



TD Administrative Services (Pty) Ltd
 Reg No 2014/090534/07
 An authorised financial service provider
 FSP7379
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 Unit 1, Coram Park
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 Randpark Ridge, 2169
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SURVIVOR PLAN APPLICATION FORM

Note: The maximum entry age for all plans is 60 years at the date of application

PERSONAL PARTICULARS OF APPLICANT

SURNAME											
FIRST NAMES											
TITLE	MR	MRS	MS	OTHER:							
ID NUMBER											
POSTAL ADDRESS											
CELLPHONE NUMBER											
HOME TELEPHONE NUMBER											
WORK TELEPHONE NUMBER											
EMAIL ADDRESS											

Note – we will communicate via email unless specifically requested otherwise

Product Level	Paid to FNB Fiduciary to assist in offsetting executors / administrators' fees	Monthly Benefit paid to beneficiary by FNB Fiduciary for 12 months	Monthly premium	✓ cover selected
4 (1)	R 3,500.00	R 2,000.00	R44,00	
5 (1)	R 3,500.00	R 2,500.00	R52,00	
6 (1)	R 3,500.00	R 3,000.00	R60,00	
5 (4)	R 3,500.00	R 4,000,00	R76,00	
5 (5)	R 3,500.00	R 5,000,00	R92,00	
5 (6)	R 3,500.00	R 6,000,00	R108,00	

MEDICAL QUESTIONS: (Declaration of Health)

	(tick appropriate box)	
Are you or any member of your family presently in poor health i.e. suffering from any life-threatening health conditions?	Y	N
Has any previous application for assurance with any company or any additional benefits applied for (e.g. life assurance or dread disease) been declined, deferred or accepted on special terms?	Y	N
Have you consulted a doctor or other healthcare specialist in the past five years for any condition other than minor ailments?	Y	N

NOTE: COVER IS RESTRICTED TO ACCIDENTAL DEATH ONLY FOR THE FIRST 6 MONTHS OF JOINING THE SCHEME IN RESPECT OF THE MAIN MEMBER AND COVER FOR PRE-EXISTING CONDITIONS AND SUICIDE ARE EXCLUDED FOR THE FIRST 24 MONTHS.

BENEFICIARY

Please indicate a beneficiary. Only 1 beneficiary may be nominated for each plan. A maximum of three policies may be applied for, these may be different levels with different beneficiaries. Please complete an application form for each policy applied for.

Title	Initials	Surname	Relationship	ID number																			

DEBIT ORDER DETAILS					
ACCOUNTHOLDER NAME		BANK			
ACCOUNT NUMBER		BRANCH			
BRANCH CODE		TYPE	CURRENT	SAVING	TRANSMISSION

Having applied for the policy detailed above, and on acceptance of my application by the insurer, I hereby authorise the insurer or its representative to debit my account with the premiums payable under the above plan on the first day of each month in accordance with the Debit Order System. Such authorisation shall remain in force and effect until cancelled by myself, in writing with one calendar months' notice.

POPIA

I hereby consent to TD Administrative Services processing my personal information, including but not limited to, the administrative functions listed below.

- Processing this application;
- Processing of future instructions submitted;
- Communications with me in relation to any matters in relation to my policy.

I consent to TD Administrative Services disclosing and transferring my personal information to any contracted 3rd party for the purposes of collecting premiums, claim assessments and statutory reporting in connection with this contract.

I acknowledge I have the right to –

- object to the processing of my personal information on reasonable grounds unless legislation allows for such processing, in the manner prescribed by the POPI Act;
- lodge a complaint with the Information Regulator;
- request from TD Administrative Services details of any of my personal information TD Administrative Services holds on my behalf and details of how my personal information has been processed.

TD Administrative Services will use its best endeavors to ensure your personal information is reliable, however it remains your responsibility to advise TD Administrative Services (Pty) Ltd of any changes to your personal information in a timely manner. The information supplied to TD Administrative Services must be complete, correct and up to date.

I understand why my personal information is required and the purpose it will be used and I, hereby, give TD Administrative Services consent to process my personal information as provided above.

DECLARATION BY APPLICANT

I declare that, to the best of my knowledge, all the information disclosed on this questionnaire is true and correct. I understand that if I withhold information or submit false information, the policy will be invalid, and I will forfeit any premiums that I have paid. I am applying for membership of the indicated policy. I confirm that I understand the full details of the policy, and that it is my responsibility to advise the administrator should my personal particulars change.

I understand in light of the specific objective of this plan that a full needs analysis is not required and that I am satisfied with the limited advice in this regard.

Replacement: It is usually not in your best interest to replace an existing insurance policy.

VERY IMPORTANT

Cover has not been granted, implied or otherwise, under this application until you have received written confirmation from the administrator. Cover will commence from the 1st day of the month following confirmation from the administrator - premium is paid monthly in advance on the 1st day of the month.

IN TERMS OF THE FICA ACT 38 OF 2001, THE FOLLOWING DOCUMENTS MUST ACCOMPANY THIS APPLICATION

- A legible copy of the page of the bar- coded ID book showing the applicants photo **or** the front and back of the smartcard ID. It is not necessary to send copies of any dependents ID documents.
- Proof of residence (bank statement / utility bill etc) showing the applicant's physical home address which is not older than 3 months.

PLEASE NOTE THAT THE APPLICATION WILL NOT BE PROCESSED UNTIL THESE DOCUMENTS ARE RECEIVED.

Applicant Signature	Date
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Underwritten by:

Hollard Group Risk, a division of the Hollard Life Assurance Company (Reg. No 1993/001405/06), a Licensed Life Insurer and Authorised Financial Services Provider (FSP No. 17697)

TD Administrative Services (Pty) Ltd (Reg. No 2014/090534/07) is an authorised Financial Services Provider (FSP 7379), and is acting as a non-mandated intermediary on behalf of Hollard Life Assurance Company Limited (Registration Number 1993/001405/06), the Insurer of this policy, in terms of an agreement between the parties entered into as required in terms of section 49 A of the Long Term Insurance Act No 52 of 1998. TD Administrative Services performs binder and administrative functions. Fees charged for these functions in respect of this policy are 10.05% of gross premium to perform admin functions and 17.86% of gross premium to perform binder functions.