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 Midrand Gauteng, 1686
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Membership Application Form

ADMIN FEE	R100-00
POLICY NO	ALP-.....
INCEPTION DATE	

Principal Member:

Full Names	Surname	ID Number	Telephone
Address:		Email Address :	Work Telephone
Code:			Cellphone

Funeral Package

Package Plan/Plan Type		Benefit Amount	ZAR	Monthly Premium	ZAR
Payment Method	Debit Order	Pay@ Number		No:	

Spouse:

Full Names	Surname	ID Number	Telephone
Email Address		Cellphone	Work Telephone

Additional Insured:

No.	Full Names	Surname	ID Number	Relation
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				

Method of Payment:

Bank/Debit Order Authorization				
Bank Name		Account Number		
Branch Name		Branch Code		
Account Holder Name		Account Type		
Please debit my account on the following day of each month (please tick appropriate block)				
			1st	7th
			15th	20th
			31st	
Signature:				

Declaration

I declare to the best of my knowledge and belief that the information on my application are true and correct. I am satisfied that the plan chosen by me, best suits my needs. I am able to afford the monthly funeral premium.

I have read and understand the summary of the Terms and Conditions of the reverse side hereof.

Replacement of existing policy	Y	N
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Signature Main Member _____

Date _____

Summary of the terms and conditions of a funeral policy

Funeral Benefits

The policy provides a benefit to be paid if any of the nominated or principal member dies. The benefit is selected on the application form and membership certificate at the time of qualifying for the insurance is paid.

Client

Any person (policyholder) who requires funeral insurance for his/her family. The policyholders legal or common law spouse, biological children and direct or extended family members.

- Minimum joining age 18 years
- Maximum entry age 94 years

Premiums

A monthly premium per policy, is payable monthly in advance. If any premium is not paid timeously, Alpha and Omega Financial Services or the Safrican Insurance Company Limited will not be obliged in terms of the policy honor any claims/will lapse policy. The insurer may reinstate your policy with conditions that may change from time to time.

Exclusions

- Active participation in war, terrorism, any illegal activity, and riot.
- No benefit is payable if the insurer is notified of claim later than 6 months after the deceased date of death.
- No client or any members may be insured more than once on the same policy.
If additional benefits are required a separate policy must be taken.
- Each benefit is limited to a maximum of **R30 000** per life assured.
- Still born benefits are only payable to the biological parents, who must also be the policy holder.

Waiting Period

- **Six (6)** natural causes of death.
- **Twelve (12)** months waiting period for members (75-94years).
- **Twenty-four (24)** months waiting period suicide.
- No waiting period for unnatural causes of death provided that the first (1st premium) was received.
- If a policy has lapsed/cancelled normal waiting period will apply for to reinstate.

General Information

- Each main member must complete an application form specifying his/her nominated dependents (with insurable interest).
- Proof of address and valid contact numbers must be submitted (FICA requirements).
- Any incorrect information provided by members to the Intermediary/Insurer may result in a claim not being honored.
- The policy is inclusive of Repatriation of mortal remains benefit for over 100kms (from designated place of death to place of burial).
- Valid claims will only be paid if;
 - Premiums are up to date.
 - All the required documentation received must correct and clear.

Right to cancel

- The member may at any time cancel the policy subject to there being no refund of premiums in respect of risk cover already enjoyed and all arrear premiums are paid in terms of the policy conditions.

Claim procedures

In the event of a death Alpha and Omega Financial Services /Insurer must be notified of the death within six (6) months after date of death. Failure to do so within six (6) months will result in the claim being forfeited/repudiated by the Insurer.

Claim Documents to be submitted:

- Fully completed Claim form
- Mandate to pay the undertaker, signed by policyholder
- Membership certificate/joining form
- Certified ID copy of the main member
- Certified ID copy of the deceased or certified birth certificate if the deceased is a child/Certified copy of an electronic death certificate of the deceased
- Copy of the completed, signed and dated application
- BI 1163
- Proof of banking details not older than three (3) months.
- In case of unnatural causes of death, a completed police report.
- In case of still born, a clinic card and BI 1663.

The underwriter reserves the right to request any further documentation or information as it may deem necessary to accurately assess a claim.

Any claims submitted for members who are not listed or insured will be repudiated.

If any claim is fraudulent, or any fraudulent means or devices are used ,or anyone acting on the insureds behalf to obtain any benefit of the policy, the benefits afforded may be forfeited.

Disclosure

Alpha and Omega Financial Services is an authorized Financial Service Provider (FSP 44679).

The product is insured by Safrican Insurance Company Limited ,License no 15123

The Intermediary earns an income from commission and fees incl. VAT included in the cost of the policy.

Alpha and Omega Financial Services is an Authorized has a Professional Indemnity cover in place.

Complaints

Complaints should be directed to Alpha and Omega Financial Services in writing. If not resolved within 21 days, you may contact Safrican Insurance Company Limited.

Complaints Officer	Compliance Officer
Lindiwe Mukhuba Tel No: +27 10 023 0773 Mobile: 072 215 5706 Facsimile No: 086 235 6050 Email: lindiwe@alphandomegafs.co.za	Leona Prinsloo Tel: 0833102563 Email: lprinsloo@mweb.co.za FSCA CO No :4920
Intermediary	Insurer
Alpha and Omega Financial Services (Pty) Ltd 526-A6th Road,33 Constantia Square Office Park, Randjespark,Midrand,1686 Tel : 010 023 0773 Email: info@alphandomegafs.co.za www.alphandomegafs.co.za	Safrican Insurance Company Limited S african House 21, 9th Street Houghton Estate service@safrican.co.za
Financial Sector Conduct Authority (FSCA)	The Ombuds for Long-term Insurance
Physical Address 41 Mantroosberg Road Ashlea Gardens Pretoria 0002 Postal PO Box 35655, Menlo Park 0102 Contact Centre:0800 20 37 22 Tel:+27 (0)12 428 8000 Fax:+27 (0)12 346 6947 Email: info@fsca.co.za www.fsca.co.za	Physical Address 3 rd floor,Sunclare Building 21 Dreyer Street,Claremont,Cape Town 7700 Postal address Private Bag x45, Claremont, Cape Town 7735 Tel:+27 (0)21 657 5000 0860 103 236 Fax:+27(0)674 0951 Email: info@ombud.co.za www.faisombud.co.za

Declaration

I have read through the terms and conditions. I understand the rules and conditions of this policy. I declare to the best of my knowledge and understand that the information on the application form are true and correct. I am satisfied that the plan chosen by me, best suits my needs.

Record of Advice

The funeral benefit that SAFRICAN INSURANCE pays, will be in rand value. I nominate the following beneficiary/claimant to receive the benefit as a cash lump sum.

Beneficiary Details

Full name and surname	
ID Number	
Relationship to Policyholder	

Signature _____

Date _____

This product is underwritten by Safrican Insurance Company Limited
An Authorized Financial Services Provider FSP No.15123

