

## Patriarch Plan

Debit order / cash

The **Social Support Patriarch Plan** provides **funeral support of up to R15,000** to the main member (package dependant). The Grant recipient may cover up to three (3) dependent grandchildren under twenty one (21) years of age on this policy. Additional value added benefits are included with your monthly premium at no additional cost.

Funeral Cover	Ages 65 - 74		Ages 75 - 84	Ages 85+
Main Member	R7 500	R15 000	R10 000	R4 000
Child (14 - 21)	R7 500	R15 000	R7 500	R4 000
Child (6 - 13)	R3 750	R7 500	R3 750	R2 000
Child (1 - 5)	R1 875	R3 750	R1 875	R1 000
Monthly Premium	R86.00	R148.00	R162.00	R193.00
Collection Fee	R9.00	R15.00	R15.00	R15.00
<b>Total Monthly Collectable Fee</b>	<b>R95.00</b>	<b>R163.00</b>	<b>R177.00</b>	<b>R208.00</b>

### Included Benefits

#### Mahala Loyalty Rewards Benefit

Everyday Rewards gives you access to over 2000 deals! Earn Points in your e-Wallet, Grab instant on-the-spot discounts, Collect stamps for freebies or Enjoy in-store Rands off selected items redeemable at Checkers and Dis-Chem Pharmacies.



#### R250 Airtime Benefit

Make sure you reach every family member, the R250 Airtime Benefit will provide you with enough airtime to make every call.



#### R750 Power Benefit

The last thing you want to think about is remembering if you bought pre-paid electricity vouchers or not. A R750 pre-paid electrically voucher will help so you don't have to worry about the small things.



#### Funeral Policy Notes:

- Waiting Periods:  
Principal Member and Child - six (6) months.
- There is no waiting period for accidental death.
- A twelve (12) month waiting period applies for death due to suicide.
- A maximum of three (3) dependent grandchildren may be covered per policy.

## REPLACEMENTS

- The person selling me this product has not recommended I do a replacement.
  - If I am replacing the policy I know that I must insist on an explanation of the potential negative consequences and costs to me for so doing before undertaking the replacement.
  - Waiver of Waiting Period (full/Partial)
    - We will not impose a waiting period on a funeral policy if the policyholder confirms that they have taken out this policy to replace a previous policy where the waiting period was served and was cancelled within two months before the application date of the new policy.
- This applies to waiting periods served on the policies with the same or different insurer.
  - This only applies when the same life is insured for the same amount of cover. For any additional cover bought over and above the cover amount of the previous policy, the full applicable waiting period will apply.
  - We will reduce the waiting period if the policyholder completed part of the waiting period on the previous, similar policy.
  - The previous policy must have been with the registered/licensed Insurer with Financial Sector Conduct Authority.

## FURTHER IMPORTANT INFORMATION

- These terms and conditions should be read with the Master Policy, a copy of which can be obtained from the Intermediary or Scheme. In case of uncertainty, the Master Policy will take precedence.
  - The Applicant has 31 days from signature date to cancel this policy if no claim was submitted. Any premiums paid during this period will be refunded.
  - **The premiums on Page 1 include the following fees:**

