FUNERAL POLICY APPLICATION FORM

You must complete this form before you sign it. Please note, omitting to disclose information, or providing false or distorted information, at any time, either by accident or on purpose, is considered to be misrepresentation and could lead to your Policy being cancelled and all paid premiums forfeited.

Is this a replacement policy? ☐Yes ☐No

Are you an existing policyholder? ☐Yes ☐No

SELECT PRINCIPAL INSURED'S PLAN TYPE

Please refer to the brochure for plan cover amounts and premiums.

FAMILY ☐Standard ☐ Deluxe ☐ Superior ☐ Prestige

SINGLE ☐Standard ☐ Deluxe ☐ Superior ☐ Prestige

SINGLE PARENT ☐Standard ☐ Deluxe ☐ Superior ☐ Prestige

MEMBER + SPOUSE ☐Standard ☐ Deluxe ☐ Superior ☐ Prestige

STEP 1: Principal Insured (You)

'Principal Insured' means the person in whose name the Policy is issued and who, at the Entry Date, is aged between 18 (eighteen) and 75 (seventy-five). The Principal Insured is noted on the Policy Schedule as the Principal Insured. The Policyholder and Principal Insured will be the same person.

TITLE | INITIALS | DATE OF BIRTH (DD/MM/YYYY)

IDENTITY NUMBER / PASSPORT NO. | GENDER

FULL NAME | SURNAME

Marital Status: ☐Single ☐Married ☐Divorced ☐Widowed

CITIZENSHIP | COUNTRY OF BIRTH

COUNTRY OF RESIDENCE | NATIONALITY

Valid Permit (Foreigners): ☐Work Permit ☐Study Permit ☐Asylum Seeker

PHYSICAL ADDRESS

POSTAL CODE | EMAIL ADDRESS | CELL PHONE

Preferred method of communication: ☐Email ☐Phone

SOURCE OF INCOME | NAME OF EMPLOYER

OCCUPATION | INDUSTRY TYPE

STEP 2: You may cover up to one (1) Spouse

'Spouse' means a person who, at the Entry Date, is aged between 18 (eighteen) and 70 (seventy), who is married to the Principal Insured either by civil, tribal, common, or customary South African law.

TITLE	INITIALS	DATE OF BIRTH (DD/MM/YYYY)
IDENTITY NUMBER	GENDER	
FULL NAME	SURNAME	
COUNTRY OF BIRTH	COUNTRY OF RESIDENCE	NATIONALITY

STEP 3: You may cover up to six (6) Children under the age of 21

'Children' means an unmarried person under the age of 21 (twenty-one) at the Entry Date. This includes: a Principal Life's or Spouse's biological, step or legally adopted child; a stillborn child following at least 26 weeks of uterine existence; a child for whom the Principal Life or Spouse is the permanent, primary caregiver for 12 months or longer; or a mentally or physically incapacitated child wholly dependent on the Principal Life or Spouse.

Full 13-Digit ID Number	Full Name & Surname	Relationship	Gender

STEP 4: You may choose to have additional cover for your Extended Family

'Extended Family' means a relative of the Principal Insured and/or Spouse who is below 85 at the Entry Date and is: a biological Parent or Parent-in-law, Child, Nephew or Niece, Uncle or Aunt, Grandparent, Grandchild, Brother, Brother-in-law, Sister, or Sister-in-law. This may also include additional Spouses if the Principal Insured has more than one Spouse. A maximum of eight (8) Extended Family members may be added to this Policy.

Full 13-Digit ID Number	Full Name & Surname	Relationship	Gender	Plan Chosen

Full 13-Digit ID Number	Full Name & Surname	Relationship	Gender	Plan Chosen

STEP 5: Your Beneficiary

'Beneficiary' means the person listed on the policy who will receive the Benefit in the event of your Death. He/she must be 18 years or older. You can change your Beneficiary at any time by writing to the administrator. If the payment cannot be made to the Beneficiary, it will be paid to your estate. Where more than one Beneficiary is nominated, the percentage split of the Benefit between all Beneficiaries must total 100%.

