

| | | |
|--|---|---------------------------------|
| Method of payment | | Grant <input type="checkbox"/> |
| Bank Stop Order <input type="checkbox"/> | | Persal <input type="checkbox"/> |
| Cash <input type="checkbox"/> | Bank Debit Order <input type="checkbox"/> | |

APPLICATION FORM

Personal Details of Main Member and Spouse Policy no.: _____

| | |
|---|-----------------|
| MAIN MEMBER: Title _____ Names _____ | |
| Surname: _____ | ID Number _____ |
| SPOUSE: Title _____ Names _____ | |
| Surname: _____ | ID Number _____ |
| Contact Numbers: (H) _____ (W) _____ (Cell) _____ | |
| Postal Address: _____ | |
| _____ Code _____ | |

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed Basic plan: _____
(Cover for Children under Basic plan)

| First name and Initials | Surname | ID/Date of Birth | Age | Sex |
|-------------------------|---------|------------------|-----|-----|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| Cover for Parents-in-law and/or other extended family members | | | | | | |
|---|---------|------------------|-----|--------------|-------|---------|
| First name and Initials | Surname | ID/Date of Birth | Age | Relationship | Cover | Premium |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| | | |
|---|---------------------------------|----|
| Total Premium for Extended Family: R | | |
| Total Premium: Basic Premium R | Plus extended family Premium: R | =R |

Government employees / Persal/Persol number: _____

Employer name: _____ Salary date: 1 : 7 : 15 : 21 : 31

Banking Details: Bank _____ Branch: _____ Account No: _____

Branch Code: ☐ Cheque ☐ Savings _____ Account Holder _____ 1st Debit Date: _____

Premium deduction authorisation: I hereby authorise TRANSAFRICA to debit my bank account monthly with the premium or that stop order may be lodged against my salary or that of the governments stop order or that the Premium maybe deducted from SASSA grant. SASSA Deduction can only qualified on not more than 10% of the grant amount, your premium will be reduced and then your cover amount will automatically also reduce.

Signature of main member: _____

Signature of premium payer: _____ Relationship to main member _____

Name of premium payer: _____ ID: _____

Signed at: _____ On this _____ day of _____ 20

Rep. Name: _____ Rep. Signature _____

Beneficiary name: _____ Surname: _____

Relationship: _____ ID: _____

FSB Licence No. 21200 (We are a Financial Services Provider)
Kindly note that our representatives are rendering a service under supervision

Intermediary Disclosure & Advice Record: Vision Direct 155

Section 1: FSP & Product Supplier details

I, _____, am a Representative at Vision Direct 155, t/a Transafrica (2010/008011/07) which holds a category I and IV Financial Directors Provider License (No.21200). I am / am not working under supervision. The licence authorises me to provide financial services with respect to Long Term Insurance Category A funeral policies. Our business address is Shop No 6, Capitol Towers North, 225 Madiba Street, Pretoria. The contact person is Mrs Anli Mostert: 012 326 7573. Postal address: PO Box 9397, Pretoria, 0001. Email: anli@trans-africa.co.za. Vision Direct 155 is underwritten by and has a contract with Safrican: Physical: 1st Floor Grosvenor Corner, 195 Jan Smuts Avenue, Rosebank, 2196. Postal: PO Box 616, Johannesburg 2000. Tel: 011-7788000/Fax: 011-778 8183. Email address: compliance@safrican.co.za. Contact person: _____. The Business has earned more than 30% commission from the Underwriter in this area of its business in the past 12 months, and does not hold more than 10% shares in any specific product provider. Vision Direct 1555 does hold professional indemnity and fidelity cover. We have a complaints resolution system and a conflict of interest management policy and gift register which you will find at our business address. If you have any queries or concerns, please don't hesitate to send us a message by fax at 012-8054584. If you do not receive acceptable assistance, you can direct your complaint to the Ombud for FAIS, PO Box 74571, Lynwoodridge, 0040, Tel no:012-470 9080/ 0860 324 766

Section 2: Compliance Officer

Trevor Laubscher: Moonstone Compliance (Pty) Ltd; Valerida Centre, 1st Floor, Piet Retief Street, Stellenbosch. Tel: (021) 883 8000. Fax: (021) 883 8005 or (021) 883 2590. PO Box 12662, Die Boord, 7613, Stellenbosch. E-Mail :tlaubscher@moonstonecompliance.co.za

