

## MEMBERSHIP APPLICATION

NRand Cash-Assist Cover



Your Grief | Our Concern

FSP 35408



NRand Brokers cc - FSP No. 35408 is an Authorised Financial Services Provider underwritten by KGA Life Ltd, a registered Insurer & Authorised Financial Services Provider (FSP No. 15980). Terms and Conditions apply.

Main Member Details					COVER AMOUNT	R
Title:	MS	MR	MRS	REV		
Surname:						
First Name:						
ID No:				Age:		
Date of birth:						
Address:						
Email address:						
Tel / Cell No:						
Preferred language of communication:						
Entry Date:						
Name of beneficiary & ID no:				ID:		
Spouse Name & ID no:						

Dependent / Children's Details 0-21 years (26 years*)				
Name	Surname	Relationship	Date of Birth/ID No	Age

NAME & SURNAME OF EXTENDED FAMILY	IDENTITY NUMBER / DATE OF BIRTH	AGE	RELATIONSHIP	COVER AMOUNT	PREMIUM

PAYMENT METHOD	Tick
<i>Sassa paying point</i>	
<i>NRand Office</i>	
<i>Debit order</i>	
<i>Cash deposit</i>	
<i>EFT</i>	

OUR BANK DETAILS	
Acc Name:	NRand Brokers Cash Assist
Bank:	First National Bank
Account No:	62 6 49 72 61 90
Branch Name:	Rosebank
Branch Code:	253 305
Your Ref:	Policy Number

PREMIUM CALCULATION SUMMARY	
Main Member Premium	R
Extended Family Premiums	R
<b>TOTAL PREMIUM DUE</b>	<b>R</b>

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I CAN AFFORD PREMIUMS FOR THIS POLICY.

YES NO

Authority and Mandate for payments Instruction: Electronic and Written Mandates

Given by (name of Accountholder):
Address:
Bank:
Branch and Code:
Account Number:
Type of Account: Current (cheque) / Savings / Transmission
Amount:
Date:
Contact Number:
Abbreviated Name as Registered with the Bank: NRAND

This signed Authority and Mandate refers to our contract dated (the Agreement).

I / We hereby authorise you to issue and deliver payment instructions to your Banker 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 and continuing until this Authority and Mandate is terminated by me / us by giving you notice in writing of not less than 20 ordinary working days, and sent by prepaid registered post or delivered to your address as indicated above.

The individual payment instructions so authorised to be issued must be issued and delivered as follows: monthly.

In the event that the payment day falls on a Sunday, or recognised South African public holiday, the payment day will automatically be the preceding ordinary business day.

Payment Instructions due in December may be debited against my account on

I / We understand that the withdrawals hereby authorized 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.

Mandate

I / We acknowledge that all payment instructions issued by you shall be treated by my / our above-mentioned Bank as if the instructions have 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 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

(Signature as used for operating on the account)

Agreement reference number is

(Assisted by)

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TERMS & CONDITIONS

- 1. This application form is my application for cash assist cover by NRand on behalf of KGA Life Ltd.
2. I, the person mentioned as the main member, hereby apply for membership at NRand Cash Assist.
3. The policy owner must pay the premium or anybody nominated by the policy owner as set out on the debit order instruction.
4. For natural death, cover is subject to six (6) calendar months waiting period for benefits, 30 days for un-natural (Accidental) death and 2 years for main member suicide. One (1) month for children younger than 14 years. Twelve (12) calendar months for members between 75-90 years.
5. Cover will commence after the stipulated waiting period has expired.
6. Cover is subject to a once-off entry fee of R100.00 payable with your first instalment.
7. I understand that false information can lead to the cancellation of this policy, that premiums will be forfeited and that no claims will be paid.
8. I confirm that as at the date of this application form, no one on this application is suffering from or being treated for any chronic illness, if not kindly provide brief explanation and medical report for our consideration.
9. I authorize NRand Brokers / KGA Life to obtain from any doctor, or any other person, any necessary medical information.
10. I fully understand all the benefits, premiums, cover amount, terms and conditions of this group scheme. I further confirm that I have not and will not receive any money, and/or payback from the agent who assisted me with this application.

NAME & SURNAME..... ID NO.....

SIGNATURE.....MOBILE NO.....

FOR OFFICE USE
Checked by.....
Confirmed by.....
Policy no.....

