



**APPLICATION FOR MEMBERSHIP OF THE
CMAC FUNERAL PLAN**



A division of LIBERTY

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

BROKER:

BRANCH:

AGENT:

REP:

REPLACEMENT POLICY

* / ✓

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 Sabroking Service, an Authorised Financial Services Provider in terms of the FAIS Act (License no. 44866)

PLAN OPTIONS

SINGLE PLAN OPTIONS (Member only, no Spouse or Children)					COUPLE PLAN OPTIONS (Member and Spouse only, no Children)				
BENEFIT	AGE CATEGORY	PREMIUM	DISCLOSURE	SELECT	BENEFIT	AGE CATEGORY	PREMIUM	DISCLOSURE	SELECT
			<i>Risk&Admin Marketing&Distribution</i>					<i>Risk&Admin Marketing&Distribution</i>	
R 3 000	18 - 64	R 58.63	R 7.65 R 50.98		R 3 000	18 - 64	R 62.56	R 12.26 R 50.30	
R 3 000	65 - 74	R 86.87	R 19.60 R 67.27		R 3 000	65 - 74	R 161.40	R 31.20 R 130.20	
R 3 000	75 - 85	R 123.63	R 39.50 R 84.13		R 3 000	75 - 85	R 222.62	R 62.85 R 159.77	
R 5 000	18 - 64	R 62.69	R 12.40 R 50.29		R 5 000	18 - 64	R 69.34	R 19.15 R 50.19	
R 5 000	65 - 74	R 102.44	R 32.35 R 70.09		R 5 000	65 - 74	R 199.81	R 50.76 R 149.05	
R 5 000	75 - 85	R 155.05	R 65.50 R 89.55		R 5 000	75 - 85	R 270.55	R 103.45 R 167.10	
R 7 000	18-64	R 67.55	R 17.15 R 50.40		R 7 000	18 - 64	R 77.25	R 26.50 R 50.75	
R 7 000	65-74	R 117.55	R 45.05 R 72.50		R 7 000	65 - 74	R 227.50	R 70.26 R 157.24	
R 7 000	75 - 85	R 185.62	R 91.50 R 94.12		R 7 000	75 - 85	R 306.15	R 143.05 R 163.10	
R 10 000	18 - 64	R 74.52	R 24.26 R 50.26		R 10 000	18 - 64	R 89.94	R 39.60 R 50.34	
R 10 000	65 - 74	R 136.76	R 64.20 R 72.56		R 10 000	65 - 74	R 256.80	R 102.80 R 154.00	
R 10 000	75 - 85	R 244.27	R 130.50 R 113.77		R 10 000	75 - 85	R 374.31	R 208.40 R 165.91	
R 15 000	18 - 64	R 86.69	R 36.15 R 50.54		R 15 000	18 - 64	R 107.07	R 56.50 R 50.57	
R 15 000	65 - 74	R 167.64	R 96.05 R 71.59		R 15 000	65 - 74	R 298.73	R 149.55 R 149.18	
R 15 000	75 - 85	R 296.82	R 195.50 R 101.32		R 15 000	75 - 85	R 439.61	R 304.15 R 135.46	
R 20 000	18 - 64	R 102.17	R 48.00 R 54.17		R 20 000	18 - 64	R 129.40	R 77.65 R 51.75	
R 20 000	65 - 74	R 198.27	R 127.90 R 70.37		R 20 000	65 - 74	R 340.14	R 203.95 R 136.19	
R 20 000	75 - 85	R 358.82	R 260.55 R 98.27		R 20 000	75 - 85	R 523.21	R 414.80 R 108.41	
R 25 000	18 - 64	R 110.03	R 59.90 R 50.13		R 25 000	18 - 64	R 146.40	R 94.45 R 51.95	
R 25 000	65 - 74	R 251.54	R 159.76 R 91.78		R 25 000	65 - 74	R 378.97	R 251.70 R 127.27	
R 25 000	75 - 85	R 425.97	R 325.55 R 100.42		R 25 000	75 - 85	R 601.42	R 511.76 R 89.66	
R 30 000	18 - 64	R 125.89	R 71.80 R 54.09		R 30 000	18 - 64	R 168.45	R 113.30 R 55.15	
R 30 000	65 - 74	R 284.74	R 191.55 R 93.19		R 30 000	65 - 74	R 417.76	R 299.40 R 118.36	
R 30 000	75 - 85	R 483.19	R 390.55 R 92.64		R 30 000	75 - 85	R 689.57	R 608.65 R 80.92	