Section 3: General client details

| | | | | | | | | | | | | | | | | | | | |
|------------------|-------|--|--|--|--------|-------|--|---|--|--|---------------|---|---|---|---|---|---|---|---|
| Name and Surname | | | | | | | | | | | | | | | | | | | |
| Marital status | | | | | Gender | M | | F | | | | | | | | | | | |
| Physical address | | | | | | | | | | | | | | | | | | | |
| Postal address | | | | | | | | | | | | | | | | | | | |
| Phone (W) | () - | | | | (H) | () - | | | | | | | | | | | | | |
| Fax | () - | | | | Mobile | | | | | | | | | | | | | | |
| E-mail address | | | | | | | | | | | | | | | | | | | |
| ID No. | | | | | | | | | | | Date of birth | D | D | M | M | Y | Y | Y | Y |

Section 4: Financial information

| | | | | | | |
|-------------------------|-------------------------------------|----|---|--|-----------------------------------|--|
| Any other funeral cover | Yes | No | If yes, from what date? | | Amount of cover? | |
| Income per month | <input type="checkbox"/> R0 – R3000 | | <input type="checkbox"/> R3 001 – R6000 | | <input type="checkbox"/> > R6 001 | |
| Expenditure per month | | | | | | |

Section 5: General questions

| | | | | | | |
|----------------------|-----|----|--------------------|--|----------------------------|--|
| Spouse | Yes | No | Number of children | | Number of adult dependants | |
| Risk profile | | | | | | |
| Type of cover needed | | | | | | |

Section 6: Advice Record

| | | | | |
|--|--|---------------------------|---|--|
| Monthly contribution available for funeral cover | | | Type of cover needed | |
| Needs and objectives | <input type="checkbox"/> Need cover for myself | | <input type="checkbox"/> Need cover for my immediate dependents | <input type="checkbox"/> Need cover for my extended dependents |
| | Other: _____ | | | |
| Product / action recommended | Name: _____ | Reason for recommendation | | |
| | Cost p/m _____ | | | |
| | Amount to insurer _____ | | | |

Section 7: Replacement (if applicable)

Have you cancelled any policies in the last four months or will you cancel an existing policy as a result of this sale:

☐ Yes ☐ No If "yes", please take note that the adviser will complete and request you to sign a replacement Policy Advice Record.

Section 8: Declaration by the Advisor

I declare that the Advice Record is an accurate and complete record of the recommendations and advice that I provided the client with based upon the information provided by the client.

Full names and signature of Advisor _____

Date: _____

Section 9: Declaration by the Client I elect to-

☐ Follow the advice in 6; OR ☐ Did not follow the advice in 6. I choose a different product instead, i.e. _____ and confirm that I have been duly and properly advised of the full implications of my actions and, having considered same, I fully understand the course of action that I am about to undertake. I declare that I am aware of the fact that I must carefully consider whether the product selected is appropriate considering my objectives, circumstances and needs. The Advisor gave me the relevant product disclosures in which comprehensive disclosures are made including the benefits and contributions payable.

Signature of client _____

Date: _____

Signature or Fingerprint:

THE TRANSAFRICA FUNERAL SCHEME (Registration no: (2010/008011/07)

Underwritten by: **Safrican Insurance Company**
FSB Licence NO. 21200

Please Note: Our Scheme does not accept any cash premiums and our representatives are under instruction not to receive any cash on our behalf. Premiums are payable only by bank debit order or salary stop order when the employer has arranged this facility with us, or by means of a Government Stop Order. We are a Financial Service Provider. Note that representatives are rendering financial services under supervision. According to FIAS regulations we do have Professional Indemnity and Fidelity insurance cover

WHY THIS PRODUCT? We found that a great need existed amongst our members for a product unique to their requirements in respect of unforeseen funeral expenses. TRANSAFRICA then created this affordable and flexible funeral assistance plan.

WHO CAN APPLY? ANY PERSON age 18 to 74 (Provided he/she has a valid banking account or a stop order facility through an employer or a Government stop order facility)

HOW DOES THE ADMINISTRATION AND PAYMENT OF CLAIMS WORK?

TRANSAFRICA administers the scheme in co-operation with Safrican Insurance Company. Communication takes place directly with TRANSAFRICA (details in last paragraph). Your certificate will be proof of membership. Should you for any reason fail to pay two consecutive premiums you may forfeit your membership automatically. In case of a death claim we need a valid certified death certificate, ID of deceased, ID and banking details of claimant. Claims must be submitted at any branch of Safrican Ins. Company or TRANSAFRICA within 90 days after the death of a covered person. A claim will be paid within 48 hours. All documents must be clearly certified by the police.