I THE AGENT, CONFIRM THAT I HAVE EXPLAINED IN FULL, POLICY TERMS ,CONDITIONS AND BENEFITS OF NRAND CASH ASSIST COVER TO THE CLIENT. I FURTHER CONFIRM THAT I HAVE NOT AND WILL NOT OFFER ANY MONEY / PAYBACK TO THE CLIENT IN ORDER TO PERSUADE THE CLIENT IN TAKING THIS POLICY. IF THE ABOVE IS NOT TRUE, I AGREE AND CONFIRM THAT I WILL BE LEGALLY LIABLE TO NRAND BROKERS AND THE MEMBER FOR ANY LOSS OR DAMAGE SUFFERED.

AGENT NAME..... ID NO..... MOBILE NO.....

AGENT SIGNATURE.....

**GENERAL TERMS & CONDITIONS**

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**Underwritten by KGA Life Limited (Reg. No. 1998/023657/06**

**A registered insurer and authorised financial services provider, FSP No. 15980**

1. This is a funeral scheme.
2. Premiums are payable monthly in advance on or before the 1st day of each month. Only 15 days grace period for late payment is allowed. More than 15 days late payment means **No Cover** for the following 30 days after payment has been received by NRand. (this means you will have 30 days waiting period).
3. Cover for the scheme is provided on a month-to-month basis and no reserves are built up under the scheme.
4. Premiums under the scheme are not guaranteed and can be adjusted by NRand Brokers cc / KGA Life with 30 days' written notice.
5. Participation is open to any healthy person between the ages of 18 up to and including 90 years on condition that the prospective policyholder (and his/her dependants/ extended family members) meet all the entry requirements as determined by NRand Brokers cc / KGA Life in order to qualify for funeral insurance.
6. The entry date of the assurance of a member and his/her dependants / extended family members is on the 1st day of a month following the acceptance by NRand Brokers cc / KGA Life of the member's application form and payment of the first premium.
7. Cover will start after the waiting period has expired, as specified in the Master Policy.
8. When a member increases his/her cover under the scheme the increased cover amount will be subject to the relevant waiting period before the increased cover starts.
9. If a member's cover ceases and the member applies to re-join the scheme at a later stage the same conditions as for a new membership will apply.
10. The following standard waiting periods apply to new members joining the group scheme:
  - Natural causes: Six (6) calendar months for members of all ages, Unnatural (Accidental) causes: 1 month and twelve (12) calendar months for members between the ages of 75 and 90 years.
  - Suicide/ attempted suicide: Twenty four (24) calendar months (only applicable to the main member).
11. Not receiving a confirmation of payment {receipt in terms of Section 47 of the Long-Term Insurance Act (LTA)} from the person or scheme collecting/receiving the premium in any given month, will serve as a notice of non-payment in terms of Section 52(1) of the LTA and such policy will lapse without a notice. In the event that premium is received at a later stage, i.e two (2) months later, waiting period stated under 10 above will apply.
12. A member who is not legally married can still enjoy family cover as long as all the relevant information is given on the application form at inception.
13. A child is covered as follows:



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- a) If unmarried and under the age of 21 years.
- b) If unmarried, under the age of 26 years and a full time student at a recognized education institution.
- c) If physically or mentally disabled, who does not receive a grant, and who is dependent on his/her parents.

14. A dependent foster child approved by KGA Life shall mean:

a) Legally adopted with the relevant court order or other legal documentation issued or a member who is caring for the child of direct family permanently who cannot care for the child or a child not direct family, if documentation can be supplied by the welfare department that the member is caring for the permanently.

15. Claims:

a) No valid claims will be paid if premiums or parts of premiums are outstanding or in arrears. No premium received No cover.

b) Only claims submitted within three (3) or six (6) months of the date of death will be considered for payment.

c) No claims will be considered unless documentary evidence, as determined by NRand Brokers cc / KGA Life, has been supplied.

d) If the Master Policy provides for a pro-rata claim payment in instances where death was due to a dreaded disease, the family or the beneficiary will have six (6) months, from the date of death, in which to provide documentary evidence that the cause of death was not as a result of a dreaded disease, whereupon the balance of the cover amount will be paid out to the family/beneficiary.

e) Claims for common-law spouses who were not declared on the original application form or afterward the entry date with an amendment form, will not be considered for payment in the event of death (traditional and civil marriages included).

16. The calculation of the claim benefit: The spouse and children aged 14 years and older qualify for the full cover amount, children under 6 years of age qualify for 25% of the cover amount and children aged 6 to 13 years qualify for 50% of the cover amount.

**17. When in doubt, please ask now to avoid misunderstanding at the claim's stage.**