

Contract ID

Signed Date

PRINCIPAL LIFE TO BE ASSURED

First Names
Surname
Birth Date Title Marital Status Gender
NRC No. NRC No. Country
Passport No. Passport Country

EMPLOYMENT DETAILS

Occupation Employment Date
Employer
Employee No. Gross Pay Net Pay

CONTACT DETAILS

Home Phone Work Phone Fax Number
Cell phone
Email

POSTAL ADDRESS

PO Box or Bag
Street
Town
Province

PHYSICAL ADDRESS

Building
Street
Town
Province

PLAN DETAILS

Sum Assured on Life Cover K Term of Policy (in years)
Premium due on Life Cover K Escalation 5%, 10%, 15%
Monthly Savings Premium K Total Premium Due K

BENEFICIARIES (NOTE - THE APPOINTMENT OF A MINOR MAY DELAY THE SETTLEMENT OF THE CLAIM)

First Names
Surname
NRC Number Birth Date Gender Title
Contact Number Relationship Split
First Names
Surname
NRC Number Birth Date Gender Title
Contact Number Relationship Split

TRUSTEE (FOR FUNERAL FINANCE PLANS WHERE BENEFICIARIES ARE MINORS)

First Names
Surname
NRC Number Birth Date Gender Title
Cell Number

POSTAL ADDRESS

PO Box
Street
Town
Province



PREMIUM PAYER

First Names

Surname

NRC Number NRC No. Country

Birth Date Cell phone

EMPLOYER DETAILS

Employee Number

Employer

Salary Frequency (Monthly / Weekly)

BANK DEBIT ORDER DEDUCTION

Bank Name

Branch Name

Accounty Type (Current / Savings)

Bank Account Number Branch Number

Account Holder Name

DEDUCTION DETAILS

Monthly Premium K Payment Method Payment Day

I, the undersigned, hereby authorise my employer to deduct the premium amount as stated above from my salary with effect from the above stated payment start date and remit the payment to Sanlam Life Insurance.

Premium Payer Signature

Date (YYYYMMDD)

Company Stamp

Employer Signature

Date (YYYYMMDD)

Existing Premium Payer Bank Details

Selected	Bank Ref	Bank Name	Branch Name	Account Type	Account Number	Branch No

CONDITIONS

Please note that there is six months waiting period on natural death and double benefit on accidental death. The savings premium attracts a 2% management fee from the investment per annum whihc is 0.167% as a monthly deduction. The policy has a surrender penalty which is a percentage of the fund. Please refer to the terms and conditions. One partial withdrawal per annum may be made during the life time of the policy. The maximum partial withdrawal allowable is 50% of the investment fund value of the policy. The premium goes up by the escalation percentage chosen but the benefit increases by 7.5% of the percentage chosen. The policy lapses if premiums are not paid within 30days and the benefits cease.

ACCEPTANCE

I apply for assurance with the Company's usual terms and conditions. I understand that the answers to the above questions and statements and any documents required by the Company shall be the basis of the Contract. I declare that the answers to the questions and statements, whether in my own handwriting or not, are true and complete.

I understand and agree that benefits under this policy may be adjusted or forfeited, at the discretion of the Company, in the event that information contained in this application form is inaccurate.

I authorise the Company to receive the premium, including any increase in premium arising on the anniversary of the issue date of the policy, by debit order or salary deduction, as indicated previously in the application.

It is understood and agreed that the cover will commence on the first day of the month following receipt by the Company of the first premium and that the policy document will be issued immediately thereafter.

Date (YYYYMMDD)

Policy Holder Signature

Intermediary Details

Agent Contract ID

First Names

Surname

Agency

Agent Signature

Date (YYYYMMDD)

