SAFBOB

Insured by Channel Life

Application Form

policy no: (official use)

Representative Name

Channel group benefits

Econo Group Schemes, Postnet Suite 245, P/Sak 20009
Garsfontein, 0042 Reg no. 2005/019760/23 FSP no: 13413

I the undersigned hereby apply for membership and benefits, as indicated, on the Econo Group Scheme

Mark with "X" Is this a **NEW POLICY?** ☐ or an **ALTERATION** on your existing policy? ☐

1 Personal details of Main Member

Title: Full First names:

Surname:

Maiden name:

Gender: Identity Number:

Marital Status: Date of Birth: d d m m y y y y

Postal Address:

code:

Telephone number: Afr/Eng

W ( ) H ( )

Cell no: E-mail Address:

2 Personal details of Spouse

Title: Full First names:

Surname:

Maiden name:

Gender: Identity Number:

Marital Status: Date of Birth: d d m m y y y y

Postal Address

code:

Telephone number Afr/Eng

W ( ) H ( )

Cell no E-mail Address

3 Dependant Children

(R1.00 additional premium, per month, per child from the 4th child)

Surname and Initials:	Sex:	Date of Birth:	Premium pm
1		d d m m y y y y	
2		d d m m y y y y	
3		d d m m y y y y	
4		d d m m y y y y	
5		d d m m y y y y	

TOTAL:

4 Beneficiaries

(To whom the cash must be paid out to, in case of death)

Full Names & Surname:	Date of Birth:	Relationship:	% Benefit:
1	d d m m y y y y		
2	d d m m y y y y		

5 Premium calculation

Current age of Member ☐

1 FAMILY COVER: (mark with "X") **Plan A** ☐ **Plan B** ☐ **Plan C** ☐ **Plan D** ☐ Premium pm: R

2 INDIVIDUAL COVER: **Plan E** ☐ **Plan F** ☐ **Plan G** ☐ **Plan H** ☐ Premium pm: R

3 ADDITIONAL for CHILDREN: (R1 policy fee per child from the fifth child) R
(Children under 21 year)

TOTAL PREMIUM PM: R

6 Debit order

In case of cheque account, please attach a cancelled cheque. We do not accept Post Office savings accounts.

Account Type: ☐ Cheque account: ☐ Savings account ☐ Transmission account:

Name of Bank: Branch: Branch no:

Town: Account Holder:

Account number: Date of Deduction:

I hereby authorise Econo Group Schemes to debit my account at the abovementioned bank, or where I may transfer my account to, with the premiums payable in respect of the assurance being applied for now. The authorisation will remain valid until it is cancelled by me in writing.

Signature of account holder: **Date:**

7 Declaration

I the undersigned, hereby declare and warrant all information supplied herein, to be true and complete. I am aware, of any non-disclosure or misrepresentation of information which is material to the determination of the risk by Channel Life, may lead to the policy being declared null and void,in which case all premiums paid, will be forfeited. I am certain that the product which I am applying for, meets my needs and feel that I have all the necessary information in order to make an informed decision in respect of the purchase thereof.

Do you have an existing funeral policy with Channel Life ? State "Yes" or "No"

Have you cancelled or do you intend to cancel an existing policy in order to take out this one? State "Yes or No"

Signature of Main Member: **Date:**

The Terms and Conditions applicable to this policy, are explained in your policy document. Subject to the terms of the Insurance Act, you have 30 days after receipt of the summery of the policy contract (as intended in Article 48 of the Act), to cancel your policy.Should there be any non-compliance with the laws governing your policy. Channel Life Compliance Department can be contacted: (011) 446 9800 Fax: (011) 4469987.

Enquiries or complaints, which are not resolved to your satisfaction, may be referred to:

Ombudsman for Long-term insurance, PO BOx 45007, CLAREMONT, 7735

Registrar of Long-term insurance,Financial Services Board,P O Box 35655,MENLO PARK,0102

Application form can be fax to: (012) 991 0165