

POLICY APPLICATION FORM

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Underwritten by



FSP 2409

An Authorised Financial Service Provider FSP: 48914

FOR OFFICIAL USE ONLY	
INCEPTION DATE:	POLICY NUMBER:

A. PRINCIPAL MEMBER DETAIL			
SURNAME		NAME	
EMAIL		TEL NO	
DATE OF BIRTH		AGE	
PASSPORT NUMBER			
ADDRESS:			

	B. SURNAME	C. DEPENDENT DETAILS			
		FIRST NAME	ID NUMBER	DATE OF BIRTH	DATE OF INCEPTION
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

D. EXTENDED FAMILY COVERS

Benefit for member including 5 dependants under 65 years		
Cover	Premium	Tick
R 5,000	R98	
R 7,500	R140	
R10,000	R150	
R15,000	R190	
R20,000	R210	
R25,000	R218	
R30,000	R263	
Benefit for member including 9 dependants under 65 years		
Cover	Premium	Tick
R 1,500	R64	
R 3,000	R98	
R 5,000	R140	
R 7,500	R150	
R10,000	R180	
R15,000	R240	
R20,000	R280	
R25,000	R325	
R30,000	R370	
Benefit for member including 13 dependants under 65 years		
Cover	Premium	Tick
R 1,500	R78	
R 3,000	R98	
R 5,000	R146	
R 7,500	R206	
R10,000	R250	
R15,000	R295	
R20,000	R360	
R25,000	R450	
R30,000	R500	

Benefit for member including 5 dependants under 75 years		
Cover	Premium	Tick
R 5,000	R140	
R 7,500	R180	
R10,000	R200	
R15,000	R240	
R20,000	R280	
R25,000	R335	
R30,000	R360	
Benefit for member including 9 dependants under 75 years		
Cover	Premium	Tick
R 1,500	R100	
R 3,000	R115	
R 5,000	R165	
R 7,500	R190	
R10,000	R210	
R15,000	R250	
R20,000	R350	
R25,000	R400	
R30,000	R475	
Benefit for member including 13 dependants under 75 years		
Cover	Premium	Tick
R 1,500	R110	
R 3,000	R140	
R 5,000	R180	
R 7,500	R220	
R10,000	R295	
R15,000	R365	
R20,000	R450	
R25,000	R500	
R30,000	R600	

E. FAMILY & SINGLE COVERS UNDER 65 YEARS

FAMILY COVERS		
Cover	Premium	Tick
R 5,000	R100	
R 7,500	R120	
R10,000	R130	
R15,000	R140	
R20,000	R150	
R25,000	R170	
R30,000	R180	

SINGLE COVER		
Cover	Premium	Tick
R 5,000	R70	
R 7,500	R75	
R10,000	R80	
R15,000	R110	
R20,000	R125	
R25,000	R140	
R30,000	R155	

SINGLE COVER WITH CHILDREN		
Cover	Premium	Tick
R 5,000	R90	
R 7,500	R100	
R10,000	R120	
R15,000	R130	
R20,000	R140	
R25,000	R150	
R30,000	R160	

TERMS AND CONDITIONS

- a. Monthly premium is payable by debit order or manually at the approved and publicised outlets as indicated by Ruvimbo Financial Services in writing or in any form of public media.
- b. Premiums shall be paid on or before the 7th of each month in advance. This funeral cover is a month-to-month contract and cover shall cease with non-payment of premiums.
- c. Premiums are payable lifelong, any money paid to Ruvimbo Financial Services for the purpose of this contract is not refundable and there is no surrender value for this policy.
- d. Cover will commence after six (6) months waiting period from date of inception.
- e. It is the member's responsibility to pay premiums punctually and to keep receipts safe.
- f. Ruvimbo Financial Services has the right to adjust premiums.
- g. Ruvimbo Financial Services accepts responsibility for its own actions as well as the actions of the representative while acting in the course and scope of his/her employment and authorization by Ruvimbo Financial Services.
- h. Ruvimbo Financial Services is accredited and have contracts to market the products of Liberty life.
- i. Only the Principle Member can give instructions to Ruvimbo Financial Services to amend any Policy provided that it is within the terms and conditions of this Policy.
- j. If a premium payable in terms of this Policy is not paid to Ruvimbo Financial Services within (60) thirty days from date of payment, then policy shall lapse, and it shall no longer be in force. In the event that the Policy has lapsed, the Principle may apply Ruvimbo Financial Services for reinstatement of the Policy after the lapse of the policy. Ruvimbo Financial Services may, in its sole discretion, upon receipt of a request as provided for above, and subject to such terms and conditions that Ruvimbo Financial Services may stipulate from time to time, reinstate the policy and shall be treated as a new policy and be subjected to a 6/ 12 waiting period according to the terms of the policy.
- k. **Payments of benefits**

