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Scheme Code: 033922

Family Funeral Insurance: Benefit Application Form

Important Notes:

This form consolidates all the various types of funeral insurance that Sanlam is on risk for. All references to insured will mean either employee or fund member.

This form must be completed by you, the insured, when the risk insurance commences in terms of the policy or there is a change in the information regarding your family members, as indicated in Section B. It is also important for you to annually ensure that this form is updated to accommodate life events, e.g., getting married or divorced, birth or adoption of a child; and when a beneficiary's contact information changes. If you request another alteration to this nomination and/or application, a new form must be filled in.

A copy of this completed form must be sent to the Scheme's Administrator for implementation and safekeeping.

Payment of benefits:

The Prudential Authority (PA), through the Insurance Act 18 of 2017 (the Act), requires group policy benefits (e.g., unapproved benefits provided under a group insurance scheme) to be paid only to a "beneficiary", as defined in the Act. **Any benefit will therefore be paid strictly according to a valid beneficiary nomination form completed by the insured/employee; and in the absence of a nomination form, the benefit will be paid to the deceased's estate.** In the event of the death of the insured or a family member of the insured, a copy of this form must accompany the death claim documents.

A. Particulars of Insured *(To be completed by the employee/Member)*

Full Names & Surname					
Identity-Number		Employee Number			
Date of birth (DDMMCCYY)		Gender		Male	Female
Marital Status		Single	Married	Living together	Divorced
Cell Number		Work Number			
Email Address					

B. Application for Family Funeral Insurance

I hereby apply for the funeral insurance, in terms of the policy, to be applicable to my immediate family members (i.e., the insured's qualifying spouse and eligible child/ren) as indicated below.

Please note:

Unlimited number of children can be covered, but only one qualifying spouse's claim will be paid.

(*) If a person is in a cohabiting relationship, the partner can only be nominated if neither one of the couples living together is married.

	Relationship	Name & Surname	Id-Number or date of birth	Gender	
				Male	Female
1	(*) Qualifying Spouse				
2					
	Eligible children				
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

C. Disclosure: Protection of personal information

The Scheme and Sanlam will process and protect your personal information as required by relevant laws and the Constitution of the Republic of South Africa (*RSA).

The personal information requested in this form, which may include special personal information is being collected and will be processed for the following purposes:

- underwriting and providing accurate and effective insurance cover and related value-added services.
- member communication.
- market research and statistical analysis.
- verification of the personal information provided.
- to comply with all legal and regulatory requirements, including applicable codes of conduct.
- to protect Sanlam Life's interest.
- any purposes related to the above.

Failure to provide the mandatory information will prejudice your insurance cover.

D. Declaration by Insured

By virtue of my membership with the Tshwane Group Life Scheme, I am covered subject to its terms and conditions. I understand that the above information and supporting documents shall be the basis of the contract.

By signing this form, I declare:

- The above information, whether in my own handwriting or not, is true and correct.
- I understand that any false/incorrect information or misstatement in the application will invalidate any claim or benefit under the policy and I undertake to abide by the terms and conditions of the policy.
- I understand that Sanlam has the right to defer a claim under this policy until all requirements, as specified by Sanlam, have been met.
- Sanlam shall also not be liable for any claim until it has accepted this application and has received the first premium.
- That when I claim a benefit for a family member, I will prove my relationship to such a person.
- That if there are any discrepancies between these claim forms and the provisions of the policy, the provision of the relevant policy will prevail.

Signature of insured		Signature: Witness	
Date (DD/MM/CCYY)			
Place			