



APPLICATION FOR MEMBERSHIP OF THE
CMAC FUNERAL PLAN

Capital Alliance

Group Risk

A division of LIBERTY

Capital Alliance, a division of Liberty. FSP
license number 2409. Libridge Building, 25
Ameshoff Street, Braamfontein, 2001

BROKER:

BRANCH CODE:

AGENT:

REP:

REPLACEMENT POLICY

* / ✓

SA BROKING

Care Medical Aid Consultants (Pty) Ltd is an Authorised Financial Services Provider in terms of the FAIS Act
(License no. 17112)

The scheme has been issued to Sovereign Funeral Administrators t/a SA Broking Services, an Authorised
Financial Services Provider in terms of the FAIS Act (44866)

PLAN OPTIONS

MEMBER + 5 PLAN

(Member + 5 Dependants only)

BENEFIT	AGE CATEGORY	PREMIUM	DISCLOSURE		SELECT *
R 5 000 R 5 000	18 - 64	R 125.65	<i>Risk & Admin</i> R 44.80	<i>Marketing & Distribution</i> R 80.85	<input type="checkbox"/>
	65 - 69	R 147.62	R 49.76	R 97.86	
R 10 000 R 10 000	18 - 64	R 170.30	R 89.60	R 80.70	<input type="checkbox"/>
	65 - 69	R 194.18	R 99.45	R 94.73	
R 15 000 R 15 000	18 - 64	R 214.99	R 134.45	R 80.54	<input type="checkbox"/>
	65 - 69	R 240.79	R 149.20	R 91.59	
R 20 000 R 20 000	18 - 64	R 260.30	R 179.90	R 80.40	<input type="checkbox"/>
	65 - 69	R 287.40	R198.95	R 88.45	
R 25 000 R 25 000	18 - 64	R 304.26	R 224.00	R 80.26	<input type="checkbox"/>
	65 - 69	R 333.96	R 248.65	R 85.31	
R 30 000 R 30 000	18 - 64	R 348.90	R 268.80	R 80.10	<input type="checkbox"/>
	65 - 69	R 380.58	R 298.40	R 82.18	

MEMBER + 9 PLAN

(Member + 9 Dependants only)

BENEFIT	AGE CATEGORY	PREMIUM	DISCLOSURE		SELECT *
R 5 000 R 5 000	18 - 64	R 161.10	<i>Risk & Admin</i> R 56.00	<i>Marketing & Distribution</i> R 105.10	<input type="checkbox"/>
	65 - 69	R 183.49	R 62.15	R 121.34	
R 10 000 R 10 000	18 - 64	R 219.13	R 112.00	R 107.13	<input type="checkbox"/>
	65 - 69	R244.01	R 124.35	R 119.66	
R 15 000 R 15 000	18 - 64	R 274.20	R 168.00	R 106.20	<input type="checkbox"/>
	65 - 69	R 301.48	R 186.45	R 115.03	
R 20 000 R 20 000	18 - 64	R 329.26	R 224.00	R 105.26	<input type="checkbox"/>
	65 - 69	R 358.98	R248.65	R 110.33	
R 25 000 R 25 000	18 - 64	R 385.33	R 280.00	R 105.33	<input type="checkbox"/>
	65 - 69	R 417.44	R 310.80	R 106.64	
R 30 000 R 30 000	18 - 64	R 441.39	R 336.00	R 105.39	<input type="checkbox"/>
	65 - 69	R 475.94	R 372.95	R 102.99	

MEMBER + 13 PLAN

(Member + 13 Dependants only)

BENEFIT	AGE CATEGORY	PREMIUM	DISCLOSURE		SELECT *
R 5 000 R 5 000	18 - 64	R 172.53	<i>Risk & Admin</i> R 67.26	<i>Marketing & Distribution</i> R 105.27	<input type="checkbox"/>
	65 - 69	R 195.39	R 74.60	R 120.79	
R 10 000 R 10 000	18 - 64	R 267.95	R 134.40	R 133.55	<input type="checkbox"/>
	65 - 69	293.79	R 149.20	R 144.59	
R 15 000 R 15 000	18 - 64	R 333.45	R 201.65	R 131.80	<input type="checkbox"/>
	65 - 69	R 362.18	R 223.80	R 138.38	
R 20 000 R 20 000	18 - 64	R 398.90	R 268.80	R 130.10	<input type="checkbox"/>
	65 - 69	R 430.58	R298.40	R 132.18	
R 25 000 R 25 000	18 - 64	R 466.38	R 336.00	R 130.38	<input type="checkbox"/>
	65 - 69	R 500.93	R 372.95	R 127.98	
R 30 000 R 30 000	18 - 64	R 533.84	R 403.20	R 130.64	<input type="checkbox"/>
	65 - 69	R 571.31	R 447.55	R 123.76	

POLICYHOLDERS DETAILS

Title	Initials	Surname			
First Names					Gender
ID Number			Age	Date of Birth	
Postal address				Street Address (if different to postal address)	
** Select preferred method of communication, this will be to receive policy documentation as well as general communication *					
Telephone Work			Fax		
Telephone Home			Email		
Telephone Cell			Language	Occupation	

