



**BENEFICIARY**

FIRST NAME (AND SURNAME IF DIFFERENT)	RELATIONSHIP	ID OR PASSPORT NUMBER										DATE OF BIRTH									
														D	D	M	M	Y	Y	Y	Y

**PREMIUM PAYMENT**

**DEBIT ORDER DETAILS**

ACCOUNT HOLDERS NAME		BANK / BUILDING SOCIETY	
ACCOUNT NUMBER		BRANCH	
BRANCH CODE		ACCOUNT TYPE	CURRENT
			TRANSMISSION
			SAVINGS

PLEASE NOTE THAT PREMIUMS ARE COLLECTED IN ADVANCE ON THE 1ST OF EACH MONTH

Having applied for the above mentioned Funeral Policy and on acceptance of my application by the Insurer, I hereby authorise the Insurer or its representative to debit my account, the premiums payable under the above plan on the first day of each month in accordance with the Debit Order System. Such authorisation shall remain in force and effect until cancelled by myself, in writing with one calendar months notice. I further authorise The Insurer to increase the amount due in terms of the policy from time to time and authorise my bank to effect payment on relevant increases. Notwithstanding the fact that I grant the Insurer permission to collect premiums, I acknowledge that I need to ensure that premiums are collected for cover to remain in force.

SIGNATURE OF ACCOUNT HOLDER

DATE

D	D	M	M	Y	Y	Y	Y
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**DECLARATION**

I declare that I have not withheld any information and I accept that this application and declaration shall be the basis of the contract of insurance between me and the Insurer, which will become effective on the first day of the month for which premiums are received. I also acknowledge that I have requested and instructed the broker not to complete a financial needs analysis. Furthermore, I understand and accept that this instruction not to proceed with a full financial needs analysis could have the effect that all my financial needs may not be properly addressed.

I further confirm that the following notable conditions have been explained to me:

- a) A general 6 month waiting period is to apply from date of inception for all non-accident related death.
- b) Not all your dependants on your family funeral cover are automatically covered under this policy, only your eligible spouse and your eligible children are covered as per the policy definitions.
  - i. Only one spouse is allowed.
  - ii. The maximum age for a child dependant is under 21 years. This age may be extended to 25 (under 26) in respect of an unmarried child who is a dependant on the Principal Insured Person's policy and is financially dependent on the Principal Insured Person.
  - iii. No cover is provided for extended family members.

I confirm that although I have completed this application form, it does not constitute an insurance contract until a membership number is assigned, policy issued and premium is successfully paid.

SIGNATURE OF APPLICANT

PRINTED NAME OF APPLICANT

DATE

D	D	M	M	Y	Y	Y	Y
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Please return to your broker or alternatively:

Ambledown Financial Services (Pty) Ltd,  
 PO Box 1862, Cramerview, 2060  
 Tel Number 0861 262533, Fax Number (011) 463 1600  
 E-mail Address: lifehealth@ambledown.co.za