

APPLICATION FORM

Participant No.
(Office Use Only):

1. Personal Details: (available to RSA residents & citizens 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:	DAY	MM	YY	Cell No:	
Email address:				Work No:	
Residential Address:			Postal Address:		
Postal Code:			Postal Code:		

2. Partner & dependent children (available to rsa residents & citizens only)

	Name & Surname	ID Number	Gender	
Partner			M	F
1			M	F
2			M	F
3			M	F
4			M	F
5			M	F

3. Beneficiary Nomination

This is the person you appoint to claim and receive the policy benefits after your death. He or she must be 18 years or older. You may change your beneficiary at any time - for example, if you get married or divorced. If for any reason payment cannot be made to your beneficiary, we may pay the amount required for the life insured's funeral to the undertaker who handles the funeral or to the person who proves that he or she has paid for the funeral. Any remaining benefits will be paid to your deceased estate.

Name:	Surname:	Cell No:			
ID Number:	Relationship:	Date of Birth:	DAY	MM	YY

4. Product selection

4.1 PSA CLUB FUNERAL SUPPORT PRODUCTS

4.1.1 PROTECT Included in the **PSA CLUB PROTECT** premium: Service Fee: R14.45; Marketing & Distribution Fee: R26.45 **R69.99pm**

4.1.2 FOR FAMILY Included in the **PSA CLUB FOR FAMILY** premium: Service Fee: R10.79; Marketing & Distribution Fee: R20.10 **R54.99pm**

PSA CLUB FUNERAL SUPPORT PRODUCT FEES WILL BE COLLECTED BY ASSUPOL LIFE COMPANY

FEE PER MONTH

All Membership Administration is done by Mahala Loyalty Programme (PTY) Ltd, Registration no: 2001/030145/07, FSP Number: 21961 and is underwritten by Assupol Life Limited Reg. No. 2010/025083/06 FSP Number: 53, both are Authorised Financial Services Providers. You will receive full disclosure documents and terms and conditions within 45 days once your application has been successfully processed. *These benefits are living benefits and are available to the member on an on going basis.*

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SERVING THOSE WHO SERVE SINCE 1913

FUNERAL SUPPORT PRODUCTS: CALL 0860 021 067

Complete the application form and send to psaclub.mahalas.co.za or fax to 0866 314 046. More info, go to www.psaclub.mobi

5. How will your premium be paid

5.1 Debit Order for PSA Funeral Support Products

Authorization

I authorize Assupol to draw the premiums from my bank account. If the premium changes for any reason in terms of the policy, or by agreement between Assupol and the policyholder, the changed premium may likewise be drawn from my bank account. If payment cannot be done on the preferred day of the month filled in above, it must be done on a day that is as close as possible to that day, determined by Assupol. If the policy ends, this authorization also ends. I may cancel, amend or replace this authorization by written notice to Assupol. I accept that Assupol must receive the notice not later than 30 days before the month from which the cancellation, amendment or replacement is to apply. The reference on your bank account statement will start with: Assupol.

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: _____	

5.2 Debit Order PSA Lifestyle Support Products

Authorization

I authorise Mahala Loyalty Programme (Pty) Ltd. to pay any service provider for services rendered as may be chosen by my beneficiary up to the cover level. Any surplus of funds, above the cost of services chosen, will be refunded to my beneficiary. A cash payout may be requested. I consent to the disclosure of the personal information provided by me or on my behalf to Assupol Life PROVIDED such information is disclosed ONLY to relevant third parties for purposes of verification or conclusion of necessary obligations under this contract / policy. This consent clause will survive termination of the policy. I will personally be responsible for updating any personal and beneficiary details with the Mahala and Assupol Life as required. Please Note: Acceptance is subject to qualifying entry criteria. You are allowed multiple funeral plans across all Assupol Life products, however a maximum benefit for the Member must not exceed R100 000. A summary of the Terms & Conditions will be available on request.

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: _____	

5.3 Cash (Pay@)

Authorization

I will pay the premium to Assupol monthly in cash through an approved Assupol premium collection facilitator. I am aware that if I fail to pay a premium, my policy could lapse and I will not be able to claim the benefits. I will use the reference required by Assupol when making a cash payment.

Initial



5.4 Salary Deduction & Pay-over Authorization

I, the undersigned: Full Name _____ Rank _____ Station _____

Salary No. _____ Identity No. _____

I hereby authorize the Accountant of the Department /Administration of _____ to deduct monthly with effect from ____ / ____ /20 ____

the premium of R _____ from my salary and to remit it to Assupol Life Company (Assupol) Reference Number: _____

of which I am a member until such time as I cancel this authorization in writing, or until I substitute it with a new authorization.

Should the relevant premium be adjusted by the Institution as a result of an inflation related increase in premium rate, I confirm that the adjusted premium rate may be deducted from my salary until such time as I cancel this authorization in writing or until I substitute it with a new authorization.

Signed at _____ on this _____ day of _____ 20____

Initial

6. Declaration by you, the policyholder

I declare that all information in this form is complete and correct, and that I received a signed copy. I am satisfied that I understand everything I need to know about the policy and my funeral needs analysis above, and that I will be able to pay the premiums. I understand that if information is not correct, benefits under the policy may be declined and premiums paid could be forfeited.

Companies in the Assupol group of companies may from time to time offer other products or services to me.

yes	no
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Participant Signature: _____	Date: _____
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All vouchers will be sent to the nominated cell number at time of the claim via a secure SMS with a redemption code. Alternatively, the Mahala Call Centre will assist you telephonically with the redemptions or the Claimant can opt for cash.

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