Commission:	15%
Administration:	25%
  - If the Policy benefit lapses due to non-payment of premiums, the Policyholder may apply directly or via the Intermediary, as the case may be, for reinstatement of cover. Reinstatement will be allowed within 2 months from the effective lapse date, without imposing a new waiting period. The remaining period of a waiting period that had not yet passed at the time of lapse, will however still apply and outstanding premiums have to be paid in order for a reinstatement of cover to occur.
  - In the event of a claim, the Intermediary should be contacted. Claims must be lodged within 12 months from the claim event. Benefits not claimed in this period will be forfeited.
  - Any complaints must first be lodged with the Intermediary. Should the resolution not be satisfactory, the Insurer can be contacted on 0860 331 444 or via e-mail [GSFMQueries@oldmutual.co.za](mailto:GSFMQueries@oldmutual.co.za). Any complaints must be submitted in writing.
  - Should there be concerns about the information received, the Insurer's Compliance Department can be contacted on 086 000 4139 or [GSFMQueries@oldmutual.com](mailto:GSFMQueries@oldmutual.com) \*If resolution is still unsatisfactory, complaints may be lodged with the Regulators at the below addresses:
- **CLAIMS & CLAIM PAYMENTS**
    - The following documentation and requirements need to be provided to the Insurer when submitting a claim:
      - Completed official claim form;
      - Certified copy of Identity Document of the claimant;
      - Certified copy of Identity Document of the deceased;
      - Notification of death - BI 1663 form (if applicable);
      - Copy of the Beneficiary's stamped bank statement;
      - A police report in the event of Accidental Death; and
    - Any such other documentary proof as may be required by the Insurer at its sole discretion. The occurrence of the Insured Event must be reported in writing within 12 (twelve) months of such occurrence.
    - Claim payments will be made into South African bank accounts only.
    - No claim shall be considered, or Benefit paid out under this Policy if the claimant is unable to furnish documentation acceptable to the Insurer, which are positive verification of the Insured Event.
    - No claim shall be considered, or Benefit paid out under this Policy if the Policy member does not fall within the definitions or parameters as detailed in this Policy and the Application, with the possible exception of Policy Members from a replaced Scheme. In the event of a claim in respect of such Policy Members, previous terms and conditions will be considered to the extent that such terms and conditions may be more favourable in respect of the deceased Policy Member.
    - If any claim under this Policy is in any respect fraudulent, or if any fraudulent means are used by the Policyholder or anyone acting on their behalf to obtain any Policy benefit under this Policy, such claims shall not be honoured and the Insurer will have the right to cancel the Policy at its discretion.
    - The Insurer shall be entitled to apply set-off against any Benefits payable and any outstanding Premiums or other amounts payable to the Insurer.
    - Payment of the Policy Benefits provided for in terms of this Policy shall be a full and effectual discharge of Insurer's liabilities in terms of the Policy.

### The FAIS Ombud:

PO Box 74571,  
Lynnwood Ridge,  
0040  
Fax: 012 348 3447 / 012 470 9097 / 086 764 1422

Email: [info@faisombud.co.za](mailto:info@faisombud.co.za)  
Website: [www.faisombud.co.za](http://www.faisombud.co.za)  
Tel: 012 762 5000 / 012 470 9080 /

### Long-term Insurance Ombudsman:

Private Bag X45,  
Claremont,  
Cape Town,  
7735

Tel: (021) 657 5000 / 086 0103 236  
Fax: (021) 657 0951  
E-mail: [info@ombud.co.za](mailto:info@ombud.co.za)  
Website: [www.ombud.co.za](http://www.ombud.co.za)

**1. PARTICIPANT DETAILS: (AVAILABLE TO RSA RESIDENTS & CITIZENS ONLY)**

Participant No.  
(Office Use Only):

ID Number:	Language Preference: English: <input type="checkbox"/> Afrikaans: <input type="checkbox"/>	Title : Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/>
Surname:	Full Name:	
Date of Birth: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Preferred Name:	
Email address:	Province:	Maiden Name:
Cell Phone:	Tel No. (H)	Tel No. (W)

**2. ADDRESS:**

Residential Address:	Postal Address:
Postal Code:	Postal Code:

**3. DEPENDENT GRANDCHILDREN UNDER TWENTY ONE (21) YEARS ONLY (AVAILABLE TO RSA RESIDENTS & CITIZENS ONLY)**

	Name & Surname	ID Number	Gender	
Child 1			<input type="checkbox"/> M	<input type="checkbox"/> F
Child 2			<input type="checkbox"/> M	<input type="checkbox"/> F
Child 3			<input type="checkbox"/> M	<input type="checkbox"/> F

**4. COLLECTABLE FEE (PAYABLE IN ADVANCE) (TICK PREFERRED OPTION)**

Membership Fee:	<input type="checkbox"/> Ages 65 - 74: R7 500	<input type="checkbox"/> Ages 65 - 74: R15 000	<input type="checkbox"/> Ages 75 - 84: R10 000	<input type="checkbox"/> Ages 85+: R4 000	<b>R</b>
-----------------	--	---	---	--	----------

These cover options are only applicable to certain age categories. Please check that this option is available for your age category before completing this form. Failure to do so may lead to an unsuccessful application.