TITLE | INITIALS | DATE OF BIRTH (DD/MM/YYYY)

IDENTITY NUMBER | GENDER

FULL NAME | SURNAME

RELATIONSHIP | CONTACT NUMBER | BENEFICIARY SPLIT (%)

STEP 6: Debit Order Authorisation

I authorise Ness Consulting to draw against this account all amounts due in terms of this Policy. This authorization is to remain in force until terminated by Ness Consulting or myself. I accept that Ness Consulting may debit my account on a date other than that specified. If there are insufficient funds in the nominated account to meet the premium payment due, Ness Consulting is entitled to track my account and present the instructions for payment as soon as sufficient funds are available.

Source of Funds to pay premiums: ☐Salary ☐Other

NAME OF BANK | ACCOUNT NUMBER

BRANCH CODE | BRANCH NAME

ACCOUNT HOLDER

Account Type: ☐Cheque ☐Savings

AMOUNT TO DEBIT (R)

Please debit the amount on the: ☐1st ☐15th ☐Last day of the month

STEP 7: Marketing Consent

I hereby give consent to Embrace Legacy to send me any relevant information relating to:

Any benefits listed on this Policy? ☐Yes ☐No

Any new or existing product options? ☐Yes ☐No

STEP 8: Informed Consent in terms of the Protection of Personal Information Act 4 of 2013 (POPIA)

Your privacy is of utmost importance to Us. We will take the necessary measures to ensure that any and all information, including Personal Information (as defined in the Protection of Personal Information Act 4 of 2013) provided by You or which is collected from You is processed in accordance with the

provisions of the Act, and further, is stored in a safe and secure manner. You hereby agree to give honest, accurate and up-to-date Personal Information and to maintain and update such information when necessary.

You accept that your Personal Information collected by Us may be used for the following reasons:

- To establish and verify Your identity in terms of the Applicable Laws;
- To enable Us to fulfil Our obligations in terms of this Policy;
- To enable Us to take the necessary measures to prevent any suspicious or fraudulent activity in terms of the Applicable Laws; and
- Reporting to the relevant Regulatory Authority/Body, in terms of the Applicable Laws.

We may share Your information for further processing with the following third parties, which have an obligation to keep Your Personal Information secure and confidential:

- Payment processing service providers, merchants, banks and other persons that assist with the processing of Your payment instructions;
- Law enforcement and fraud prevention agencies and other persons tasked with the prevention and prosecution of crime;
- Regulatory authorities, industry ombudsmen, governmental departments, local and international tax authorities, and other persons that We are, in accordance with the Applicable Laws, required to share Your Personal Information with;
- Credit Bureaus;
- Our service providers, agents and sub-contractors that We have contracted with to offer and provide products and services to any Policyholder in respect of this Policy; and
- Persons to whom We cede Our rights or delegate Our authority to in terms of this Policy.

You acknowledge that any Personal Information supplied to Us in terms of this Policy is provided according to the Applicable Laws. Unless consented to by Yourself, we will not sell, exchange, transfer, rent or otherwise make available Your Personal Information (such as name, address, email address, telephone or fax number) to any other parties, and You indemnify Us from any claims resulting from disclosures made with Your consent. Should We have utilised your Personal Information contrary to the Applicable Laws, you have the right to lodge a complaint with Embrace Legacy. Should Embrace Legacy not resolve the complaint to Your satisfaction, you have the right to escalate the complaint to the Information Regulator.

STEP 9: Record of Advice

In terms of Section 8 and 9 of the General Code of Conduct, a representative must first take reasonable steps to establish the client's objectives, financial situation and financial product experience, prior to recommending a particular financial product (product supplier), and maintain such record.

The client acknowledges and agrees that the following Terms and Conditions were explained by the representative:

☐ 1. Benefit will be paid in cash.

☐ 2. You have 31 (thirty-one) days' 'cooling-off' period after you receive the policy to cancel it if you are not satisfied.

☐ 3. Minimum entry age for Principal Members is from age 18–75, and 0–84 years for Extended Members.

☐ 4. There is a waiting period of 6 full months on members and extended members due to natural causes, starting from the Commencement Date. Accidental death is covered immediately provided the first premium has been paid in full. Suicide will not be covered during the first 12 months from the Commencement Date of the policy.

