

- Members are paying the premium, wholly or in part : Yes No
- Members will be paid the benefits upon claiming : Yes No
- Members can cancel their participation in the policy : Yes No

Who will be eligible to participate in the proposed plan : _____

Number of members covered under the plan at inception : _____

Category of cover requested : Full Family Member Only Dependants Only Extended Family

BENEFIT: Funeral cover Limited Life To Death Cessation age: _____
 required:

Benefit structure applicable under the fund

Principal Member	:	R _____
Spouse	:	R _____
Child age 14 – 21 years	:	R _____
Child age 6 – 13 years	:	R _____
Child age 1 – 5 years	:	R _____
Child age 0 – 11 mths	:	R _____
Stillborn	:	R _____

** Compulsory Extended Family Cover : R _____ (if applicable as per quote)

X Monthly Premium Rate Annual Premium Rate : R _____ per member

ADDITIONAL BENEFITS APPLICABLE TO THIS FUND:

- | | |
|---|--|
| <input type="checkbox"/> Paid-up Death Benefit | <input type="checkbox"/> Paid-up on Disability Benefit |
| <input type="checkbox"/> Retrenchment Benefit - period: | <input type="checkbox"/> Accidental Death Benefit |
| <input type="checkbox"/> Memorial Benefit | <input type="checkbox"/> Incapacitation Benefit |
| <input type="checkbox"/> Repatriation Benefit | <input type="checkbox"/> Paid-up on Retirement Benefit |
| <input type="checkbox"/> Grocery Benefit | <input type="checkbox"/> Beef Benefit |
| <input type="checkbox"/> Wider Children Benefit | <input type="checkbox"/> Extended Family Cover |

PARENTS / EXTENDED FAMILY BENEFITS:

Application forms attached.

Under age 65	Benefit R.....	At R per additional person
Age 65 to 74	Benefit R.....	At R per additional person
Age 75 to 84	Benefit R.....	At R per additional person
Age 85 to 94	Benefit R.....	At R per additional person

CONDITION:

Provided that you maintain a membership at a minimum of 500 Principal Members, and remain underwritten by Safrican for a minimum term of 3 (three) years, Safrican Insurance Company Limited ("S african") shall offer the premium quoted. The premium is subject to review on an annual basis. Standard terms and conditions apply.

Please tick the appropriate box:

I do or do not accept and agree to be subject to the condition set out above.

DECLARATION:

I / we hereby warrant that the above information is complete, true and correct, and that no other material information which may be relevant to Safrican Insurance Company Limited's ("S african") assessment of the Proposal has been withheld. I / We understand and agree that any willful misrepresentation in this Proposal will invalidate any benefit under the Policy and that I / We undertake to abide by the terms and conditions of the Policy. I / We understand that until Safrican has been provided with all the relevant documentation, and has accepted this Proposal and the first Premium, Safrican will not assume risk.

Attached to this Proposal please receive:

- Quote, with annexed documents 1st Premium Full Membership Data Member applications attached

Authorised Signature: _____ Official Designation: _____

Initials & Surname: _____ Date: _____

COMPANY STAMP

Safrican Consultant in attendance: _____

For Office Use Only

Checked by Consultant: _____ Received by Actuarial Department:/...../..... Received by Admin.:/...../.....

Policy No: _____ Scheme No: _____ Administrator: _____ Issue Date:/...../.....

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Fax: (041) 451-0785

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Fax: (031) 304-3738

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