



Martin's Funerals Member +5; +9 OR +13 Application Form

Martin's Funerals Brokers is a Registered Financial Services Provider, FSP 48189.
Underwritten by AFRICAN UNITY LIFE FSP 8447

Dobsonville 1 Luthuli Street, Dobsonville 011 412 7029	Dube Makhedama Building, 1948 Mahalefele Road, Dube Village 063 066 5905	Emdeni North Shoprite Centre, 579 Botani Street, 071 807 8596	Florida 564 Ontdekkers Road, Florida (Cnr The Crescent) 011 672 8104	Fourways Fancourt Office Park Building 4, Cnr Felstead Rd and Northumberland Ave, Northriding, Randburg 010 597 3378
Protea Glen Glencare Medical Centre, Cnr Wild Chestnut and Protea Blvd 081 043 3271	Roodepoort 1 Amsterdam Street, Horison 011 760 2420	Roodepoort CBD 32a Albertina Sisulu Street, Roodepoort CBD 071 824 6920	Snakepark No 15 Block 3 Opposite Community Hall 065 577 6445	Vlakfontein Unit 9, Moses Shopping Centre, Plot 37, R558, Tshepisong 063 963 3689

Agent
Name

Policy
Number

Member plus:

5

9

13

Plan: A

R10 000

B

R20 000

C

R30 000

Principal Member

Surname										First Name/s																			
Title										ID Number										Date of Birth									
Residential Address										Postal Address																			
Postal Code										Postal Code																			
Contact No: Home										Work										Cell									
Email										Monthly Premium R										Cover R									

Nominated Family Dependants: Details (Maximum of 5,9 or 13 nominations - depending on plan chosen, 0 - 70 years of age)

Full Names (Surname first)										Relationship										ID Number or Date of Birth									
1 + 5 Members	1.																			Y	Y	M	M	D	D				
	2.																			Y	Y	M	M	D	D				
	3.																			Y	Y	M	M	D	D				
	4.																			Y	Y	M	M	D	D				
	5.																			Y	Y	M	M	D	D				
1 + 9 Members	6.																			Y	Y	M	M	D	D				
	7.																			Y	Y	M	M	D	D				
	8.																			Y	Y	M	M	D	D				
	9.																			Y	Y	M	M	D	D				
	10.																			Y	Y	M	M	D	D				
1 + 13 Members	11.																			Y	Y	M	M	D	D				
	12.																			Y	Y	M	M	D	D				
	13.																			Y	Y	M	M	D	D				

Nominated Beneficiary

Full Names (Surname first)										Relationship																			
Title										ID Number										Date of Birth									
																				D D M M Y Y Y Y									

Declaration

- 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 know the first premium is a joining fee, cover will only commence in second month of contribution as this will be the effective date and premium pay over to the insurer. Joining fee will be utilized for distribution and marketing.
- I have read and understood the "RULES, TERMS AND CONDITIONS" stated on the reverse side of this page.
- I am/am not replacing an existing funeral Plan with this Policy.
- I agree that I may be contacted by Martin's Funerals if there is any changes to my benefits or policy.
- If you change your mind about any of the above please notify your Martin's Funerals Office directly or Martin's Funerals Brokers (Pty) Ltd (contact details available on the terms and conditions).

Intermediary's Signature

Account Holder's Signature

Principal Member's Signature

D D M M Y Y Y Y

POLICY TERMS AND CONDITIONS - PLEASE READ THROUGH CAREFULLY

Funeral Aid Benefits:

The basic funeral plan provides for a cash benefit to be paid in settlement of a death claim of a Member or his/her nominated Family Dependents. A maximum of Family Dependents, as specified below as per plan selection, may be insured. The Member must have an Insurable Interest in the Family Dependents that he/she nominates. The Member and the nominated Family Dependents must be below the age of 70 years at the time of qualifying for the insurance.

Commencement of insurance:

Insurance in terms of the Policy commences on the first day of the month provided the premium in respect of the Principal Member and his/her Family Dependents is received prior to the 7th of the month. The maximum age at entry is 70 for the Principal Member and Family Dependents.

Cancellation of Benefits:

Funeral benefits in respect of a Principal Member and Family Dependents will lapse on the occurrence on any one of following and only after the Principal Member has been duly notified:

- as soon as the payment of premiums in respect of a Principal Member and his/her Family Dependents ceases; or
- at the cancellation of the Policy.

