SOCIAL SUPPORT
Funeral Plan

Patriarch Plan

Grant deduction

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

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.

Complete & send your application form to:

Email: info@mahala.co.za **WhatsApp:** 081 487 2073 Questions? **Call:** 0860 62 42 52

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SOCIAL SUPPORT Funeral Plan

Patriarch Plan

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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.

FURTHER IMPORTANT INFORMATION

- These terms and conditions should be read with your policy document, which will be issued to you within 31 days of the inception date. In case of uncertainty, your Policy Document will take precedence.
- The Applicant has 31 days from receipt of the policy 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:	30%

- If the Policy benefit lapses due to non-payment of premiums, the Policyholder will no longer have cover for them or their dependants on this policy. The Policyholder may apply directly or via the Intermediary for reinstatement of cover. Reinstatement will be allowed within 2 months from the effective lapse date, without imposing a new waiting period. If the policy has been active for longer than a period of 2 years, the grace period to reinstate will be extended by 1 month per year until the grace period is 6 months after which there will be no extension of grace 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. 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 *If resolution is still unsatisfactory, complaints may be lodged with the Regulators at the below addresses:

The FAIS Ombud:
P.O Box 74571,
Lynnwood Ridge,
0040
Email: info@faisombud.co.za
Website: www.faisombud.co.za
Tel: 012 762 5000 / 012 470 9080 /
Fax: 012 348 3447 / 012 470 9097 / 086 764 1422

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
Website: www.ombud.co.za

- **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.

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Funeral Plan
Patriarch Plan

Grant Deduction

Sales Agent Details & Declaration:

I, *(*agent name and surname)* have complied with the wording of the script during my conversation with the above client and I verify that all the details captured on this form are an accurate reflection of the call.

*Name & Surname:

Agent Code: Voice Log No:

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

Participant No. (Office Use Only):

ID Number:	Language Preference: English: ☐ Afrikaans: ☐	Title : Mr ☐ Mrs ☐ Miss ☐
Surname:	Full Name:	
Date of Birth: D D M M Y Y Y Y	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			M ☐ F ☐
Child 2			M ☐ F ☐
Child 3			M ☐ F ☐

4. PLAN SELECTION (TICK PREFERRED OPTION)

Membership Fee:	☐ **Ages 65 - 74: R7 500**	☐ **Ages 65 - 74: R15 000**	☐ **Ages 75 - 84: R10 000**	☐ **Ages 85+: R4 000**	**R**

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. GRANT DEDUCTION STOP ORDER:

Policy No.

Full Name of Grant Beneficiary:			
ID Number of Grant Beneficiary:		Monthly Amount:	**R**
Pay Station:		Deduction Start Date:	/ / 20

I hereby instruct the South African Social Security Agency to deduct monthly the above premium from my grant and remit to Old Mutual Life Assurance Company South Africa (Ltd) FSP 703.

I understand that SASSA does not market or endorse any financial products, and I confirm that I have entered into this agreement for a funeral policy of my own free will. SASSA will only deduct the premium after I have given express authorization for this to be done.

Stop order payment authorisation

Name of Grant Beneficiary:	Signature / Finger print of Grant Beneficiary:	Date:

Name of Advisor:	Advisor ID No.	Advisor Siganature
Advisor Contact No.	Date:	

6. 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: D D M M Y Y Y Y

7. VALUE ADDED BENEFITS BENEFICIARY: (Please indicate which service provider you would like)

☐ Mahala to deliver the benefits to my chosen beneficiary **OR** ☐ Pay the cash to the value of the benefits to my chosen benefIcary

Intermediary services and Membership Administration are performed by Mahala Loyalty Programme (Pty) Ltd, Reg no: 2001/030145/07, FSP Number: 21961 and is underwritten by Old Mutual Life Assurance Company (SA) (FSP 26/10/703), both are Authorised Financial Services Providers.

Participant Signature:	Date:

Grant Deduction

SOCIAL SUPPORT FUNERAL PLAN

Patriarch Plan

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8. WAIVER OF WAITING PERIODS QUESTIONNAIRE

QUESTIONS	ANSWERS
8.1 Are you taking this policy to replace a funeral policy that was cancelled within 2 months before taking this new one?	Yes ☐ No ☐
8.2 Name of Insurer	
8.3 Cover start date	D D M M Y Y Y Y
8.4 Cancellation / lapse date	D D M M Y Y Y Y
8.5 Are you covering the same life/lives that were covered on your previous funeral policy (Principal member)?	Yes ☐ No ☐

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

9. 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

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

10.1) I hereby apply for the benefits contained in this document.

10.2) 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.

10.3) I declare that I have not withheld any material information.

10.4) I am aware and have been explained of the waiting periods applicable to this policy.

10.5) 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 myself

10.6) I understand I am joining this funeral plan in order to ensure I receive the burial service for all covered lives.

10.7) 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.

10.8) By signing this application from, I, the Member do hereby mandate (give permission/authority to) Mahala Loyalty Programme:

10.8.1) Arrange for long-term insurance cover, on my behalf.

10.8.2) 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;

10.8.3) 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;

10.8.4) Process claims for the benefits in terms of the policy/ies and to assist me and/or my dependent(s) in lodging claims with OMLACSA;

10.8.5) 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;

10.8.6) Deal with general administrative queries in respect of my policy/ies and benefits.

10.8.7) Terminate my policy/ies /agreements with OMLACSA for the purposes of assigning me to a new insurance plan with a new insurer/underwriter;

10.8.8) I have provided the necessary consent and it is in my interests to do so.

10.9) The mandate given in 10.7 and 10.8 will continue to be in place with the new insurance company in the event of a change of insurer.

10.10) 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 across all multiple policies is R20,000 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.

10.11) I have been informed of the maximum of cover aggregation per life assured.

10.12) Should we not be able to confirm your previous policy or not meeting the requirement, Waiting Period will not be waived.

10.13) 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.

☐ Tick Box

10.14) 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.

10.15) The Mahala Loyalty Programme (Pty) Ltd ("Mahala") protection of personal information policy is available for review at www.mahalas.co.za. 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.

☐ 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 an additional waiting period on a funeral policy if the policyholder confirms and provides evidence that they have taken out this policy to replace a previous policy and the waiting period was served on that previous policy. This is subject to the requirement that the previous policy is, either still in force, or was cancelled less than two months before the application date of this 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 a licensed insurer.

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.
If you are still not satisfied, you can call the Insurance Ombudsman on 0860 103 236 or FAIS Ombudsman on 012 762 5000.

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