SINGLE PARENT PLAN OPTIONS (Member and Children, no Spouse)					FAMILY PLAN OPTIONS (Member, Spouse and Children)				
BENEFIT	AGE CATEGORY	PREMIUM	DISCLOSURE	SELECT	BENEFIT	AGE CATEGORY	PREMIUM	DISCLOSURE	SELECT
			<i>Risk&Admin Marketing&Distribution</i>					<i>Risk&Admin Marketing&Distribution</i>	
R 3 000	18 - 64	R 61.72	R 9.95 R 51.77		R 3 000	18 - 64	R 65.50	R 14.70 R 50.80	
R 3 000	65 - 74	R 119.22	R 25.10 R 94.12		R 3 000	65 - 74	R 163.75	R 37.40 R 126.35	
R 3 000	75 - 85	R 258.31	R 50.55 R 207.76		R 3 000	75 - 85	R 197.35	R 75.40 R 121.95	
R 5 000	18 - 64	R 65.90	R 15.45 R 50.45		R 5 000	18 - 64	R 73.99	R 23.30 R 50.69	
R 5 000	65 - 74	R 145.82	R 40.65 R 105.17		R 5 000	65 - 74	R 193.82	R 61.00 R 132.82	
R 5 000	75 - 85	R 312.49	R 82.95 R 229.54		R 5 000	75 - 85	R 248.76	R 124.30 R 124.46	
R 7 000	18-64	R 73.21	R 21.35 R 51.86		R 7 000	18 - 64	R 82.51	R 32.26 R 50.25	
R 7 000	65-74	R 171.99	R 56.30 R 115.69		R 7 000	65 - 74	R 233.08	R 84.50 R 148.58	
R 7 000	75 - 85	R 344.99	R 114.70 R 230.29		R 7 000	75 - 85	R 317.57	R 172.05 R 145.52	
R 10 000	18 - 64	R 82.25	R 32.00 R 50.25		R 10 000	18 - 64	R 102.20	R 47.85 R 54.35	
R 10 000	65 - 74	R 199.57	R 82.50 R 117.07		R 10 000	65 - 74	R 304.63	R 123.45 R 181.18	
R 10 000	75 - 85	R 379.84	R 167.30 R 212.54		R 10 000	75 - 85	R 390.00	R 250.15 R 139.85	
R 15 000	18 - 64	R 97.77	R 45.60 R 52.17		R 15 000	18 - 64	R 136.93	R 68.85 R 68.08	
R 15 000	65 - 74	R 237.04	R 119.90 R 117.14		R 15 000	65 - 74	R 350.70	R 180.00 R 170.70	
R 15 000	75 - 85	R 435.91	R 243.95 R 191.96		R 15 000	75 - 85	R 494.02	R 366.10 R 127.92	
R 20 000	18 - 64	R 118.50	R 62.70 R 55.80		R 20 000	18 - 64	R 174.90	R 94.15 R 80.75	
R 20 000	65 - 74	R 274.23	R 163.55 R 110.68		R 20 000	65 - 74	R 396.35	R 245.05 R 151.30	
R 20 000	75 - 85	R 490.88	R 332.70 R 158.18		R 20 000	75 - 85	R 626.10	R 498.26 R 127.84	
R 25 000	18 - 64	R 128.17	R 77.10 R 51.07		R 25 000	18 - 64	R 217.55	R 116.10 R 101.45	
R 25 000	65 - 74	R 309.33	R 201.85 R 107.48		R 25 000	65 - 74	R 434.05	R 302.70 R 131.35	
R 25 000	75 - 85	R 541.50	R 410.45 R 131.05		R 25 000	75 - 85	R 732.24	R 615.40 R 116.84	
R 30 000	18 - 64	R 145.84	R 91.50 R 54.34		R 30 000	18 - 64	R 259.16	R 138.00 R 121.16	
R 30 000	65 - 74	R 344.39	R 240.10 R 104.29		R 30 000	65 - 74	R 476.75	R 360.35 R 116.40	
R 30 000	75 - 85	R 592.13	R 488.20 R 103.93		R 30 000	75 - 85	R 818.39	R 732.55 R 85.84	

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

IMMEDIATE FAMILY DEPENDANTS (max 1 spouse + 4 children)

	SURNAME	NAME	IDENTITY NUMBER	DATE OF BIRTH
Spouse				
Child				
Child				
Child				
Child				

TOTAL POLICY PREMIUM R

A ONCE OFF FEE OF R99.95 IS PAYABLE AT INCEPTION OF YOUR POLICY. THIS FEE WILL BE DEDUCTED WITH YOUR FIRST PREMIUM.