Continuation of payment of premiums:

If a Principal Member dies, premiums payable in respect of the Principal Member and his/her Family Dependents lapse, unless the Qualifying Dependant elects to continue paying the premiums of Martin's Funerals in respect of the remaining Family Dependents. In this case, the Qualifying Dependant is deemed to be the Principal Member.

Exclusions:

- Notwithstanding any other provision to the contrary in the Policy, no benefit is paid in terms of this Schedule if the Principal Member or a Family Dependant's death,
 - is a direct or indirect consequence of active participation in war, invasion, acts of foreign enemies, hostilities, warlike operations (whether war be declared or not), civil war, rebellion, revolution, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power;
 - is a direct or indirect consequence of-
 - the use of nuclear, biological or chemical weapons, or any radioactive contamination; or
 - attacks on or sabotage of facilities (including, but not limited to, nuclear power plants, reprocessing plants, final repository sites and research reactors) and storage depots, which lead to the release of radioactivity or nuclear, biological or chemical warfare agents, irrespective whether any of the aforesaid has been performed with the specific use of information technology.

Waiting period:

Death due to natural causes: In the case of death due to natural causes, cover or any increase in cover has a waiting period of six (6) months in the case of a Principal Member or his/her Family Dependents who are younger than 70 years.

The waiting period specified above will also apply for Additional Dependents added after the inception of the Policy.

Accidental Death: An Accidental Death Benefit will be payable without any waiting period, provided that the first premium has been received by Martin's Funerals. Death must have taken place by accident and the event must be the primary cause of death.

Suicide: In the case of death due to suicide, cover or any increase in cover has a waiting period of twelve (12) months in the case of a Principal Member or his/her Family Dependents who are younger than 70 years.

The waiting period specified above will also apply for Additional Dependents added after the inception of the Policy.

If the Insured's / Family Dependents benefit have lapsed and he/she becomes insured in terms of the policy, the above waiting periods will apply again.

Burial Repatriation Benefit:

Repatriation of mortal remains within South Africa, Namibia, Lesotho, Swaziland, Botswana, Mozambique and Zimbabwe. When a member's death occurs more than 100km from their normal place of residence/place of burial, the deceased will be transported to the place of burial irrespective of where the death occurred, or where the burial will take place, provided that the repatriation is within the defined territory. To the Maximum of R 15 000 including VAT. Repatriation benefit can only be claimed on one policy where a policy holder have more than one Funeral Policy with Martin's Funerals.

Complaints Department:

Visit our offices. If there is anything you are not happy with regarding your policy or our services, please contact Head Office;

1. Martin's Funerals at: info@martinsdirect.com or 0860 911 777
Website: www.martinsfunerals.co.za
2. African Unity Life at: info@africanunity.co.za or 086 1234 555
Website: www.africanunity.co.za

Complaints that are not resolved to your satisfaction may be referred to the FAIS Ombud if you feel that Martin's Funerals or African Unity Life has in anyway not complied with statutory or regulatory requirements.

FAIS Ombud:

Kasteel Park Office Park, Orange Building, 2nd Floor, Cnr of Nossob and Jochemus Street, Erasmuskloof, Pretoria.

Phone: (012) 762 5000 / (012) 470 9080;

Fax: (012) 348 3447 / (012) 470 9097

Postal: P O Box 74571, Lynnwood Ridge, 0040,

Website: www.faisombud.co.za

General Terms and Conditions:

Each Principal Member must complete an application form electing his/her dependants. In the event of a discrepancy between the Policy summary and the Policy itself, the provisions of the Policy will prevail. The Policy may contain terms and conditions that are not dealt with in the summary.

This is a term group scheme Policy and is annually renewable. Premiums may also be reviewed annually.

The scheme may also be canceled by the underwriter with a 30 day notification to all participating members.

Premiums:

- A monthly premium per Principal Member, determined by African Unity Life from time to time, is payable.
- Premiums are payable monthly in advance.
- No arrear payments will be accepted.
- Premiums are due by the 1st and must be paid before the 7th of each month for that respective month.
- Your insurance premium must be paid before the end of each month and provides the death cover for that month. The premium pays for your cover only, not for any investment or cash value. Premiums are not refunded if your policy ends for any reason.
- If any premium is not paid continuously and timeously African Unity Life liability in terms of the policy regarding the Principal Member may lapse in terms of the Long Term Insurance act after the principal member has been duly notified. African Unity Life may, however, reinstate its liability on conditions which it may lay down, but in such a case no benefit is provided regarding the Principal Member and his/her Family Dependents if he/she dies as a result of natural causes within six months after the date on which African Unity Life reinstates its liability in the case of a Principal Member and his/her Family Dependents.
- Premium rates will be reviewed on a regular/annual basis and may be adjusted at any time based on the actual experience of the scheme. If a premium escalation is required, the INSURER will give you 31 days' written notice and supply you with detailed reasons as to why the escalation is necessary and any impact this may have on you.