**5. PAYMENT OPTIONS SELECTION:**

<input type="checkbox"/> Debit Order	<input type="checkbox"/> Pay@	If selecting Debit Order as your preferred payment option, please fill in your bank details below. When selecting Pay@ use your Policy Number to pay at any Pay@ affiliated branch. Cash will be collected at your branch via the Pay@ system.
--------------------------------------	-------------------------------	--

**6. DEBIT ORDER AUTHORISATION:**

Reference No. **MAH001**

I authorise Mahala Loyalty Programme or its assignee to debit my bank account at above mentioned bank (or any other bank / branch to which I may transfer my account) with the Total Monthly Fees indicated above. Arrears will be collected by double debit. Should that double debit collection fail, ALL Benefits will automatically lapse and be forfeited.

Account Type: Cheque <input type="checkbox"/> Savings <input type="checkbox"/> Transmission <input type="checkbox"/>	Bank Name:	Day of Deduction: 1st <input type="checkbox"/> 5th <input type="checkbox"/> 16th <input type="checkbox"/> 26th <input type="checkbox"/> 28th <input type="checkbox"/>
Account holder:	Account No:	

**7. NOMINATED BENEFICIARY:**

(To whom the benefits are paid in the event of the death of the Main Participant)

Full Name:	Surname:
ID Number:	Relationship:
Date of Birth: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

**8. VALUE ADDED BENEFITS BENEFICIARY:**

(Please indicate which service provider you would like)

<input type="checkbox"/> Mahala (for the benefits to be provided to your beneficiary)	<input type="checkbox"/> Beneficiary to decide at claim stage
---	---

**9. WAIVER OF WAITING PERIODS QUESTIONNAIRE**

QUESTIONS	ANSWERS	
9.1 Are you taking this policy to replace a funeral policy that was cancelled within 2 months before taking this new one?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9.2 Name of Insurer		
9.3 Cover start date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
9.4 Cancellation / lapse date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
9.5 Are you covering the same life/lives that were covered on your previous funeral policy (Principal member)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

if "No", full waiting period will be imposed.

**10. DETAILS OF PREVIOUSLY INSURED PERSON**

Name	Surname	Date of Birth / ID no	Previous cover amount

Waiver of Waiting Periods (full/partial)			
Type	Old Mutual Waiting Periods (A)	Month(s) Waiting Periods served from previous Insurer (B)	Applicable Waiting periods on New Policy (A-B)
Death by natural causes			Old Mutual waiting period LESS waiting period served from previous insurer
Suicide			Old Mutual waiting period LESS waiting period served from previous insurer

