



TD Administrative Services (Pty) Ltd  
 Reg No 2014/090534/07  
 An authorised financial service provider  
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## ALL-IN-ONE APPLICATION FORM

Note: The maximum entry age for all plans is 55 years at the date of application.

Please select (v) from the cover available  
 (For Life Cover and Spouse Life cover the respective health declarations must be completed, signed and returned with this form)

1. Family Funeral Cover	2. Parent funeral cover (family funeral must be selected as well)
3. Main Member Life Cover	4. Spouse Life Cover (main member life must be selected as well)

### DETAILS OF MEMBER – Please complete in full

Title	_____										
Surname	_____										
First names	_____										
Gender	M	F	_____								
Marital status	_____										
Date of marriage	_____										
ID Number											
Employee number	_____										
Date joined bank	_____										
Branch/Department	_____										
Branch name	_____										
Annual pensionable salary	R										(This is the "RFI" amount on your payslip)
Member's postal address	_____										
Postal Code	_____										
Telephone number	Cell										
	Work	(									)
E-mail	_____										

*Note – we will communicate via email unless specifically requested otherwise  
 Please supply us with a personal email address to avoid confidential information being forwarded via your employer*

### Family Funeral Cover - Important Notes:

1. Funeral insurance commences on the principal insured's (plus their nominated family) application to the scheme (the principal insured must be under 55 years of age at entry date) and terminates when the principal insured reaches the age of 65 / retires / leaves the employ of their current employer, dies or cancels the policy, whichever occurs soonest.
2. Children must be natural / adopted / stillborn / children of the main member / spouse under the age of 21 years. Children over 21 are covered up until the last day of their 24<sup>th</sup> year providing they are full time students at a recognized educational institution. Children who suffer from a defect of mind or body that make them incapable of supporting themselves are covered with no age restriction.
3. The maximum number of parents that you may cover for is 4 (mother, father, mother-in-law, father-in-law). The same sum assured must be selected for all parents. All parents must be added at the same time.
4. Parents cover may only be selected if the family funeral cover is also selected.
5. Only 1 spouse may be covered
6. Parents have a nine-month waiting period from the date cover commenced (except for accidental death).
7. The principal insured/spouse and children have a six-month waiting period from the date cover commenced (except for accidental death).
8. Details of family to be covered must be supplied to the Insurer prior to cover commencing – within 30 days of the event (marriage / birth etc.)
9. The number of plans per family is limited to one (1).
10. This policy has no loan or cash value and cannot be ceded or assigned.

### Life Cover – Important Notes:

1. Life Assurance for the principal insured, and spouse commences on entry (under 55 years of age) and terminates when the main member leaves their current employer / retires on grounds of ill health / death or cancellation by the insured, whichever occurs soonest. A member who retires on grounds other than ill health may opt to continue their life assurance cover (and spouse cover, if applicable) from the date of retirement to age 70, cover amounts are based on the amount the insured enjoyed prior to retirement. There is no cover after the age of 70.
2. The premium is "age band" related – it increases as the member reaches a new age band.
3. Life Assurance for the spouse commences on entry (under the age of 60) and terminates when the main member's life assurance terminates as per point 1.
4. Life Assurance – Principal insured – is in multiples of annual salary dependent on the insured's marital status and number of children and the maximum sum assured that can be selected is as follows:

Single, no children	1 x annual salary	Married, no children	3 x annual salary
Single, 1 child	1.5 x annual salary	Married, 1 child	3.5 x annual salary
Single, 2 children	2 x annual salary	Married, 2 children	4 x annual salary
Single, 3 + children	2.5 x annual salary	Married, 3 + children	4.5 x annual salary

A lesser sum assured can be selected.

5. Life Assurance for the spouse is a maximum of 1 x the main member's annual salary, with a limit maximum cover amount of R1 000 000.00. Should the main member and spouse divorce, cover for the spouse will cease.
6. This policy has no loan or cash value and cannot be ceded or assigned.

7.