Claim Procedures:

The following documents must be provided for consideration of a claim for funeral aid benefits:

- Insurance Certificate; and
- Claim forms as required by African Unity Life; and
- Application for Benefits form on which the Principal Member nominated his/her qualifying Family Dependents;
- Original Certified copy of the official death certificate.
- Original certified copy of the deceased's ID document.
- Original certified copy of the Principal Member's ID document.
- Copy of recent bank statement.
- Police report if the death is due to unnatural causes - for example, a motor-vehicle accident.

Please take note:

- The Underwriter reserves the right to change the documentation requirements from time to time or request additional documentation where necessary on a case by case basis.
- No funeral aid benefit is payable if African Unity Life is notified of the claim for the benefit later than 6 months after a deceased's date of death. No funeral aid benefit is payable if Liberty is notified of the claim for the benefit later than six (6) months after a deceased's date of death. African Unity Life reserves the right to request any further documentation or information as it may deem necessary to accurately assess a claim.

BENEFITS AND PREMIUMS

Member + 5 (Member and 5 nominated Family members)

	Plan A	Plan B	Plan C
Main member: 18 to under 70 years	R10 000	R20 000	R30 000
Family Dependents: 0 to 5 years	R10 000 each	R10 000 each	R10 000 each
Family Dependents: 6 to 70 years	R10 000 each	R20 000 each	R30 000 each
Waiting Period in Months	6	6	6
Waiting Period in Months - Suicide	12	12	12

Member + 9 (Member and 9 nominated Family members)

	Plan A	Plan B	Plan C
Main member: 18 to under 70 years	R10 000	R20 000	R30 000
Family Dependents: 0 to 5 years	R10 000 each	R10 000 each	R10 000 each
Family Dependents: 6 to 70 years	R10 000 each	R20 000 each	R30 000 each
Waiting Period in Months	6	6	6
Waiting Period in Months - Suicide	12	12	12

Member + 13 (Member and 13 nominated Family members)

	Plan A	Plan B	Plan C
Main member: 18 to under 70 years	R10 000	R20 000	R30 000
Family Dependents: 0 to 5 years	R10 000 each	R10 000 each	R10 000 each
Family Dependents: 6 to 70 years	R10 000 each	R20 000 each	R30 000 each
Waiting Period in Months	6	6	6
Waiting Period in Months - Suicide	12	12	12

Martin's Funerals is a Registered Financial Services Provider FSP 48189

Underwritten by African Unity Life Ltd, a registered Long Term Insurer and an authorised financial Services Provider, FSP 8447

Please sign:

Intermediary's Signature

Account Holder's Signature

Principal Member's Signature

D D M M Y Y Y Y

Disclosure & Advice Record: Martin's Funerals Brokers (Pty) Ltd

Section 1: FSP & Product Supplier details

I, _____, am a representative at Martin's Funerals Brokers (2017/650502/07) which holds a category I Financial Directors Provider License (No 48189). I am / am not working under supervision. The licence authorises me to provide financial services with respect to Long Term Insurance Category A funeral policies and benefits. Our FSP business address is 21 Fedler street, Randfontein, 1759. Contact number: 011 412 4180/Fax: 011 412 1760. Postal address: PO Box 1135, Randfontein, 1760. Email: info@martinsdirect.com
 Martin's Funerals is underwritten by and has a contract with African Unity Life Ltd, a registered Long Term Insurer and an authorised Financial Services Provider, FSP 8447. Email address info@africanunity.co.za Contact Number: 086 1234 555. We have a complaints resolution system and a conflict of interest management policy and gift register which you will find at our business address. If you have any queries or concerns, please don't hesitate to send us a message by fax at 011 412 1760. If you do not receive acceptable assistance, you can direct your complaint to the Ombud for FAIS, PO Box 74571, Lynwoodridge, 0040, Tel no:012-470 9080/ 0860 324 766

Section 2: Compliance officer

Richter Van Tonder: Moonstone Compliance (Pty) Ltd; 25 Quantum Street, Technopark, Stellenbosch. Tel: (021) 883 8000. Fax: (021) 883 8005 or (021) 883 2590. PO Box 12662, Die Boord, 7613, Stellenbosch. E-Mail :rvantonder@moonstonecompliance.co.za

