

## Declaration for electronically submitted proposal / application / alteration

Policy/Plan number:   

Quotation/Option no   
**NB: Complete all applicable fields in print.**
**Page 1**

### 1. Declaration by proposer/applicant (Must always be completed)

I,  (first names & surname/registered name of entity),

ID no/Passport no/   
Registration no:  , declare as follows:

- 1.1 This declaration forms part of my proposal/application/alteration for the above-mentioned policy/plan.
- 1.2 I guarantee that the paragraph, Replacement of a financial product, in the electronic application, has been filled in correctly.
- 1.3 The following documents have been given to me. I have read them and understand their contents:  
Intermediary's permit ☐ Product quotation ☐ Investment change form (if applicable) ☐ (only for Cumulus Echo Retirement Plan alterations)
- 1.4 I am aware that in terms of the Financial Advisory and Intermediary Services Act, 37 of 2002 (FAIS), I may request a copy of any document that I or someone on my behalf submitted to Sanlam Life that pertains to this application.
- 1.5 Apart from this declaration, my proposal/application consists of information I gave the intermediary verbally and where applicable, a personal health statement. I understand and agree that:
  - this information will be captured and recorded electronically in a computer;
  - this declaration form, as well as all other documents concerning this transaction, will be recorded in Sanlam Life's computer system;
  - no physical records will be retained of this transaction which will be deemed to have been completed in the normal course of Sanlam Life's business;
  - Sanlam Life's computer system records will for all purposes form the record of this policy/plan and may be used as evidence in any proceedings.
- 1.6 If this is an application for cover and I have selected that the underwriting questions for such cover should be asked by telephone, Sanlam Life will consider the application for cover on the basis of what information was supplied during this telephone conversation.
- 1.7 If this is a proposal/application for a retirement annuity, I apply for it on behalf of the RA fund concerned. If I am not yet a member of the fund, this proposal/application also serves as my application for such membership, and the rules of the fund will be binding.
- 1.8 I guarantee that any information provided to Sanlam Life concerning my proposal/application is complete and correct. This also applies to information which Sanlam Life regards relevant to the specific insurance risk and which is contained in any other document signed or provided by me or by a person whose life is to be insured under this policy/plan.
- 1.9 If any of the information given, changes before Sanlam Life's obligations under this policy/plan take effect, I will immediately notify Sanlam Life about it in writing.
- 1.10 If I fail to disclose information which could influence Sanlam Life's assessment of the risk and the acceptance of my proposal/application, or if information about the insurance risk is incomplete or incorrect, this could invalidate this transaction or cause Sanlam Life to cancel the policy/plan in which event all premiums/payments in terms of this policy/plan will be forfeited.
- 1.11 I give permission that Sanlam Life may use my personal information to locate me according to the Standard of Unclaimed Assets prescribed by the Association for Savings and Investment South Africa (ASISA), as available on the website [www.asisa.org.za](http://www.asisa.org.za), if my contact details have not been updated. The reference to ASISA does not apply to Retirement Plans or Pension/Provident Preserver.
- 1.12 Assuming Sanlam Life accepts my proposal/application, I accept that this policy/plan comprises:
  - this declaration form and where applicable, a personal health statement;
  - my proposal/application consisting of the information I submitted verbally and which is recorded in Sanlam Life's computer system;
  - any other information provided in connection with my proposal/application; and
  - the provisions contained in a policy/contract document to be issued.
- 1.13 Accepting that I am curtailing my right of privacy, but to facilitate the assessment of the risks and the consideration of any claim for benefits under a policy/plan related to this or any other proposal/application made by me, or in respect of me as a life insured, I irrevocably authorise Sanlam Life, for insurance purposes, to:
  - obtain from any person or institution, whom I hereby so authorise and request to give to Sanlam Life, any information which Sanlam Life deems necessary, and
  - share, at any time (even after my death), with other insurers – either directly or through a data base operated by or for insurers as a group, and in such detailed, abbreviated or coded form as may from time to time be decided by Sanlam Life or by the operators of such database – that information and any information contained in this proposal/application or in any related policy/plan or other document.