FAMILY FUNERAL COVER – Please complete in full if selected											
Member	R18 000										
Spouse	R18 000										
Children (14 – 21)	R5 000										
Children (6 – 13)	R2 500										
Children (1 – 5)	R1 250										
Children (0 – 11 months)	R750										
Monthly Premium	R40.00										
<b>Selected</b>	<b>Y</b>	<b>N</b>	<b>Please tick if selected</b>								
<b>DETAILS OF SPOUSE</b>											
<b>Spouse full Name</b>				<b>ID Number</b>						<b>Relationship</b>	
										Spouse	
<b>DETAILS OF CHILDREN</b>											
<i>(Under the age of 21, or 24 if studying full time) (Maximum of five children)</i>											
<b>Children's names/surnames</b>				<b>ID Number</b>						<b>Relationship</b>	
1.										Son Daughter	
2.										Son Daughter	
3.										Son Daughter	
4.										Son Daughter	
5.										Son Daughter	
<b>DETAILS OF PARENTS/PARENTS-IN-LAW – Please complete in full if selected</b>											
<i>(If under the age of 75 and cover is required – All parents cover must be for the same amount)</i>											
<b>Title</b>	<b>Initials</b>	<b>Surname</b>	<b>Relationship</b>	<b>ID number</b>						<b>No of units*</b>	
<b>* If not completed this will be defaulted to 1 unit</b>											
<b>Parents/Parents-in-law</b>			<b>1 unit = R1 000</b>				<b>Premium</b>				
Up to 64 y/o (next birthday)			1 to 3 units				R4,4.82/unit				
65 to 70 y/o (next birthday)			1 to 3 units				R16.50/unit				
71 to 74 y/o (next birthday)			1 to 3 units				R24.75/unit				
<b>Note:</b> Maximum number of parents that you may cover is 4 (mother, father, mother-in-law, father-in-law)											
<b>DETAILS OF BENEFICIARY (only one beneficiary may be selected)</b>											
<i>Please list the beneficiary you would like to receive your funeral benefit in the event of your (main member) death</i>											
I request that the administrators take into account my wishes above when paying benefits. I am aware that if my marital status or beneficiary/ies change, this nomination will also need to change, and it is my responsibility to advise the administrator of this.											
<b>Full Name</b>				<b>ID Number</b>						<b>Relationship</b>	

**LIFE INSURANCE BENEFIT OF MEMBER – Please complete in full if selected**

**A declaration of health form must be completed and signed by the member**

Select Multiple of pensionable salary

1	1.5	2	2.5	3	3.5	4	4.5
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**Maximum available sum assured – see notes below. A lesser amount can be selected**

Or – R amount of cover required: R \_\_\_\_\_

**DETAILS OF BENEFICIARIES (Life cover only)**

*(Please list your beneficiaries and the share percentage you would like each to receive. This should not exceed 100% in total)*

Full name	ID number	Relationship	Sex	Share %
			M F	
			M F	
			M F	
			M F	

Would you like a quote on this before proceeding? If this box is not ticked, cover will automatically commence from the 1<sup>st</sup> of the month following receipt of acceptance from the underwriter.

Yes	No
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I request that the administrators take into account my wishes above when paying benefits. I am aware that if my marital status or beneficiary/ies change, this nomination will also need to change, and it is my responsibility to advise the administrator of this.

**MEDICAL STATEMENT AND DECLARATION FOR MEMBER**

I declare that I am not currently suffering, nor have I in the past suffered from or been treated for any condition which requires ongoing chronic medication or treatment, nor have I been hospitalised for any reason for a period longer than 7 days. I also declare that I have never been tested positive for HIV, and that I do not suffer from AIDS or any AIDS-related illness.

Signature \_\_\_\_\_ Date 

Y	Y	Y	Y	M	M	D	D
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**LIFE INSURANCE BENEFIT FOR SPOUSE – Please complete in full if selected**

**A declaration of health form must be completed and signed by the spouse**

**Spouse cover is only available if the main member has selected cover on their own life.**

Spouse's cover required? 

Yes	No
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**R amount of cover required:** R \_\_\_\_\_

Limited to 1 x member's annual pensionable salary – to a maximum of R1 000 000.00 **Please note that the benefit for spouse cover will be paid to the main member**

**MEDICAL STATEMENT AND DECLARATION FOR SPOUSE**

I declare that I am not currently suffering, nor have I in the past suffered from or been treated for any condition which requires ongoing chronic medication or treatment, nor have I been hospitalised for any reason for a period longer than 7 days. I also declare that I have never been tested positive for HIV, and that I do not suffer from AIDS or any AIDS-related illness.

Signature \_\_\_\_\_ Date 

Y	Y	Y	Y	M	M	D	D
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**THE SPOUSE MUST SIGN THIS SECTION OF THE POLICY – NOT THE STAFF MEMBER**

**DECLARATION BY INSURED MEMBER**

1. I understand that if I withhold information or submit false information, this 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.
2. I understand that I may cancel this policy by informing TD Administrative Services (the administrator) in writing within 30 days from the date on which I receive the benefit statement, providing a claim has not been submitted.
3. I understand that, in light of the specific objective of this plan, a full needs analysis is not required and that I am satisfied with the limited advice in this regard.
4. I have not had any other application for disability (or life) insurance rejected

**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 3<sup>rd</sup> 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 MUST SIGN THIS SECTION TO VALIDATE POLICY**

I (*member's full name*) \_\_\_\_\_

Am applying for membership of the indicated scheme and authorise the bank to deduct the monthly premium from my salary.

Signature \_\_\_\_\_

Date

Y Y Y Y M M D D

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

1. 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.
2. 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.

**Very important**

- Cover will start on the 1<sup>st</sup> of the month following the date of receipt and acceptance by the insurer of the completed application form. There is no cover until this has been confirmed by the administrator.
- This policy has no loan or cash value and cannot be ceded or assigned

**Underwritten by:**

**Hollard Life Assurance Company, Reg. No 1993/001405/06, an 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.