Section 3: General client details

Name and Surname																						
Marital status					Gender	M				F												
Physical address																						
Postal address																						
Phone (W)	() -				(H)	() -																
Fax	() -				Mobile																	
E-mail address																						
ID No.														Date of birth	D	D	M	M	Y	Y	Y	Y

Section 4: Financial information

Any other funeral cover	Yes	No	If yes, from what date?			Amount of cover?		
Income per month	<input type="checkbox"/> R0 – R3000		<input type="checkbox"/> R3 001 – R6000		<input type="checkbox"/> > R6 001			
Expenditure per month								

Section 5: General questions

Spouse	Yes	No	Number of children			Number of adult dependants		
Risk profile								
Type of cover needed								

Section 6: Advice Record

Monthly contribution available for funeral cover			Type of cover needed		
Needs and objectives	<input type="checkbox"/> Need cover for myself		<input type="checkbox"/> Need cover for my immediate dependents	<input type="checkbox"/> Need cover for my extended dependents	
	Other: _____				
Product / action recommended	Name: _____ Cost p/m _____ Amount to insurer _____		Reason for recommendation		

Section 7: Replacement (if applicable)

Have you cancelled any policies in the last four months or will you cancel an existing policy as a result of this sale:

☐ Yes ☐ No If "yes", please take note that the adviser will complete and request you to sign a replacement policy advice record.

Section 8: Declaration by the advisor

I declare that the Advice Record is an accurate and complete record of the recommendations and advice that I provided the client with based upon the information provided by the client.

Full names and signature of advisor _____

Date: _____

Section 9: Declaration by the client

I elect to-

☐ Follow the advice in 6; OR ☐ Did not follow the advice in 6. I choose a different product instead, i.e. _____ and confirm that I have been duly and properly advised of the full implications of my actions and, having considered same, I fully understand the course of action that I am about to undertake. I declare that I am aware of the fact that I must carefully consider whether the product selected is appropriate considering my objectives, circumstances and needs. The advisor gave me the relevant product disclosures in which comprehensive disclosures are made including the benefits and contributions payable, as well as his/her certification from the key individual of the Financial Directors Provider

Signature of client _____

Date: _____



CLIENT CONSENT FORM INCLUDING CONSENT TO DISCLOSURE OF PERSONAL INFORMATION

Client Full Name & Surname			
Client ID			
Contact Number 1		Contact Number 2	
Email Address			
Main Member Name & Surname			
Main Member ID			
Policy Number		Plan	
Nr of dependents on policy		Franchise	
Residential Address			
Reason obtaining personal Information	Assisting with all relevant Funeral Insurance policies, Funeral and Cremation services, and Repatriations.		

By completing and signing this agreement, I confirm and accept the following terms and conditions of the contract between myself and Martin's Funerals (hereafter referred to as Martin's Funerals).

In terms of the Protection of Personal Information Act, act number 4 of 2013, the following information is being brought to your attention:

- MARTIN'S FUNERALS, with its head offices at 21 Fedler street, Randfontein, 1759 is collecting this information to enable us to assist you to our best ability.
- This information is given to us by you voluntarily and of your own free will.
- If you do not wish to provide us with this information, are unable to do so, or object to it being used, it may result in us being unable to assist you further.
- We may share this information with third parties if it will enable us to assist you, your nominated family members to your Martin's Funeral Policy, and for that purpose only, amongst other with regards to authorisation and specific motivation processes
- You have the right to access this information while in our possession and make corrections if necessary.
- You have the right to withdraw your consent at any time. Furthermore, kindly take note that you, your nominated family members to your Martin's Funeral Policy data will be kept/stored for the time of the policy being active and then 5 years after cancelation for what reason whatsoever according South African financial legislation, where after all you, your nominated family members to your Martin's Funeral Policy information will be destructed.
- You have the right to lodge a complaint via email with the office of the Information Regulator, at complaints.IR@justice.gov.za, if you are unhappy with the manner in which we deal with your information.
- We will use our best endeavours and take all reasonable precautions to ensure that any information provided, is only used for the purposes it has been provided.
- Do you understand and therefore consent to us processing your information?
- Do you also consent to us retaining your information for the purposes of direct marketing?

YES	NO
YES	NO

I fully understand the content of this consent form and confirm that I did read (or it was read to me) and that I am signing this consent freely and voluntary without any undue influence.

