

# CANCELLATION OF FAMILY FUNERAL COVER

## MEMBER DETAILS

|                       |                |
|-----------------------|----------------|
| Surname and initials: | Pay number:    |
| Identity number:      | Email:         |
| Cell phone number:    | Office number: |

Hereby request that the Family Funeral Cover that is currently deducted from my monthly salary be cancelled.

### INDEMNITY:

The above is my final choice and I hereby certify that I have received sufficient information to make this decision. I take full responsibility for my decision and hereby also indemnify the Scheme from any claim as a result of this decision.

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
MEMBER: SIGNATURE