I indemnify Sanlam Life and its directors, agents, intermediaries and employees, as well as any other person, against any claim arising from the provision and/or disclosure of such information.
- 1.14 I authorise Sanlam Life to contact me via WhatsApp, telephone or another form of communication, to provide or request information relating to my application, plan or claim.
- 1.15 In terms of the Prevention of Organised Crime Act (number 121 of 1998), I confirm that the funds with which any payment is or will be made to Sanlam Life, in terms of this policy/plan, are derived from a lawful source. In addition, I declare myself willing to answer any questions with regard to the origin of such funds and to provide additional information as and when it may be required by Sanlam Life.
- 1.16 All insurers who are members of the Association for Savings and Investment South Africa (ASISA) share policy/plan information on a central Register to keep track of and ensure proper handling of replacement of financial products, whether it concerns this proposal/application now or in future. This information is protected and can only be accessed by authorised persons. To enable such authorised persons to access my policy/plan information, I hereby give consent that my information may be used on the Register of ASISA.
- 1.17 I understand that Sanlam Life reserves the right to verify the life insured's income, qualification and/or occupation.
- 1.18 I declare that if I sign on behalf of a legal entity, if applicable, that I have been authorised to do so.
- 1.19 If this is an application for Buy&Sell, all business owners declare that they have seen all information provided to Sanlam Life concerning this application, agree with it, and that it is complete and correct. (Refer to Business Owner's Declaration (AEB2117) where all the owners of the business have signed.)

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**NB: Complete all applicable fields. Please print.**

- 1.20** I certify that the information I provided in the application form that may be related to the determination of my tax status is true, correct and complete.
- 1.21** I acknowledge that Sanlam Life may be required to submit the regulatory reporting details provided herein to SARS who may share it with my local tax authority to adhere to the Foreign Accounts Tax Compliance Act ("FATCA") and the Organisation for Economic Co-operation and Development's ("OECD") Common Reporting Standard ("CRS").
- 1.22** I understand that the Spouse protector and Child protector rider benefits and any automatic child cover included in the disability benefits have waiting periods and exclusions for pre-existing conditions. The Spouse protector also has a suicide clause. This is explained in the quotation.
- 1.23** Waiting periods on the Funeral Expenses benefit (FSC3) *(if applicable)*  
I understand that:
- a benefit will not be paid if the life insured dies from natural causes before or within 6 months from the issue date of the benefit. If the cover amount of the benefit is increased, other than through benefit growth, the increased part of the cover amount will not be paid if the life insured dies from natural causes before or within 6 months from the effective date of the increase.
  - a benefit will not be paid if the life insured commits suicide before or within 12 months of the issue date of the benefit. If the cover amount of a benefit is increased, other than through benefit growth, the increased part of the cover amount will not be paid if the life insured commits suicide before or within 12 months from the effective date of the increase.
- 1.24** Benefits payable at death (other than the Funeral Expenses benefit (FSC3)) will not be paid if the life insured commits suicide before or within 24 months of the cover start date of the benefit. If the cover amount of any of these benefits are increased, other than through benefit growth, the increased part of the cover amount will not be paid if the life insured commits suicide before or within 24 months from the effective date of the increase.
- 1.25** I have read and understand the section on Protection of Personal Information and consent, where no other legal basis exists, to the processing of my personal information for the purposes set out therein.
- 1.26** I understand and accept that the intermediary responsible for the advice on this application will become my official care intermediary and that the intermediaries and staff in this intermediary's practice will have access to my Sanlam product information to provide me with advice and servicing. I also understand that I can revoke this appointment in writing at any time.
- 2. Signatures** *(applicable to declaration 1, annexure 1 paragraph 1 and/or 2, and/or annexure 2 paragraph 1, where applicable)*

