



TD Administrative Services (Pty) Ltd
 Reg No 2014/090534/07
 An authorised financial service provider
 FSP7379
 Tel: 086 111 2348
 E-mail: enquiries@tdas.co.za
 Unit 1, Coram Park
 86 Ferero Avenue
 Randpark Ridge, 2169
 www.tdas.co.za

FUNERAL SURE FUNERAL PLAN APPLICATION FORM

Note: The maximum entry age for all plans is 64 years at the date of application

Broker Name

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

FAMILY FUNERAL COVER

	Gold	Platinum			
Member (maximum age at entry = 64)	R15 000.00	R20 000.00			
Spouse (maximum age at entry = 64)	R15 000.00	R20 000.00			
<i>Children – cover ceases on the child's 21st Birthday. There is a maximum of 5 children who can be covered under this policy</i>					
Children (14 – 20)	R15 000.00	R20 000.00			
Children (6 – 13)	R7 500.00	R10 000.00			
Children (0 – 5)	R3 750.00	R5 000.00			
Stillborn (after 28 th week of pregnancy)	R1 875.00	R2 500.00			
Monthly Premium	R60.00	R75.00			
Optional Choices					
	Gold Cover	Platinum Cover		Gold Cover	Platinum Cover
Parents and Parents in Law (aged from 60 – 74 at entry)	R 3000.00	R 3000.00	Parents / Parents in Law or additional dependents (under 60 at entry)	R15 000.00	R20 000.00
Monthly Premium – per person	R25.00	R25.00	Monthly Premium – per person	R45.00	R60.00

Total Monthly Premium					
Basic Cover	Gold	√ if selected		R60.00 per month	
Basic Cover	Platinum	√ if selected		R75.00 per month	
Additional Dependents (under 60)	Gold		No:	R45.00 per dependent per month	
Additional Dependents (under 60)	Platinum		No:	R60.00 per dependent per month	
Parents / Parents in Law	Gold / Platinum		No:	R25.00 per parent per month	
Total Premium Due					

Please indicate spouse, children, parents and dependents that you would like covered													
First Name	Surname	ID Number											Relationship
													Spouse
													Child 1
													Child 2
													Child 3
													Child 4
													Child 5
													Dependent (under 60)
													Dependent (under 60)
													Dependent (under 60)
													Parent / Parent in law
													Parent / Parent in law
													Parent / Parent in law
													Parent / Parent in law

NOTE: COVER IS RESTRICTED TO ACCIDENTAL DEATH ONLY FOR THE FIRST 3 MONTHS OF JOINING THE SCHEME IN RESPECT OF THE MAIN MEMBER / SPOUSE AND CHILDREN AND 9 MONTHS IN RESPECT OF PARENTS / PARENTS-IN-LAW / ADULT DEPENDENTS. THEREAFTER COVER IS FOR BOTH NATURAL AND ACCIDENTAL DEATH

BENEFICIARY

Please indicate a beneficiary in the event of the main member's death

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.

DECLARATION BY INSURED MEMBER

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

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.

Applicant Signature	Date
---------------------	------

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.

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.