much we can pay for death claim payments for any life under the age of 14 across policies. We will apply these limits. These limits are:

- We can pay out to a maximum of R10 000 before a child's 6th birthday; and
- We can pay out to a maximum of R30 000 when a child is between their 6th and 13th birthday.

Maximum benefit for insured persons whose age is 14 years and above is R60,000 unless expressly stated otherwise.

Beneficiary First Names	Surname	Birth Date	Relationship	Cell Number	%

Declaration

I agree that this application must be read together with the Policy Document. I declare that all information provided in the compliance checklist, including the replacement question, is correct. I understand that the information provided by me and any documents required by RandLife financial service will be the basis of the Policy. I declare that the information provided by me, whether in my own handwriting or not, is true and complete. I accept that I am limiting my right to privacy to allow the assessment of the risks and of any claim benefits, under any policy issued because of this application.

I allow:

- RandLife to get from any person including but not limited to a medical practitioner, who I will allow and request to give, any information which RandLife sees as necessary, and to share with other Insurers that information and any information in this application or in any related policy or other document.
- Any such information that has been received and given, and as between Insurers as to be shared either directly or through a database operated by or for Insurers as a Group, at any time (even after my death) and in such detailed abbreviated or coded form from time to time decided by RandLife or by Operator of such database.
- I agree that RandLife may to the amount allowed by Law use or distribute for use within the RandLife Group and to parties with whom it has business relationship, my personal information so as to identify my financial needs and to provide me with financial and related services to meet these needs.
- I give my consent to RandLife to use my personal information to take any action necessary to trace me and my beneficiaries for the purpose of any unclaimed benefits and to make such information available to RandLife’s tracing agents.
- I have read and understand the section on Protection of Personal Information and where applicable, consent to the processing of my personal information for purposes set out therein.
- I acknowledge that I have read and understood these declarations.

_____	_____
Name of Prospective policyholder	Signature

Debit Order Deduction and Pay-Over Authority: Funeral/Life Assurance

I, the undersigned First names and Surname

Client Address:		Date:	
		Contact:	
Commencement Date:		Debit amount:	
Preferred Day:	1 st / 7 th / 15 th (please circle)		

Bank details

Bank name:		Account name:	
Branch name:		Branch code:	
Account number:		Account type:	

I agree that RandLife is allowed to take the money from my bank account as supplied by me. I agree that a debit against my bank account may be done by using the EDO (Early Debit Order), used by the banks, which allows for tracking of credits to my bank account.

Client signature & Date:		Intermediary signature & Date:	
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