Signature of proposer/applicant <i>(i.r.o. Declaration 1 and paragraph 1 and/or 2 of annexure 1, where applicable)</i>	Place	Date (DDMMCCYY)
Signature on behalf of proposer/ applicant <i>(i.r.o. Declaration 1 and paragraph 1 and/or 2 of annexure 1, where applicable)</i>  <i>The person acting on behalf of the applicant confirms the declaration above as well as details provided elsewhere on behalf of the applicant. As far as is required by law with regard to any person and/or aspect herein, this person grants the necessary consent and/or assistance or, depending on the case, acts in a representative capacity. The AEB2131 MUST also be completed for the detail of the person acting on behalf of the applicant.</i>	Place	Date (DDMMCCYY)
Signature of/on behalf of life insured <i>(if someone other than proposer / applicant) (i.r.o. Paragraph 2 of annexure 1 and/or paragraph 1 of annexure 2, where applicable)</i>	Place	Date (DDMMCCYY)

**Note: Where only the Funeral benefit (FSC2) and/or the Funeral Expenses benefit (FSC3), with or without Cashback, are applicable to a life insured, the proposer/applicant also signs on behalf of such life insured.**

Signature of co-life insured or second life insured <i>(i.r.o. Paragraph 2 of annexure 1, where applicable)</i>	Place	Date (DDMMCCYY)
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**3. Authorisation by payer**

I,  (first names & surname/ ID-no/Passport no/ registered name of entity), Registration no:

authorise Sanlam Life to arrange with my bank to collect the premiums/payments due on this policy/plan, as indicated on the quotation/application, from my bank account (wherever it may be). The premiums/payments may be amended from time to time.

Initials and surname of authorised official or other party that has signing rights *(Complete AEB2131 for details of this party)*

The reference number on your bank statement will start with "SL Debits" and/or "Multidfor SANLAMNUB".

**We hereby declare that** *(only if RA and the payer is an institution)*

- we understand and are aware that Section 13A of the Pension Funds Act, 1956 is applicable and the implications thereof;
- contributions do not qualify for tax deduction in terms of Section 11(l) of the Income Tax Act, 1962;
- participation for employees is on a voluntary basis and not compulsory.

**Protection of Personal Information**

Sanlam Life, a subsidiary of Sanlam Limited, will process and protect your personal information as required by relevant laws and the constitution of the RSA. We may send your personal information to service providers outside of the RSA for storage or further processing on Sanlam Life's behalf. We will not send your information to a country that does not have information protection legislation similar to that of the RSA, unless we have a binding agreement with the service provider which ensures that it effectively adheres to the principles for processing of information in accordance with the Protection of Personal Information Act No 4 of 2013. For further information please refer to our Privacy Notice on [www.sanlam.co.za](http://www.sanlam.co.za).

Signature of payer or authorised official <i>(i.r.o. Declaration 3)</i>	Date (DDMMCCYY)
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**NB: Complete all applicable fields. Please print.**

#### 4. Declaration by intermediary

- I,  (first names & surname), hereby declare that:
- I have disclosed the intermediary's permit, health statement (*if applicable*) and product quotation to the proposer/applicant.
  - I have explained the meaning and possible detrimental consequences of replacement of a financial product to the proposer/applicant, if applicable.
  - I understand and accept that if this policy/plan is cancelled within 31 days after the proposer/applicant received the notice of acceptance of this proposal/application, all money paid to me in terms of this policy/plan will be reversed.
  - I have read and understand the meaning of paragraph 1 of annexure 2. I agree that if Sanlam Life complies with an instruction as stated, I will have no right of recovery or any other rights or claims against either the proposer/applicant or against Sanlam Life for the payment of any money to me. (*If applicable.*)
  - I have explained to the proposer/applicant the implications of section 54 of the Long-term Insurance Act regarding the restriction period. (*If applicable.*)
  - I have obtained and seen the identification documents of all applicable parties and verified that the information corresponds with that on this application form.
  - I am authorised to market this product and that in terms of the Financial Advisory and Intermediary Services Act and its sub-legislation, I have not been debarred nor has any authorisation given to me been withdrawn or suspended, or lapsed.