**11. DECLARATION BY MAIN ASSURED / POLICY HOLDER (MANDATE):**

- |  |   |   |
|--|---|---|
| <p>11.1) I hereby apply for the benefits contained in this document.</p> <p>11.2) I understand if I need to claim in the first month of cover there will be administration delays in the time taken to assess the claim.</p> <p>11.3) I am aware the inception date on my policy will be the first of the month following my first premium payment. No benefits will be applicable until after the inception date and the conclusion of the waiting period.</p> <p>11.4) I declare that I have not withheld any material information.</p> <p>11.5) I am aware and have been explained of the waiting periods applicable to this policy.</p> <p>11.6) I accept that this application and declaration shall be the basis of the contract insurance between Old Mutual Life Assurance Company South Africa (Ltd) FSP 703 (OMLACSA) and Social Support Patriarch Plan.</p> <p>11.7) I understand I am joining Social Support Patriarch Plan in order to ensure I receive the burial service for all covered lives.</p> <p>11.8) We confirm that any personal information submitted and/or requested from you, will only be used to facilitate administration on the policy and to satisfy contractual obligations.</p> <p>11.9) By signing this application from, I, the Member do hereby mandate (give permission/authority to) Mahala Loyalty Programme:</p> <p>11.9.1) Arrange for long-term insurance cover, on my behalf.</p> <p>11.9.2) Instruct OMLACSA to effect changes to or renew the life insurance policy/ies and other benefits on my and/or my dependent(s) behalf; collect and receive all premiums payable by me and to pay the premiums over to OMLACSA, on my behalf;</p> | <p>11.9.3) Receive and collect all statutory and/or other notices, product documents and communications from OMLACSA, on my behalf, for the purposes of providing such notices to me;</p> <p>11.9.4) Process and validate claims for the benefits in terms of the policy/ies and to assist me and/or my dependent(s) in lodging claims with OMLACSA;</p> <p>11.9.5) Collect and receive benefits payable in terms of the policy/ies from OMLACSA for any payment due to same and/or my nominated beneficiaries or my dependent(s), subject to selection at claim stage;</p> <p>11.9.6) Deal with general administrative queries in respect of my policy/ies and benefits.</p> <p>11.9.7) Terminate my policy/ies /agreements with OMLACSA for the purposes of assigning me to a new insurance plan with a new insurer/underwriter; provided that it is in my interests to do so.</p> <p>11.10) The mandate given in 11.8 and 11.9 will continue to be in place with the new insurance company in the event of a change of insurer.</p> <p>11.11) The maximum cover amount allowed, per benefit, on any one policy, is R30,000. However, Old Mutual restricts the total cover to a maximum of R90,000 across multiple policies. The maximum cover allowed for children 6 years and under (including stillborn) and R30,000 for children between 7 and 14 years. Should the maximum cover be exceeded, claims will only be honored to the allowed maximum cover amount.</p> <p>11.12) I have been informed of the maximum of cover aggregation per life assured.</p> <p>11.13) Should we not be able to confirm your previous policy or not meeting the requirement, Waiting Period</p> | <p>will not be waived.</p> <p>11.14) I understand that a waiting period applies to death because of causes other than an accident. This means that cover will not be paid if the insured person dies due to causes other than an accident within the waiting period.</p> <p><input type="checkbox"/> 11.15) By checking this box, you agree to receive promotional emails and other materials from Mahala Loyalty Programme and its affiliates. Information requested is for Mahala Loyalty Programme marketing purposes only and will not be sold or shared with a third party. Marketing emails provide a one-click method to unsubscribe from the distribution list.</p> <p>11.16) The Mahala Loyalty Programme (Pty) Ltd ("Mahala") protection of personal information policy is available for review at <a href="http://www.mahalas.co.za">www.mahalas.co.za</a>. By taking out this policy Mahala confirms it will need to share certain relevant information with the insurer and/or other related parties. I hereby consent to Mahala performing these functions and sharing the information that is relevant. I realise if I do not provide this consent I will not be able to conclude this policy.</p> |
|--|---|---|



YES  NO

**REPLACEMENTS**

- The person selling me this product has not recommended I do a replacement.
- If I am replacing the policy I know that I must insist on an explanation of the potential negative consequences and costs to me for so doing before undertaking the replacement.
- Waiver of Waiting Period (full/Partial)
  - We will not impose a waiting period on a funeral policy if the policyholder confirms that they have taken out this policy to replace a previous policy where the waiting period was served and was cancelled within two months before the application date of the new policy.
  - This applies to waiting periods served on the policies with the same or different insurer.

- This only applies when the same life is insured for the same amount of cover.
- For any additional cover bought over and above the cover amount of the previous policy, the full applicable waiting period will apply.
- We will reduce the waiting period if the policyholder completed part of the waiting period on the previous, similar policy.
- The previous policy must have been with the registered Insurer with Financial Sector Conduct Authority.

**SOURCE OF FUNDS**

Salary       Social Grant  
 Savings       Divorce Settlements

Participant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

MAHALA LOYALTY PROGRAMME (PTY) LTD is a licensed FSP.  
 This product is underwritten by Old Mutual Life Assurance Company (SA) Limited. A licensed FSP and Life Insurer.  
 For complaints about products and services contact MAHALA LOYALTY PROGRAMME (PTY) LTD on 0860 62 42 52.  
 If you are not satisfied, call Old Mutual on 0860 331 444 or e-mail [GSFMQueries@oldmutual.com](mailto:GSFMQueries@oldmutual.com).  
 If you are still not satisfied, you can call the Insurance Ombudsman on 0860 103 236 or FAIS Ombudsman on 012 762 5000.