Binder Disclosure: Tribal Zone Trading (Pty) Ltd t/a SA Broking has been authorized by Liberty to grant funeral insurance cover on its behalf, in terms of the binder agreement in place. You will be informed by Phakama once the insurance cover has been accepted.

The Binder Holder shall, as consideration for rendering the Binder Services, be entitled to a monthly binder fee of 2% (excluding VAT)

** Select preferred method of premium payment *

DEBIT ORDER

Account name		Bank	
Branch		Branch Code	
Account number		Acc type	

I hereby authorise Phakama on behalf of Tribal Zone Trading (Pty) Ltd t/a SA Broking to commence a debit order withdrawal from my account on the _____ day of the month (add appropriate date of the month), and monthly thereafter for the premium applicable for the cover selected. I understand that the debit order will be run on the date selected. In the event that the payment falls on a Sunday, or recognised South African public holiday, the payment day will automatically be moved to the business day prior to the recognized South African public holiday. If for any reason it is not honoured, two withdrawal runs will be done the next month. In the event of this second run being dishonoured, the policy will lapse. I understand it is required that this signed document reaches Phakama offices 10 working days prior to the selected deduction date, if not, the deduction will only qualify for the following calendar month's deductions. I agree that although this Authority and Mandate may be cancelled by me, such cancellation will not cancel the Agreement. I shall not be entitled to any refund of amounts which you have withdrawn while this Authority was in force, if such amounts were legally owing to you. I acknowledge that this Authority may be ceded or assigned to a third party if the Agreement is also ceded or assigned to that third party, but in the absence of such assignment of the Agreement, this Authority and Mandate cannot be assigned to any third party. The User Abbreviated Name as Registered with the Bank will reflect as follows on your bank account: **SABFUNERAL** followed by you policy/membership number.

Signature of Account Holder

Date

CASH DEPOSIT

You can deposit your premium directly into Phakama's premium account at First National Bank. EFT payment done via online banking is free. An additional cash deposit fee is payable, to accommodate banking fees, when making a cash payment at the bank's branch or at an ATM - confirm this amount with the bank. First National Bank, Account Number: 62023403687, Branch Code: 252045, Reference Number: Your policy number or ID number. Remember to include the relevant fees with cash deposits into this First National Bank account in order for your premium to be sufficient. For cover to continue uninterrupted, the deposit is to be made by the 7th of each month.

SALARY STOP ORDER

Name of Employee: _____ Persal Number: _____ Department Code: _____

I hereby authorise the Department of _____ to deduct the premium of R _____ for this policy, including any applicable premium increases I have selected or any increases that Liberty may apply, from my salary and to remit it to Liberty, with whom I have an insurance policy, on a monthly basis monthly with effect from _____ 20__ until such time as I cancel this authority in writing or I substitute this with a new authority. Should the stop order fail, I hereby authorise Phakama, on behalf of Liberty, to change the payment method to *debit order q

Signature of approval for Persal Deduction

Date

Your payroll department may take up to two months to commence the deduction from your salary. Should you wish to start your first deduction via debit order, please provide your banking details and tick the block. Should the deduction from your salary be unsuccessful, the premium will be deducted from your bank account to ensure that your policy does not lapse.

BENEFICIARY

I hereby authorise the Underwriter to pay the proceeds of this Funeral Plan directly to _____ (Full name and surname)

ID number, _____ the (policy owner / beneficiary) of the policy owner.

I declare to the best of my knowledge and belief that the particulars given are true and correct * I am satisfied that the plan chosen by me best suits my needs * I am able to afford the monthly premium of the plan chosen by me * I have read and understood the Summary of the Terms and Condition on the reverse side hereof. * I am/am not replacing an existing Funeral Plan with this Policy.

Signature of Applicant

Date

in acceptance of pages 1 and 2 of this application form