

UNISON GROUP RISK APPLICATION FORM

UNDERWRITTEN BY CAPITAL ALLIANCE – A DIVISION OF LIBERTY

1. APPLICANT DETAILS

Title:		Full names:														
Surname:											Inception date:					
ID Number:															Current Age	
Employer:																

2. CONTACT DETAILS OF APPLICANT

Postal address:												Postal code:				
Residential address:												Postal code:				
Tel. no (H):					Tel. no (W):					Cell no						
Email:																

3. FUNERAL COVER REQUIRED

Please tick the box adjacent to the Funeral cover required:

Cover amount:	<input type="checkbox"/> R10 000	<input type="checkbox"/> R15 000	<input type="checkbox"/> R20 000	<input type="checkbox"/> R25 000
Premium:	<i>R35.03</i>	<i>R50.27</i>	<i>R65.50</i>	<i>R80.74</i>

4. FUNERAL COVER QUALIFYING CO-INSURED

Qualifying co-insureds: 1 Spouse and maximum of 10 children (own, step-, legally adopted children)

Surname	Name	I.D. Number / Date of birth	Relationship
			Spouse
			Child
			Child
			Child
			Child
			Child
			Child
			Child
			Child
			Child

5. DEATH, DISABILITY AND CRITICAL CONDITION COVER REQUIRED

Please note that Disability and/or Critical Condition cover cannot be taken without Death cover. If Disability and/or Critical Condition cover is required, the amount of cover must match the Death cover amount. Please tick the box adjacent to the cover required:

Death Cover amount:	<input type="checkbox"/> R100 000	<input type="checkbox"/> R250 000	<input type="checkbox"/> R500 000	<input type="checkbox"/> R750 000	<input type="checkbox"/> R1 000 000
Premium:	<i>R102.59</i>	<i>R253.93</i>	<i>R505.98</i>	<i>R758.03</i>	<i>R1 010.08</i>
Disability Cover amount:	<input type="checkbox"/> R100 000	<input type="checkbox"/> R250 000	<input type="checkbox"/> R500 000	<input type="checkbox"/> R750 000	<input type="checkbox"/> R1 000 000
Premium:	<i>R51.24</i>	<i>R126.70</i>	<i>R252.46</i>	<i>R378.22</i>	<i>R503.98</i>
Critical Condition Cover amount:	<input type="checkbox"/> R100 000	<input type="checkbox"/> R250 000	<input type="checkbox"/> R500 000	<input type="checkbox"/> R750 000	<input type="checkbox"/> R1 000 000
Premium:	<i>R38.74</i>	<i>R95.09</i>	<i>R188.16</i>	<i>R280.84</i>	<i>R373.52</i>
Total premium					

6. TOTAL PREMIUM	
Monthly administration fee	R 10.00
Monthly marketing fee	R 10.00
Total monthly premium for Funeral Benefit	R
Total monthly premium for Death, disability and Critical Condition Benefit	R
Total monthly premium	R

7. BENEFICIARY INFORMATION			
a)	NOMINATION OF BENEFICIARY UPON DEATH OF THE PRINCIPAL MEMBER <i>Should you fail to nominate a beneficiary, the benefit will be paid into your estate.</i>		
	Nominated Beneficiary		
	Name & Surname:	ID Number:	
	I, the undersigned, nominate the aforementioned person/institution as the beneficiary of the benefit upon my death.		
b)	PAYMENT INSTRUCTION FOR BENEFIT PAYABLE UPON DEATH OF A FAMILY MEMBER (FUNERAL BENEFIT) <i>This section must only be completed if you do not wish the benefit to be paid to yourself upon the death of a family member.</i>		
	Payee		
	Name & Surname:	ID Number:	
	I, the undersigned, hereby instruct that the benefit upon the death of a family member, be paid to the aforementioned person/institution on my behalf.		

The Principal member must notify Futura SA Administrators (Pty) Ltd in writing of any change relating to the payment instruction and/or nominated beneficiary.

9. DECLARATION BY APPLICANT (PRINCIPAL MEMBER)

I.....ID No. declare, to the best of my knowledge and belief, that the particulars given by me herein are true and correct.

I hereby acknowledge that I did not receive any advice from a financial advisor regarding the Unison product and that I commit to engage in this product out of my own free will without any persuasion or interference from an intermediary. I confirm that I fully understand the particulars of the product as it is reflected on the product provider's website and that the product is suitable for my financial needs.

I confirm that I fully understand the manner on which the premium is calculated and I further confirm that I can afford the premium which relates to the options I have chosen.

Principal Member Signature	Date signed	Scheme Entry Date (1 st of Month)

This product is underwritten by Capital Alliance Group Risk – a division of Capital Alliance Life Limited (Reg. No. 1969/008187/06) – a wholly owned subsidiary of Liberty Group Limited. Capital Alliance Life Limited – an Authorised Financial Services Provider in terms of the FAIS Act (Licence No. 17404). The scheme is administered by Futura SA Administrators (Pty), an authorized Financial Services Provider licensed by the Financial Services Board in terms of the FAIS Act License number 18287. Address: 63 Lincoln Road, Boston, Bellville, 7530.