



THE AFRICAN DIGNITY FUNERAL PLAN

"Proudly serving the African Continent"

Administered by Ingwe Life (Pty) Ltd, an authorised financial services provider, FSP No 46004
Underwritten by African Unity Life Ltd, a registered insurer and an authorised financial services provider, FSP No 8447
Tel: 011 462 0354 | WhatsApp: 066 420 2872



DETAILS OF PRINCIPAL INSURED (The principal insured must be under age 66 years)

First Name(s)*:

Surname*:

ID Type*: RSA Other ID/Passport No.*:

Email address:

Cellphone No.*: Date of Birth*: / /

Postal Address*:

Postal Code*:

DETAILS OF PRINCIPAL SPOUSE AND DEPENDANT CHILDREN (6 biological children allowed under the age of 21 years)

First Name and Surname	Date of Birth	ID Number
Spouse	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
Child 1	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
Child 2	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
Child 3	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
Child 4	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
Child 5	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>
Child 6	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>

DETAILS OF PARENTS/EXTENDED FAMILY MEMBERS (Maximum 4 allowed under the age of 86 years)

Relationship: First Name(s):

Surname:

ID/Passport No.: Date of Birth: / /

Relationship: First Name(s):

Surname:

ID/Passport No.: Date of Birth: / /

Relationship: First Name(s):

Surname:

ID/Passport No.: Date of Birth: / /

Relationship: First Name(s):

Surname:

ID/Passport No.: Date of Birth: / /

PRINCIPAL INSURED DECLARATION

I hereby apply for the benefits contained in this member application form and declare that I have not withheld any important information. I accept that this member application and declaration shall be the basis of the agreement between Ingwe Life and myself. I understand that any inaccurate, false or untrue statement may render my policy null and void and premiums paid will be forfeited to Ingwe Life. I have been informed of my rights of the policy protection rules and I declare that I understand and accept the terms and conditions applicable to this policy. I further declare that:

- I chose the All African Dignity Funeral Plan willingly and was not forced in any way.
- I accept the waiting periods: Natural Causes (6 Calendar months for Family members and for Parents and Extended Family members), Unnatural Causes (After receipt of 1st premium by Ingwe Life), Suicide / Attempted Suicide (24 Calendar months).
- I understand that my Spouse qualifies for 100% of the benefit and my Children between 25% and 100% (depending on their age at date of death) once they have completed the waiting period.
- The benefits, terms and conditions of this funeral policy have been explained to me and that I understand and accept them.
- I understand and accept the contents of this declaration with my signature below.

You (the person applying for the policy and who is the main insured person) must read this portion and sign below to show that you agree.

- The information that I have given in this form is true and completed, even if it's not in my handwriting.
- The Sales Agent only provided me with facts about the policy and did not give me advice.
- I decided to apply for the policy out of my own will.
- I have received my policy wording. I will read the policy wording to understand product benefits and the terms and conditions of the policy.
- If Ingwe Life does not receive my premium for 2 months in a row, my policy will stop. I will not be eligible to claim and Ingwe Life will not refund me any premiums that I have paid.
- I have 30 days from the day that I apply for the policy to decide whether to keep the policy. If I decide that I do not want the policy, Ingwe Life will pay back any amount I paid to them during that time, only if there is no claim.
- If Ingwe Life needs more information than what I have given, I give them the right to contact any person they think necessary to get the information from them including a doctor or hospital. I allow any person who they contact to give them the information that they need.
- I have an insurable interest in the insured people and I will have a financial loss if an insured person dies.
- I understand that the waiting periods for this product is 6 months for death caused by natural causes, and 24 months for suicide.

PRINCIPAL INSURED ACCEPTANCE AND SIGNATURE

Sign: Principal Insured*: _____

Date*: / /

BENEFICIARY DETAILS

First Name(s)*:
Surname*:
ID Type*: RSA Other ID/Passport No.*:
Cellphone No.*:

PRODUCT SELECTION*

Single Member 18-65 years	<input checked="" type="checkbox"/> R20,000.00 @ R123.00	<input checked="" type="checkbox"/> R25,000.00 @ R133.00	<input checked="" type="checkbox"/> R30,000.00 @ R142.00	R	<input type="text"/>
Single Member 66-75 years	<input checked="" type="checkbox"/> R5,000.00 @ R105.00	<input checked="" type="checkbox"/> R10,000.00 @ R175.00	<input checked="" type="checkbox"/> R15,000.00 @ R250.00	R	<input type="text"/>
Family Plan 18-65 years	<input checked="" type="checkbox"/> R20,000.00 @ R147.00	<input checked="" type="checkbox"/> R25,000.00 @ R161.00	<input checked="" type="checkbox"/> R30,000.00 @ R177.00	R	<input type="text"/>

Included in all above plans,

- **Travel benefit (Death of Main Member only)**
- R3000 cash to the nominated beneficiary to assist with travel arrangements
- **Airtime (Death of Main Member only)**
- R500 cash to the nominated beneficiary to purchase airtime
- **AUL Assist Services (24 hours per day - Applicable to the Family only)**
- Telephonic Legal Assistance / HIV and Trauma Counselling / Emergency Evacuation to nearest medical facility

Optional: Transportation for Mourners (Death of Main Member only) - Transport a maximum of 12 mourners to and from the funeral	<input checked="" type="checkbox"/> @ R27.00	R	<input type="text"/>
Optional: RSA Repatriation (Applicable to the Family only) - Repatriation to the funeral home closest to the place of burial anywhere within the borders of RSA	<input checked="" type="checkbox"/> @ R5.00	R	<input type="text"/>
Optional: SADEC Repatriation (Applicable to the Family only) - Repatriation to Capital City in SADEC region (Zimbabwe, Mozambique, Malawi, Lesotho, Swaziland)	<input checked="" type="checkbox"/> @ R20.00	R	<input type="text"/>

	Qty	Cover	Qty	Cover	R
Parents/Extended Family 18-65 years	<input type="checkbox"/>	R5,000.00 @ R31.00	<input type="checkbox"/>	R10,000.00 @ R42.00	<input type="text"/>
Parents/Extended Family 66-75 years	<input type="checkbox"/>	R5,000.00 @ R60.00	<input type="checkbox"/>	R10,000.00 @ R100.00	<input type="text"/>
Parents/Extended Family 76-85 years	<input type="checkbox"/>	R5,000.00 @ R90.00	<input type="checkbox"/>	R10,000.00 @ R160.00	<input type="text"/>
TOTAL PREMIUM DUE PER MONTH*					R <input type="text"/>

PAYMENT METHOD*

Debit Order EasyPay Pay@ Other Specify:

BANK DEBIT ORDER AUTHORIZATION

Name of Acc. Holder:
Name of Bank:
Type of Account:
Account No.: Branch Code:
Date of 1st deduction: / / and monthly thereafter on the st/nd of every month
Debit amount: R Cellphone No.*:

With my signature I hereby authorise Ingwe Life to debit my bank account on the date indicated or such date that may otherwise be appropriate commencing on the date indicated above and every month thereafter. I understand that the deduction date may change from time to time and authorize Ingwe Life to administer premium requests accordingly. This includes premium increases that may occur. This authorization must remain in force until such time that I change / cancel this authorization with 30 days written notice to Ingwe Life.

Sign: Account Holder*: _____ Date*: / /

SALES AGENT :

Name(s) and Surname *:

Sign: Sales Agent*: _____ Date*: / /