☐ 5. First premium on all new policies must be honored; failure to do so, the policy will not incept.

☐ 6. There is no waiver of premium benefit under this policy.

☐ 7. To benefit under this policy, claims must be notified within 6 months after death.

☐ 8. Premium Variation: the premium will not change or be varied during the first 12 months from the Commencement Date unless there are reasonable actuarial grounds to do so. Any change to the premium will be notified to the Policyholder with a 31-day notice period.

9. When will I not be covered:

- Intentionally self-inflicted injury, suicide or a suicide attempt (whether sane or insane) within the first 12 (twelve) months from the Entry Date;
- The Insured's active participation in the commission of a criminal activity that results in a Claim Event;
- No payment will be made under this Policy if the Premiums remain unpaid after the expiry of the Grace Period, or if the Insured has not complied with all the obligations and conditions of this Policy;
- Active participation by the Insured in war, invasion, acts of foreign enemies, hostilities, warlike operations (whether war is declared or not), civil war, rebellion, revolution, insurrection, or civil commotion assuming the proportions of or amounting to an uprising;
- 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 of whether any of the aforesaid has been performed with the specific use of information technology.

If any portion of these Exclusions is found to be invalid or unenforceable, the remainder shall remain in full force and effect.

☐ 10. When will my policy commence and end? Your policy commences once the application and risk has been accepted by the insurer and the first premium has been paid and will continue until one of the following events happen: failure to pay 2 (two) consecutive premiums; the life assured dies (provided no one can take up the policy); or cancellation of the policy subject to a 31-day notice period.

☐ 11. Complaints may be lodged with the Administrator, Ness Consulting, by email (complaints@nessgroup.co.za) or telephone (011 715 9700). If unresolved, you may escalate to Guardrisk Life on 0860 333 361, or to the Ombudsman for Long Term Insurance on 021 657 5000.

STEP 10: Other Disclosures

Your Underwriting Manager is Ongeza Life (Pty) Ltd. Guardrisk Life and Ongeza Life have concluded a shareholder and subscription agreement that entitles Ongeza Life to place insurance business with Guardrisk Life and to share in the profits and losses. Guardrisk Life may distribute dividends, at the discretion of its board of directors, to Ongeza Life during the existence of the policy. Ongeza Life is paid 11% of premium for the underwriting functions.

Your Broker is Embrace Legacy (Pty) Ltd, who is paid commission of 20% of the premium.

Your Administrator is Ness Consulting (Pty) Ltd, who is paid an administration fee of 7.5% of the monthly premium by Guardrisk Life Limited.

STEP 11: Your Declaration

I confirm that I am the Policyholder of the application. I further confirm that I have read and understood this application form and all related documents for the application. I declare that the statements and responses provided by me and all documentation that I have signed or will sign in relation to the application is true and complete.

I agree that this application and declaration, together with all relevant documents that have been or will be signed by me or any additional parties in terms of this application, shall form part of the contract between Embrace Legacy and myself. If any information is withheld or incorrect, I understand that the benefits will be cancelled from the inception date of the Policy and all premiums that have been paid to Embrace Legacy will be forfeited. Where I am married in community of property, I declare that I have the written consent of my spouse to make this application.

I agree that should Embrace Legacy accept this application, the acceptance will be conditional upon there having been no change to the facts on which the acceptance was based. I agree that any changes to the risk status of the Insured Life will be communicated to Embrace Legacy in writing before it accepts this Policy, and failure to do so may result in the rejection of any future claims.

POLICYHOLDER (PRINCIPAL INSURED) SIGNATURE

DATE (DD/MM/YYYY)

STEP 12: Your Supporting Documentation

The following supporting documentation must accompany your application form (please tick if included):

☐ Certified Copy of ID of Principal Insured

☐ If applicable, Certified Copy of ID of Spouse

☐ If applicable, Certified Copy of ID or Birth Certificate of each Child added

☐ If applicable, Certified Copy of ID or Birth Certificate of each Extended Family member added

☐ Fully completed Replacement Advice Record, where there is an intention for this Policy to replace an existing policy

STEP 13: Anti-Money Laundering Provisions and Influential Persons Declaration

The Financial Intelligence Centre Act (FICA) requires that we know if you are an influential person as explained in the Act. It differentiates between a politically exposed person, domestic prominent influential person, foreign prominent public official, and a known close associate or family member of any of these persons. More than one of the definitions can apply to the same person. Read the explanations below, indicate which apply to you, and give your reason.

