FAMILY FUNERAL BENEFIT NOMINATION FORM

1. PRINCIPAL MEMBER’S DETAILS

NAME & SURNAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I.D. NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RESIDENTIAL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ cell phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BENEFICIARY : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. IMMEDIATE DEPENDENTS

|  |  |  |  |
| --- | --- | --- | --- |
| NAME & SURNAME | ID / DATE OF BIRTH | RELATIONSHIP | PREMIUM |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |

1. EXTENDED FAMILY DEPENDENTS

|  |  |  |  |
| --- | --- | --- | --- |
| NAME & SURNAME | ID / DATE OF BIRTH | RELATIONSHIP | PREMIUM |
|  |  |  |  |
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**FEDCRAW FUNERAL SCHEME PREMIUMS**

**IMMEDIATE FAMILY:**  R42.00

NB: 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 recognized school or tertiary institution. This is subject to the provision of satisfactory evidence (at claim-stage) of full time study at a recognized school or tertiary institution.

|  |  |  |
| --- | --- | --- |
| PERSON COVERED | AGES | COVER AMOUNT |
| MAIN Member |  | R25 000 |
| Spouse |  | R25 000 |
| Children | aged 14 – 21 years | R20 000 |
| Children | aged 6 – 13 years | R10 000 |
| Children | aged 1 – 5 years | R10 000 |
| Children | Stillborn – 11 months | R10 000 |

**EXTENDED FAMILY:**

**R5, 000 . 00 – COVER “A”**

18 – 64 years R 8.20

65 – 74 years R 24.50

75 – 99 years R 57.00

**R10, 000 .00 – COVER “B”**

18 – 64 years R 16.50

65 – 74 years R 49.00

75 – 99 years R114.00

Please take note that the extended family has a WAITING PERIOD of six 6 months

Please note that maximum entry AGE is 74 years you will grow in the scheme

Bank details if you are not on stop-order:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bank:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ branch code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_account no: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

date of deduction: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_date of joining:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I HEREBY AUTHORIZE FEDRCAW TO DEBIT FROM MY BANK ACCOUNT AN AMOUNT OF: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*And be paid to FEDCRAW funeral account here-below:-*

OPTIONALLY YOU CAN PERSONALLY DEPOSIT YOUR PREMIUM TO OUR ACCOUNT HERE-BELOW

Account holder: Federal council and retail and allied workers

Bank: first national bank

Branch: carlton centre

Account number: 62310746352

Brach code: 250205

Account type: cheque account

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_