WHO IS COVERED AND FOR WHAT AMOUNT? (Cover will be given lifelong on condition premiums are paid to date).

| Plan | Age of Entry | Premium | Cover | Description | Type of Plan |
|---------|---------------------|----------------------|---|---|--------------|
| A | 18 - 74 | R 33, 00 | R 2 500,00 R 1 250,00 | Member Children 0 -17 yrs | Cash Plan |
| AA | 18 - 74 | R 66, 00 | R 5 000,00 R 5 000,00 R 5 000,00 R 2 500,00 R 1 250,00 | Member Spouse Children 14 - 21 yrs Children 6 -13 yrs Children 0 - 5 yrs | Cash Plan |
| B BB | 18 - 74 | R 100,00 | R 10 000,00 R 10 000,00 R 5 000,00 R 2 500,00 R 1 250,00 | Member Spouse Children 14 - 21 yrs Children 6 - 13 yrs Children 0 - 5 yrs | Family Plan |
| C CC | 18 - 74 | R 150,00 | R 15 000,00 R 15 000,00 R 10 000,00 R 3 000,00 R 1 250,00 | Member Spouse Children 14 - 21 yrs Children 6 - 13 yrs Children 0 - 5 yrs | Family Plan |
| D DD | 18 - 74 | R 115,00 | R 20 000,00 R 20 000,00 R 10 000,00 R 3 000,00 R 1 250,00 | Member Spouse Children 14 - 21 yrs Children 6 - 13 yrs Children 0 - 5 yrs | Family Plan |
| E EE | 18 - 74 | R 60,00 | R 10 000,00 | Member | Member Only |
| F FF | 18 - 74 | R 100,00 | R 15 000,00 | Member | Member Only |
| G GG | 18 - 74 | R 120,00 | R 20 000,00 | Member | Member Only |
| H HH | 75 - 84 85 - 100 | R 90,00 R 141, 00 | R 5 000,00 R 5 000,00 | Member (Pension Plan) | Member Only |

| | | | |
|--|---------|---------------|--|
| Additional Dependants(Extended Family): Maximum cover R5000.00 | | | |
| Age of Entry | Premium | Premiums | |
| 18 - 64 | R 12,00 | Per R1 000.00 | |
| 65 - 74 | R 22,00 | Per R1 000.00 | |
| 75 - 84 | R 28,00 | Per R1 000.00 | |

EXTENDED FAMILY: Family members age 18 - 64 can be included for a premium of R 12,00 per R1000.00 cover. Family members from age 65 - 74 for R 22.00 Per R1000.00 Cover and age 75 to 84 for R28 per R1000.00 Cover.

Please note: Maximum cover for all family members is R 5,000.00 (All amounts may be reviewed to provide for the effect of inflation, should the management body decide that market needs have changed. Employers will be notified in writing of any changes.

WAITING PERIOD: In all cases (EXCLUDING MEMBERS IN CATEGORY 75 TO 100 YEARS) of death as a result of natural causes seven consecutive premiums must be paid prior to date of death. **DEATH AS RESULT OF AN ACCIDENT:** Cover starts on receipt of the first premium by Safrican Insurance Company. Should you not honor your premium payment at any time, a new waiting period will be enforced. **WAITING PERIOD FOR MEMBER BETWEEN THE AGES OF 75 TO 100 YEARS for 13 months**

The monthly premium is payable in advance. Please inform our admin. Office immediately of any change of banking details or should you become unemployed if you paid by means of a stop order. Such information must be confirmed in writing. You will also have one month grace to pay arrear premiums.

Do not let your membership be cancelled due to arrear premiums, as you will forfeit all premiums paid before.

EXCLUSIONS: The following standard exclusions are applicable: Suicide, attempted suicide and intentional self-injury within the first 24 months. Being affected by alcohol or drugs not prescribed by a medical doctor; participation in criminal activities; war or armed conflict; participation in dangerous sports and certain high risk activities; flying or any airborne activity except whilst a passenger on a recognised airline.

COOLING OFF PERIOD: You have a period of 30 days to consider your decision after you have received your membership certificate. You may cancel your membership by writing CANCEL across the certificate; signing it and sending it back to us by registered mail. You will be refunded any premiums that have been paid provided no claims were paid out under this membership.

Replacement of any insurance is generally to the disadvantage of the client due to duplication of initial costs.