

BRANCH

Membership number

STANDARD FUNERAL PLAN

NOTES: write in block letters. Tick the relevant boxes unless otherwise indicated. Please do not sign blank or incomplete forms.

1.LIFE ASSURED NOTE: Cover is only available for a life assured younger than 75 at the date of commencement.

Title:_____ Full Names:_____

DOB:_____ ID Number:_____ Gender: _____

Email:_____

Tel(H)

--	--	--	--	--	--	--	--	--	--

Cell:

--	--	--	--	--	--	--	--	--	--

Occupation/ Trade_____ Work Address:_____

Residential Address:_____ Postal Address: _____

2.Details of Cover : The amount of cover of the Applicant shall be the same as that of each of his dependents.

Please tick appropriate box.

\$500	\$1000	\$1500	\$2000	\$3000	\$4000	\$5000	\$7500	\$10000

3.FAMILY COVER Spouse and children's details.

Name	Surname	ID	Relationship	Gender	Age	Date of birth	Premium
SPOUSE							
Child 1							
Child 2							
Child 3							
Child 4							
Child 5							
Child 6							
Child 7							
Child 8							

Parents Cover: Parent Details (Maximum of four parents permitted)

	Name	Surname	ID	Relationship	Gender	Age	D. O. B	Premium
Parent 1								
Parent 2								
Parent 3								
Parent 4								

Extended Family Members: Other family member's details (Maximum of four extended family members permitted.)

	Name	Surname	ID	Relationship	Gender	Age	D. O. B	Premium
Person 1								
Person 2								
Person 3								
Person 4								

TOTAL PREMIUM	
---------------	--

4. BENEFICIARY DETAILS (in the event of the death of the assured)

Name	Surname	ID NUMBER	Relationship	Date of Birth

5. PREMIUM PAYMENTS

4.1	Payment Method	Cash <input type="checkbox"/>	Stop Order <input type="checkbox"/>	Debit Order <input type="checkbox"/>	
4.2	Payment Frequency	Monthly <input type="checkbox"/>	Quarterly <input type="checkbox"/>	Half Yearly <input type="checkbox"/>	Annually <input type="checkbox"/>
4.3	Commencement date				

Premiums

Funeral Assistance Benefit (USD)							
ADULTS	500	1,000	2,000	3,000	4,000	5,000	10,000
Monthly	1.00	2.00	4.00	6.00	8.00	10.00	20.00
Quarterly	3.00	6.00	9.00	12.00	15.00	30.00	60.00
Bi-annual	6.00	12.00	18.00	21.00	30.00	60.00	120.00
Annual	12.00	24.00	36.00	48.00	60.00	120.00	240.00

Funeral Assistance Benefit (USD)							
CHILDREN	500	1,000	2,000	3,000	4,000	5,000	10,000
Monthly	0.50	1.00	2.00	3.00	4.00	5.00	10.00
Quarterly	1.50	3.00	4.50	6.00	7.50	15.00	30.00
Bi-annual	3.00	6.00	9.00	12.00	15.00	30.00	60.00
Annual	6.00	12.00	18.00	24.00	30.00	60.00	120.00

The information above is correct and true. I have read and understood the undertakings overleaf and agree to be bound by the declaration by Applicant.

Dated at	This	Day of	20
Signature of life to be assured (or guardian if under 18 years of age)			

Name of Client: _____ Signature: _____ Date: _____

Undertakings (IMPORTANT READ CAREFULLY)

6.0 In this section you will find guarantees and undertakings that you agree to. These include giving complete information to MoneyMart Finance (Private) Limited.

6.1 You guarantee that all information given to us at any given time is complete and true. Information that affects our decision to provide benefits is known as the material information. Where any material information is not fully disclosed or is found to be untrue, we may decide:

- Not to carry out your requests
- Not to pay.
- Any claims for any benefits.

6.2 We have standard rules that set out our business processes. These rules apply to any changes you wish to make, and to all other dealings under this policy. You agree to be bound by the standard rules and any amendments that we make to them from time to time.

6.3 If you object to any term and conditions of this policy you must write to us within 30 days of receiving your policy document, setting out your objections.

6.4 The maximum sum assured payable per life for all policies administered by MoneyMart Finance apply. Premiums in respect of all policies taken out after maximum cover was reached will be refunded.

6.5 This policy shall commence upon receipt of first premium. The commencement of the date will be the 1st of the following month from the date of the initial payment.

6.6 There shall be immediate cover in the event of accidental death from the date the proposal signs up and subsequent first premium payment.

6.7 The following waiting periods shall apply from date of commencement for death from natural causes:

- 3 months on the main life assured, spouse and children; and
- 3 months on parents / in-laws, non-biological children, and extended family.

6.8 Cover is only available for

- A main life assured for all ages at the date of commencement.
- Dependents who are less than 75 years at the date of commencement.

7. DECLARATION BY APPLICANT

I confirm that I have read the contents of the application form, including the undertakings and guarantees above and that I understand the contents, that I am bound by that which applies to me and I agree that these conditions will form part of my contract and will apply in all future dealings with MoneyMart Finance.

- The total premium indicated overleaf has been paid to the company on condition that if this application is not accepted, this sum will be refunded.
- I/We agree that a first premium, if paid through the Salary Service Bureau (SSB) shall only be regarded effective when the actual amount has been credited to the account of the company with the approved bank. The assurance shall not commence until the amount has been credited and the acceptance of this application and the commencement date of the assurance has been confirmed in writing by the Company.
- I warrant that the information given in this application, whether in my handwriting or not, is true and complete.
- I agree that any misstatement or omission herein may lead to any contract made being declared null and void by the company and in such event, money paid in respect therefore shall be forfeited.

Name of Client: _____ Signature: _____ Date: _____

Processed by _____ Signature: _____ Date: _____