Signature of intermediary (*i.r.o.*  
Declaration 4)

Place

Co-signature of supervisor/line manager where the intermediary is a Sanlam adviser who renders financial services under supervision

First name(s) and surname:

Code:

**NB: Complete all applicable fields. Please print.**

**Annexure 1 (Paragraph 1 and 2 must only be completed when risk is applicable. Paragraph 3 must be completed for Savings products, if applicable)**

**1. Declaration by applicant in respect of HIV/other tests**

I understand and accept that

- the lives insured have to understand and agree to all the terms and conditions set out in the lives insured declaration in paragraph 2, which must also be signed by him/her;
- if Sanlam Life requires the lives insured to undergo an HIV blood test:
  - the lives insured must undergo an HIV test before this application will be processed;
  - Sanlam Life reserves the right to require the lives insured to undergo other blood tests in order to continue with the processing of this application;
  - Sanlam Life will refuse to accept this application unless the lives insured undergo an HIV test and/or other blood tests required by Sanlam Life and such tests render a negative/required test result.

**2. Declaration by life insured (co-life insured/second life insured – where applicable) in respect of HIV/other tests and/or other insurance information (if applicable). If the life insured is under age his/her guardian must always sign. (If the life insured can and does sign, the guardian co-signs.)**

- I confirm that all information provided by me is complete and correct, whether given verbally, recorded electronically or as contained in any document.
  - I have read and understand the contents of the above declaration made and signed by/on behalf of the proposer/applicant.
  - I have read and understand the section on Protection of Personal Information and consent, where no other legal basis exists, to the processing of my personal information for the purposes set out therein.
  - I authorise Sanlam Life to contact me via WhatsApp, telephone or another form of communication, to provide or request information relating to my application, plan or claim.
  - I hereby give consent to Sanlam Life to disclose to the intermediary any medical information that, during the underwriting process, has led to a premium/payment loading being added, an exclusion being applied, or to the decline of the total policy/plan or part thereof. This will enable the intermediary who has assisted me in this application to explain such loading, exclusion, or decline to me and provide me with further advice. I also give consent to Sanlam Life to provide such medical information to the doctor nominated in my application (if applicable)
  - I am aware that plan benefits and cover amounts will be approved based on medical, financial, lifestyle and occupational information I provide. This information will be used in Sanlam Life's decision to provide me with cover, to determine the payments charged for this cover and whether or not to add exclusions and/or loadings. It is therefore my responsibility to ensure that the information I provide is correct and complete. If Sanlam Life later determines that there is any information that I have not provided that might have affected their decision, it may result in exclusions and/or loadings being added to benefits, or even the benefits being cancelled. Plan benefits may also be reduced or even refused if a claim is submitted in future.
  - I understand and hereby agree that if, for purposes of processing this proposal/application, Sanlam Life requires me to undergo an HIV test and/or another blood test
    - I will undergo such a test. (I understand the importance of being fully informed about my having to undergo an HIV test and I fully understand the implications thereof);
    - any such HIV blood test must be done only according to the Association for Savings and Investment South Africa (ASISA) prescribed rules;
    - Sanlam Life reserves the right to require that I undergo other blood tests and also reserves the right to require that further tests be done on the sample of my blood. If Sanlam Life requires me to undergo other blood tests, I agree to do so.
  - I agree to undergo a cotinine test to measure serum nicotine levels, if Sanlam Life requests it.
  - If, in complying with a requirement by Sanlam Life, I should undergo any HIV test and/or other blood test, I indemnify Sanlam Life and its directors, agents, intermediaries and employees, as well as the person who takes the sample of my blood and the person who performs such test on that sample, against any claim of whatever nature which may be brought against Sanlam Life and/or against any of these persons as a direct or indirect result of any such test.
  - The particulars of the medical doctor to whom the result of any such blood test must be disclosed, are available on the personal health statement.
  - Accepting that I am curtailing my right of privacy, but to facilitate the assessment of the risks, and the consideration of any claim for benefits under a policy/plan related to this or any other proposal/application made in respect of me as a life insured, I irrevocably authorise Sanlam Life, for insurance (including reinsurance) purposes, to:
    - obtain from any person or institution, whom I hereby so authorise and request to give to Sanlam Life, any information which Sanlam Life deems necessary, and
    - share, at any time (even after my death), with other insurers (including reinsurers) – either directly or through a data base operated by or for insurers as a group, and in such detailed, abbreviated or coded form as may from time to time be decided by Sanlam Life or by the operators of such data base – that information and any information contained in this proposal/application or in any related policy/plan or other document.
- I indemnify Sanlam Life and its directors, agents, intermediaries and employees, as well as any other person, against any claim arising from the provision and/or disclosure of such information.
- Sanlam Life has specific risk products for HIV positive lives. If your HIV test result is positive, you can contact Sanlam Life at 0860 000 121, or your intermediary.

