

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)	<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> PAYMENT INSTRUCTION FOR BENEFIT PAYABLE UPON DEATH OF A FAMILY MEMBER (FUNERAL BENEFIT)		
	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.		
	<i>The Principal member must notify Futura SA Administrators (Pty) Ltd in writing of any change relating to the payment instruction and/or nominated beneficiary.</i>		

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.

DEBIT ORDER AUTHORITY

BANK DEBIT ORDER INSTRUCTION

Name : _____ Date : _____
Address : _____ Policy No. : _____
_____ Debit Amount : _____
_____ Commencement Date: _____
Contact No : _____

Dear Sirs/Madams

The details of my/our account are as follows:

BANK : _____
BRANCH TOWN : _____
BRANCH NO. : _____
ACCOUNT NO. : _____
ACCOUNT NAME. : _____
TYPE OF A/C : _____
(savings, current, transmission)

This signed Authority and Mandate refers to our contract as dated as on signature hereof ("the Agreement"). I / We hereby authorise you to issue and deliver payment instructions to the bank for collection against my / our abovementioned account at my / our above mentioned bank (or any other bank or branch to which I / We may transfer my / our account) on condition that the sum of such payment instructions will never exceed my / our obligations as agreed to in the Agreement, and commencing on the commencement date and continuing until this Authority and Mandate is terminated by me / us by giving you notice in writing of no less than 20 ordinary working days, and sent by prepaid registered post or delivered to your address indicated above. The individual payment instructions so authorised to be issued must be issued and delivered as follows:

On the _____ day ("payment day") of each and every month commencing on _____. In the event that the payment day falls on a Saturday, Sunday or recognized South African public holiday, the payment day will automatically be the very next ordinary business day. Further, if there are insufficient funds in the nominated account to meet the obligation, you are entitled to track my account and re-present the instruction for payment as soon as sufficient funds are available in my account; Monthly; on or after the dates when the obligation in terms of the Agreement is due and the amount of each individual payment instruction may not be more or less than the obligation due;

I / We understand that the withdrawals hereby authorised will be processed through a computerized system provided by the South African Banks and I also understand that details of each withdrawal will be printed on my bank statement. Each transaction will contain a number, which must be included in the said payment instruction and if provided to you should enable you to identify the Agreement. A payment reference is added to this form before the issuing of any payment instruction. I / We shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force, if such amounts were legally owing to you.

MANDATE

I / We acknowledge that all payment instructions issued by you shall be treated by my/our above mentioned bank as if the instructions had been issued by me/us personally.

CANCELLATION

I / We agree that although this Authority and Mandate may be cancelled by me / us, such cancellation will not cancel the Agreement. I / We shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force, if such amounts were legally owing to you.

ASSIGNMENT

I / We acknowledge that this Authority may be ceded to or assigned to a third party if the agreement is also ceded or assigned to that third party, but in the absence of such assignment of the Agreement, this Authority and Mandate cannot be assigned to any third party.

Signed at _____ on this _____ day of _____ 20__

SIGNATURE

Assisted by: _____ (Agent)