☐ **Politically Exposed Person — Reason (if applicable): _____**

☐ **Domestic Prominent Influential Person — Reason (if applicable): _____**

☐ **Foreign Prominent Public Official — Reason (if applicable): _____**

☐ **Know Close Associate — Reason (if applicable): _____**

☐ **Family Member — Reason (if applicable): _____**

Definitions of influential persons

- A Politically exposed person is someone who is or has been entrusted with prominent public functions, based on a specific political affiliation. Examples: A head of state, cabinet minister, member of parliament/local/provincial government, senior administrator in government department (financial department/tender processes), senior judge, manager of local municipalities who award tenders, senior and/or influential official, ambassador/high commissioner, senior representative of a religious organization, leader of a political party, accounting officer of a national or provincial department, municipal manager, officer of SANDF.
- A Prominent influential person refers to any individual who holds or has at any time in the preceding 12 months, the position of chairperson of a board of directors, chairperson of an audit committee, executive officer, or chief financial officer of a company as defined in the Companies Act 71 of 2008, if the company provides goods or services to an organ of state.
- A Foreign political exposed person refers to any individual who holds or has held a position in any foreign country of a prominent public function including that of a head of state, member of a foreign royal family, government minister or leader of a political party, senior judicial official, senior executive of a state-owned corporation or a high-ranking member of the military.
- A known close associate is an individual who is closely connected to a prominent person, either socially or professionally. The term "close associate" is not intended to capture every person who has been associated with a prominent person. Examples: Known relationships outside the family unit (e.g. girlfriends, boyfriends, mistresses), a prominent member of the same political party, civil organisation, labour or employee union as the prominent person, business partner or associate, especially one who shares (beneficial) ownership of corporate vehicles with the prominent person, or who is otherwise connected (e.g. through joint membership of a company board), any individual who has sole beneficial ownership of a corporate vehicle set up for the actual benefit of the prominent person.
- A family member is an individual who is related to a PEP/PIP either directly (consanguinity) or through marriage or similar (civil) forms of partnership. Examples: Spouse or civil/life partner, previous spouse or civil/life partner, children and stepchildren and their spouses or civil/life partners, parents, siblings and stepsiblings and their spouses or civil/life partners.

For Completion by the Representative

I hereby declare that I have explained the benefits, premium to be paid, debit order date and obligations arising from this application to the applicant, and that they fully understand the consequences of any incorrect information provided in this application.

I hereby declare the completed application was signed with no blank spaces in the presence of the applicant, by the applicant.

I further declare that I have explained the meaning and implication of the replacement question to the applicant, and that the client is fully aware of the possible detrimental consequences of the replacement of an insurance policy including that a replacement is potentially prejudicial, the levying/deduction of a termination charge, and that the applicant is legally entitled to comprehensive information regarding the consequences of a replacement.

I confirm that I have identified the Policyholder, Life Insured(s), and premium payer, and verified their details for this contract.

REPRESENTATIVE FULL NAME	BROKERAGE NAME (IF ACTING AS AN INTERMEDIARY)
REPRESENTATIVE ID NUMBER	GENDER
FSP NUMBER	EMAIL ADDRESS
CELL PHONE	PHONE NUMBER
REPRESENTATIVE SIGNATURE	DATE (DD/MM/YYYY)
SUPERVISOR SIGNATURE	DATE (DD/MM/YYYY)

For Completion by the Administrator: FICA Confirmation

Is the Policyholder:

On a sanctioned list? ☐Yes ☐No

A Domestic Prominent Influential Person (DPIP)? ☐Yes ☐No

A Foreign Prominent Public Official (FPPO)? ☐Yes ☐No

A Politically Exposed Person (PEP)? ☐Yes ☐No