

POLICY PROPOSAL FORM

No. _____

26 Chelmsford Crescent Parklands, Cape Town 7441, Email: admin@royalsainsnrance.co.za

PLEASE USE BLOCK LETTERS & SAME COLOUR INK. DASHES AND N/A NOT ACCEPTABLE.

NB: Any amendments to the application must be signed by the proposer.

SECTION A. PROPOSER

TITLE _____ MARITAL STATUS _____ D.O.B. _____ ID. No. _____
 SURNAME _____ FIRST NAMES _____ SEX _____
 POSTAL ADDRESS _____
 CONTACT No. _____ EMAIL ADDRESS _____

SECTION B. EMPLOYMENT DETAILS

COMPANY NAME & ADDRESS _____
 OCCUPATION _____ TEL / CELL NO. _____ SALARY PER MONTH _____ PREMIUM _____
 ANCILLARY BENEFIT ☐ Bus ☐ Groceries ☐ Family Welfare ☐ NOMINATED BENEFICIARY: _____
 Other _____ ID No.: _____

SURNAME	FIRST NAME	D.O.B	SCHEME	RELATIONSHIP	AGE (N.B.)
---------	------------	-------	--------	--------------	------------

HEALTH QUESTIONNAIRE

- HAS ANY OF THE PROPOSED LIVES SUFFERED ANY ILLNESS FOR MORE THAN 14 DAYS IN THE LAST 2 YEARS (IF YES, GIVE DETAILS)
- HAS ANY OF THE PROPOSED ASSURED LIVES BEEN INVOLVED IN A SERIOUS ACCIDENT. (IF YES, GIVE DETAILS)
- DO ANY OF THE LIVES ASSURED SUFFER FROM ANY TERMINAL ILLNESS (IF YES, GIVE DETAILS)

DECLARATION

I hereby certify that the information given is correct and true and I have not withheld anything affecting the proposed cover

I agree that any misstatement or omission herein may lead to this contract being declared null and void by Fidelity Funeral Life Assurance.

I hereby grant my consent to Fidelity Funeral Assurance to obtain any information on my (or my family's) state of health during or after our lifetime from any doctor, clinic or institution.

The acceptance of a premium deposit in respect of this proposal is subject to the condition that Fidelity Funeral Assurance assumes no risk until the head office accepts this proposal. If not accepted money will be refunded upon the production of relevant receipts. If the proposer is under 18 years of age the application must also be signed by the parent/guardian.

Signed at _____

this _____ Day of _____ 20 _____

Client's Signature _____

DISCLAIMER

This policy becomes effective upon payment of due premiums.

MODE OF PAYMENT: EFT ☐ Payat: ☐ Debit Order ☐ CASH: ☐ OTHER S/O: ☐

BANKERS / EMPLOYERS: _____ ACCOUNT NO./EC NO. _____

AGENT NAME: _____ BRANCH: _____ SIGNATURE: _____

COMMENCEMENT DATE: _____

Policy Conditions overleaf.

FUNERAL ASSURANCE CONTRACT

FIDELITY FUNERAL ASSURANCE (herein referred to as the 'Company') has accepted an application for Funeral Assurance Policy as listed in the policy schedule (herein referred to as the "Policyholder"). Now this policy contract witnesses that in consideration of the due payment of premiums as stated in the Policy Schedule, the company undertakes, subjects to the General provisions and Policy Conditions mentioned below, to provide the benefits as described in the policy Schedule to the person(s) entitled to receive them as named in the Policy Schedule.

1. GENERAL PROVISIONS In this policy, unless otherwise stated in the policy schedule, the sum assured, premiums and any sum of money mentioned or referred to shall be in lawful currency of zimbabwe. This agreement shall be governed and construed in accordance with the laws of Zimbabwe. This is the whole agreement between the parties and any variation of the same shall be of no force or effect unless reduced to writing and signed by both parties.

2. ELIGIBILITY Cover is extended only to the proposed lives and/or specified family members and/or dependants.

3. COMMENCEMENT OF COVER There shall be three (3) months (calender month) waiting period for commencement of cover to the immediate family (upon payment of the first premium) and six months waiting period for a dependant. Cover is immediate in the event of death as a result of an accident. Accident means an unexpected event that leads to death.

4. TERM OF POLICY As specified in the policy schedule.

5. UNDERWRITING a) The contract will only be valid if entered into between a legal representative of RoyalSa Insurance Company and the client, b) A proposer shall furnish not only in respect of himself but also his spouse / children / dependants, such particulars as may be required by the Company, which shall include correct names and dates of birth and national registration numbers, c) Claims are only valid when premiums have been received and are up to date and cover has commenced.

6. PREMIUMS shall be paid in advance monthly, quarterly or annually for the term of the policy. Only the official receipts of the Company and other agreed forms shall be recognised as proof of payment.

7. INCREASE OF PREMIUM AND SUM ASSURED RoyalSa Insurance will increase your premium and Sum Assured under your policy by a margin deemed to give you sufficient protection against the adverse effects of inflation (where applicable) subject to the terms and conditions of this section.

8. CLAIMS a) Should the death of an assured occur within Zimbabwe, the Company should be notified within 24 hours of death b) before a claim can be accepted under the policy, the policy document and acceptable identification of assured under the scheme should be lodged at the Company's office, c) In the event of other arrangements for the funeral of an Assured or persons entitled to benefit under this scheme being made with any other Funeral Director, without prior consent of the Company, the benefits will be limited to 25% of the sum assured.

The following scales shall be used to determine the full sum assured for children less than twelve (12) years at the time of death.

Age Range	Sum Assured as % of Policy Value	Age Range	Sum Assured as % of Policy value
7 - 12 years	70%	7 days - 3 years	45%
3 - 12 years	55%	6 days - still birth	35%

d) No benefits may be claimed for any life not covered under this policy. All newly born babies should be registered immediately at birth. In case of death prior to being registered, the company will require child's death certificate / notice of death and birth certificate/ maternity cards and mother's or father's identity cards.

9. GRADE PERIOD for policies that remain in areas shall be according to section 60 of the Insurance Act, Chapter 24:07, as follows,

Grace Period	Period for which premiums have been paid	Grace Period	Period for which premiums have been paid
6 months	Over 5 to 7 years	18 months	Over 11 to 14 years
9 months	Over 7 to 9 years	24 months	Over 14 to 17 years
12 months	Over 9 to 11 years	36 months	Over 17 to 19 years

10. REINSTATEMENT Notwithstanding clause 9 above, after the expiration of the grace period the Policyholder, subject to producing evidence of good health, can apply for the policy to be revived/ reinstated to original terms. On acceptance, cover will resume after a six (6) months waiting period provided all arrear premiums have been paid. Applications for revival can only be done within 12 months of the lapse date, failure of which the contract will be rendered null and void.

11. LOAN AND SURRENDER VALUE the policy shall have no loan or surrender value.

12. SUICIDE Should death of the life assured occur as a result of suicide, whether sane or insane, within two years from the commencement date of the policy or within two years of reinstatement in terms of condition 10 above, this policy shall become void and no sum assured or benefit shall be payable.

13. SPECIAL CONDITIONS a) it is the responsibility of the assured to advise the assurer on any change in circumstance that may adversely affect the provision of the benefits mentioned herein. b) The company will undertake to process case of death outside the country prior to special arrangements made for repatriation cases and these will be agreed by the parties in advance.

Underwritten By

