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Nattex Funeral Scheme is a Juristic Representative under Ingwe Life 46004 Underwritten by African Unity

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FSB License Number: 47679

# Membership Application Form

AVBOB has been authorised to grant funeral insurance cover, in terms of the binder agreement in place. You will be informed by AVBOB underwriters once the insurance cover has been accepted. The full terms and conditions of the policy is available from AVBOB underwriters. Benefit/Package: Note – **Maximum of R 30,000.00 cover per person**

**Main Member**

Name & Surname :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Number/E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Commencement Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Benefit : Value Added Benefit \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Benefit amount R \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Premium R\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Spouse:**

Name & Surname :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additional Insured:**

Inn & Surname : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Benefit\_\_\_\_\_

Inn & Surname : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Benefit\_\_\_\_\_

Inn & Surname : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Benefit\_\_\_\_\_

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Inn & Surname : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Benefit\_\_\_\_\_ Inn & Surname : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Benefit\_\_\_\_\_

## Declaration

I declare to the best of my knowledge and understanding that the particulars on the certificate are true and correct. I confirm the following by **ticking each block**. Blank spaces will be considered as agreeing to the below.

□ I can afford the policy monthly premium and I am not replacing an existing funeral policy with this policy;

□ This funeral policy suits my financial needs and expectations and I will read the terms and conditions contained on the back hereof; and □ The funeral benefit that AVBOB pays will be in Rand value, irrespective of the product benefit laid out by the Funeral Parlour. I nominate the following beneficiary to receive the benefit as a cash lump sum from AVBOB.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Full names and Surname** | **Relationship** | **ID Number** | | |  |  |  | | | | | | | |
|  |  | Y | Y | M | M | D | D |  |  |  |  |  |  |  |

I request that the Funeral Benefit be paid to the following Nattex Funeral Schemes who will render the cash payment service:

|  |  |
| --- | --- |
| **Funeral Parlour** | **Contact Details** |
|  |  |

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Signature Main Member Date

## SUMMARY OF THE TERMS AND CONDITIONS OF THE FUNERAL POLICY

### Funeral Benefits

The policy provides a benefit to be paid if the principal or any of the nominated members die. The benefit selected on the application will be insure with AVBOB Life.

### Client

Any person (policyholder) who requires funeral insurance for his/her family, the policyholders legal or common law spouse, biological children and direct or extended family members.

### Premiums

A monthly premium per policy, is payable monthly in advance. If any premium is not paid timeously, to Nattex Funeral Schemes, AVBOB Life, the liability in terms of the policy will lapse. The insurer may reinstate your policy with conditions that may change from time to time.

### Exclusions

* Active participation in war, terrorism, any illegal activity and riot.
* No benefit is payable if the insurer is notified of a claim later than 6 months after date of death.
* No client or any members may be insured more than once on the same policy, if additional benefits are required a separate application must be done.
* Each benefit is limited to a maximum of R30 000 per life.
* Still born benefits are only payable to the biological parents, who must also be the policyholder/main member.

### Waiting Period

* **Six (6) months** for natural cause of death;
* **Nine (9) months** for benefits exceeding R20 000 on the family plan, and exceeding R10 000 on the 1+ plan;
* **Twenty Four (24**) months for suicide;
* **No waiting period** for unnatural causes of death, provided that the inception (1st premium) was paid;
* If a policy is cancelled and reinstated the normal waiting period will apply.

### General Information

* Each main member must complete an application which forms part of the policy document. The main member and family members will be insured according to the information provided on the application form.
* Any incorrect information provided to Nattex Funeral Schemes or AVBOB LIFE may result in a claim not being paid by AVBOB Life.
* Valid claims will only be paid if; o Premiums are up to date; and o All the required documentation received is correct and clear.
* Your policy is inclusive of a Repatriation of Mortal remains benefit, should any insured deceased be transported more than 100 km from place of death to place of burial. Full terms and conditions of this benefit

### Right to cancel

The member may at any time cancel the policy subject to there being no refund of premiums in respect of risk cover already enjoyed and and all arrear premiums are paid in terms of this policy.

### Claim procedures

In the event of a death, AVBOB Life must be notified of the death within **six (6) months** after date of death. Failure to do so may result in the claim being repudiated by AVBOB Life.

**Claim Documents to be submitted:**

* Fully completed AVBOB Life claim form;
* Mandate to pay the undertaker (where the funeral home must be paid) signed by the policy holder;

* Completed AVBOB Life claim form;
* Certified ID copy of the main member;
* Certified ID copy of the deceased or certified Birth Certificate if the deceased is a child;
* Certified copy of an electronic death certificate;
* Copy this completed, signed and dated application;
* BI 1663;
* Proof of banking details not older than three (3) months;
* In case of unnatural causes of death, a completed police report; and
* In case of stillborn, a clinic card and BI1663.

**AVBOB Life reserves the right to request any further documentation or information as it may deem necessary to accurately assess the claim.**

Any claims submitted for members who are not listed, or insured may be repudiated.

If any claim is fraudulent, or any fraudulent means or devices are used, or anyone acting on the Insureds behalf to obtain any benefit on this policy the benefit afforded under this policy will be forfeited.

### Disclosure

Nattex Funeral Schemes is a mandated Juristic Representative of AVBOB LIFE) who is a binder holder of AVBOB Life and administrates the funeral policies on behalf of AVBOB Life.

Your premium is inclusive of the funeral parlour commission and Nattex Funeral Schemes administrative cost with VAT is levied on our administrative cost. AVBOB receives 10% commission from Nattex Feneral Schemes on the risk premium.

AVBOB Life have Professional Indemnity Cover in place.

### Complaints

Complaints should be directed to Nattex Funeral Schemes in writing. If the complaint is not resolved you may contact AVBOB Life or submit a complaint to the offices of the Financial Services Board (FSB) or the FAIS Ombud.

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| Tel: 074 6786876  Fax: 053 8331303  Email: Winston.nattex@gmail.com | Tel: 051 444 2001  Fax: 051 444 1998  Email:  www.avbob.co.za |
| **Financial Services Board**  **(FSB)** | **FAIS Ombud** |
| Tel: 0800 110 443  Fax: 012 346 6941 Email:info@fsb.co.za www.fsb.co.za | Tel: 012 762 500  Fax: 086 764 1422  Email: info@faisombud.co.za www.faisombud.co.za.za |

### Declaration

I have read through the terms and conditions, I understand the rules and conditions of this policy. I declare to the best of my knowledge and understand that the particulars on the application form are true and correct. I am satisfied that the plan chosen by me, best suits my needs. I am able to afford the monthly funeral insurance premium. I am not replacing an existing Funeral Policy with this policy.

### Record of Advice

Completed with the representative of Nattex Funeral Schemes. **Please note**: If the funeral is not performed by the Parlour, a **15% administration fee** will be deducted from the benefit.

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