Alternatively, would you prefer Sanlam Life to contact you? ☐ Yes ☐ No ☐ Please initial if you require direct contact \_\_\_\_\_

**3. Declaration by proposer's/applicant's spouse (Only if they are married in community of property AND a nomination for policy/plan-ownership is placed concurrently with the proposal/application)**

I, \_\_\_\_\_ (first names & surname), ID-no/Passport no: \_\_\_\_\_

declare that I consent to this nomination for policy/plan-ownership.

Signature of spouse (i.r.o. paragraph 3 of Annexure 1)

Place

Date (DDMMCCYY)

**NB: Complete all applicable fields. Please print.**

**Annexure 2 (Must be completed if**

- **there is an investment advice agreement between the life insured / applicant and the Fund / intermediary**
- **Preservation funds are applicable**
- **Private pension is applicable.)**

**1. Fees – Investment advice agreement between the life insured and the Fund: (applicable to Retirement Annuity, Preservation Fund, Provident Fund or International Retirement Annuity)**

- I want to receive on-going investment advice for my retirement investment.
- I understand that the ongoing investment advice is a discretionary service that does not form part of the intermediary services for which commission is paid.
- I request the Fund to pay a fund-based fee /investment review fee to the intermediary, nominated by me, who provides this advice.
- I understand that I may instruct the Fund at any time to change this fee, or to stop paying it.
- I understand that Sanlam Life, as the administrator of the Fund and on instruction of the Fund, will pay this fee on a monthly basis in rand on behalf of the Fund.
- I understand that this fee is deducted monthly from the fund value of my policy/plan by means of a withdrawal to the value of the monthly fee.
- I understand that this fee is linked to and fluctuates with the fund value of my policy/plan.
- I understand that the Fund is not responsible for the correctness, completeness or quality of this advice.
- I agree that until I instruct the Fund otherwise, the fee payable, expressed as a yearly fee, is the percentage of the fund value specified in the product quotation.

**Note:** No fee will be payable if not so indicated in the product quotation.

**2. Investment advice agreement between the applicant and the intermediary: (applicable to Wealth Edge Endowment Plan)**

Initial investment advice

- I hereby instruct Sanlam Life to deduct a one-off advisory fee as agreed with the intermediary and indicated below, on my behalf and to pay it to the intermediary. This fee will be deducted from the initial amount received before it is invested in the plan.

Advisory fee  % (0 – 100%: e.g. if maximum – fill in 100%) of 3.45% of initial amount

- Notes:**
- This fee includes VAT (if applicable).
  - No fee will be payable if “nil” is filled in or the box(es) is/are left blank.

**3. Details and declaration of employer (only applicable to Preservation Funds)**

Name of employer

The employee was in the service of the employer from  (DD/MM/CCYY) to  (DD/MM/CCYY).

Certified as true and correct to the best of my knowledge.

Signature of Manager/ Secretary (Employer) <i>(i.r.o. paragraph 2 of Annexure 2)</i>	Date (DDMMCCYY)	Official stamp of employer
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**4. Particulars of the transferring fund and consent (Private Pension)**

Name of transferring fund

I, the undersigned, duly authorised, declare that:

The Fund hereby authorises Sanlam Life to issue a compulsory term annuity/life annuity on the life/lives of the life/lives insured, with the life insured as owner.

Signature of authorised person	Date (DDMMCCYY)	Official stamp
Place		

**5. Consent by cessionary to alteration of policy / plan**

I agree that the above policy/plan may be changed as set out in the application form.

Signature of cessionary	Date (DDMMCCYY)	Official stamp
Place		