Client/Guardian Signature

Date of Signature



An Authorised Financial Service Provider (FSP 48189)

Roodepoort Policies

BANK DEBIT ORDER INSTRUCTION

Account Holder:

Name : _____ Date : _____
Address : _____ Contract No. : _____
_____ Debit Amount + R 5.00 : _____
_____ Commencement Date : _____
Contact No : _____
Email Address : _____
Joining fee payable with first deduction : _____
Abbreviated name as registered with the bank: **MART ROODE**

Dear Sirs/Madams

The details of my/our account are as follows:

BANK : _____
BRANCH TOWN : _____
BRANCH NO. : _____
ACCOUNT NAME. : _____
ACCOUNT NO. : _____
TYPE OF A/C : _____

(savings, current (cheque), transmission)

Refer to contract reference number _____ ("the Contract Reference Number")

I/We hereby authorise Netcash (Pty) Ltd to issue and deliver payment instructions to your banker for collection against my/our abovementioned account at my/our abovementioned bank on condition that the sum of such payment instructions will not differ from my/our obligations as agreed to in the Contract Reference Number.

The individual payment instructions so authorised must be issued and delivered on the date when the obligation in terms of the Agreement is due and the amount of each individual payment instruction may not differ as agreed to in terms of the Agreement.

Martin's Funerals Roodepoort CC

Address: 1 Amsterdam Street, Horison, Roodepoort, 1724

T: 011 760 2420

F: 011 760 5248

E: info@martinsroodepoort.co.za

W: www.martinsroodepoort.co.za

Reg No: 1998/069712/23

Vat No: 4630189720

Director: Debbie Lubbe



An Authorised Financial Service Provider (FSP 48189)

The payment instructions so authorised to be issued must carry the Contract Reference Number, included in the said payment instructions, and must be provided to identify the specific contract. The said Contract Reference Number should be added to this form in section E before the issuing of any payment instruction and communicated directly after having been completed.

I /we agree that the first payment instruction will be issued and delivered on _____ (date) and thereafter regularly on the _____ of each month.

If however, the date of the payment instruction falls on a non-processing day (weekend or public holiday) I agree that the payment instruction may be debited against my account on the following business day; or

Subsequent payment instructions will continue to be delivered in terms of this authority until the obligations in terms of the Agreement have been paid or until this authority is cancelled by me/us by giving you notice in writing of not less than the interval (as indicated in the previous clause) and sent by prepaid registered post or delivered to your address indicated above.

B. MANDATE

I/we acknowledge that all payment instructions issued by you will be treated by my/our abovementioned bank as if the instructions had been issued by me/ us personally.

C. CANCELLATION

I/we agree that although this authority and mandate may be cancelled by me/us, such cancellation will not cancel the Agreement. I/we also understand that I/we cannot reclaim amounts, which have been withdrawn from my/our account (paid) in terms of this authority and mandate if such amounts were legally owing to you.

D. ASSIGNMENT:

I/We 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.

Signed at _____ on this _____ day of _____ 20__

SIGNATURE AS USED FOR OPERATING ON THE ACCOUNT:

Assisted by: _____ Capacity: _____

FOR OFFICE USE

AGREEMENT REFERENCE NUMBER

This Agreement reference number is:

Martin's Funerals Roodepoort CC

Address: 1 Amsterdam Street, Horison, Roodepoort, 1724

T: 011 760 2420

F: 011 760 5248

E: info@martinsroodepoort.co.za

W: www.martinsroodepoort.co.za

Reg No: 1998/069712/23

Vat No: 4630189720

Director: Debbie Lubbe



An Authorised Financial Service Provider (FSP 48189)

Agreement: Cash claims

I, (Full Names and Surname) _____,

ID Number: _____ hereby agree that the Martin's Funerals policy / policies taken out by myself as Main Member / Authorized Representative on _____ (date) with Martin's Funerals Roodepoort, with the following policy number(s): _____

was joined and taken out by me for the purpose of **Martin's Funerals Roodepoort / Soweto** rendering the Funeral or Cremation services for all members listed on my policy document(s).

Should the Funeral or Cremation Service not be conducted by Martin's Funerals Roodepoort / Soweto, or any other Martin's Funerals Branch in South Africa, and the Main Member, or family representative of the Main Member to these policy / policies opted to make use of another funeral parlour instead, the Main Member / Authorised Representative agrees that a **20% administration fee** will be deducted for not honouring this agreement. This agreement is applicable to all members listed on my policy as Main Member and all future amendments to policy values.

Signature of Main Member / Authorised Representative: _____

Date: ____/____/____

Signature of Martin's Funerals Representative: _____

Date: ____/____/____