On the death of any insured lives the beneficiaries has a choice to claim funeral cash benefits or a relevant funeral/ cremation and/or erection of a tombstone by Ruvimbo accredited and approved funeral parlour or services provider, the proceeds of the policy shall in the first instance be applied towards the discharge of the costs of such funeral/ cremation and/or tombstone and the balance if any will be paid to the nominated beneficiary.
- l. **Basic Funeral Benefit:**
 - The basic funeral cover provides a cash benefit or funeral service from one of Ruvimbo Financial Services authorized funeral services provider as a settlement of a valid death claim of a Principal Member, or dependent who have been nominated on the application form.
 - After the waiting period a member may be entitled to some/ all of the standard benefits subject to the terms and conditions of the funeral service provider.
- m. **Special Conditions.**
 - Cover will only commence from the date of the first debit order being honoured or payment made to Ruvimbo through agreed payments outlets.
 - A one-month grace period will apply from inception of the policy.
 - Premiums shall be payable in advance to Ruvimbo by the policyholder at the premium rate and premium frequency as specified in the schedule.
 - Ruvimbo will terminate the policy on the first occurrence of the following:
 - The principal member ceasing to pay premiums subject to the grace period.
 - The policy is terminated.
 - Upon the death of any person insured under this policy, notice of the claim together with all the necessary supporting documentation required by Ruvimbo must be sent to Ruvimbo within 6 (SIX) months of the date of death. No claim, where documentation is submitted after 6 months of the date of death, will be honored.
 - Payments shall be made from the commencement date to the date of termination of the policy.
 - Should a single member convert to a family or any other cover a new application must be completed, and the six-month waiting period will apply to all additional dependants.
- n. **Waiting Period**
 - A 6 (SIX) month waiting period will apply from the date of the first debit order being honored, in respect of death due to natural causes if under the age of 75 years and 12 months for lives over 75 years.
 - If an existing member policy elects a higher benefit, when taking up the continuation option, than that under the existing scheme,
 - waiting period will apply to the increased benefit amount only, not the current benefit. Provided that the policy is still active.
 - Suicide will not be covered during the first 2 (two) years of membership.

- A waiting period will apply in cases where a member has elected an increase on a benefit amount.

o. General Exclusions

War, riots, civil commotion, terrorist activities, wilful exposure to danger, the insured being under the influence of any drugs or alcohol; participation in any criminal act; radioactivity or nuclear explosions.

p. Your right to cancel & cooling-off period

The member may at any time cancel the policy subject to there being no refund of premiums in respect of risk cover already enjoyed and subject to the payment of premiums still due and payable at the time of cancellation in terms of the Policy provisions.

- The policyholder has a 60 (sixty) day cooling off period from day of first payment.
- If no death or claim has taken place in this period, should she or he elect not to take up the Policy, she or he must inform Ruvimbo Financial Services in writing of her or his intention not to accept.
- All premiums already paid shall be refunded.

q. Debit Order

The debit order will be lodged on the date as selected by the account holder. The signed application form must reach outlets not less than 10 (ten) working days prior to the selected deduction date to be registered. If not, the deduction will be registered for the following calendar month, as per date selected.

r. Claims

• Claims for benefits in terms of this Policy must be submitted to Ruvimbo through any of our offices in accordance with the following procedures:

➤ Death within the Republic of South Africa

- Certified copy of Death Certificate
- Certified copy of claimant Passport/ ID
- Certified copy of deceased's ID
- BI 1663 Form
- A police report in the event of unnatural death.

➤ Death occurred in Zimbabwe

- Certified copy of Doctor's Report (NB copy & certify before submission for to the Registry for Burial Order)
- Certified copy of Burial Order
- Certified copy of Claimant's ID
- Certified copy of deceased's ID
- A police Report in the event of unnatural death.

• failure to lodge a claim or submit documents within six months after the death may invalidate your claim

Please note that in respect of any application, proposal, order, instruction or other contractual information that is required to be completed for or submitted to a product supplier by or on your behalf that relates to the purchase of any funeral cover, including any amendment thereof or variation thereto, all material facts must be accurately and properly disclosed, and the accuracy and completeness of all answers, statements or other information provided by you or on your behalf are your own responsibility; If any person completes or submits any application, proposal, order, instruction or other contractual information that is required to be completed for, or submitted to, a product supplier by you or on your behalf that relates to the purchase of a funeral cover, including any amendment thereof or variation thereto on your behalf, you should be satisfied as to the accuracy and completeness of the details. Any misrepresentation or non-disclosure of a material fact or the inclusion of incorrect information could result in the cancellation of the transaction or the non-payment of a benefit by the product supplier.

Underwritten by: Liberty Life and Administered Disang Funeral Solutions

DECLARATION, MANDATE AND INDEMNITY

I _____ the undersigned ID no. _____ do

hereby declare the above information correct to the best of my knowledge and I am aware of the waiting period, I have read the membership conditions. Whether or not I choose funeral service as benefit, I hereby give mandate to Ruvimbo Financial Services to handle my claims and receive all proceeds thereof, I further indemnify the underwriter on any matter arising from claims and proceeds thereof.

No person may ask you or offer any inducement for you to waive any right or benefit conferred on you by or in terms of any provision of the General Code of Conduct of the FAIS Act, of which a copy is available on request

Thus, signed at _____ on this _____ day of _____ 20_____

Member Signature

Ruvimbo Financial Services Consultant signature

COMPLAINTS PROCEDURES

Please note that prior to lodging a complaint with the below authorities, you are first required to lodge a complaint with Ruvimbo Financial Services and only after confirmation by Ruvimbo Financial Services that they are unable to resolve the complaint may it be escalated to these authorities. We have established a written internal complaint resolution system with detailed procedures. Access to the Complaints Procedures and a copy of the complaint resolution system is available to clients at this office each day during office hours. Should you have any complaint, this must be submitted to us in writing and must contain all relevant information. Copies of all relevant documentation must be attached thereto.

Ruvimbo Financial Services:
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Johannesburg, 1619
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Tel: 011 970 1918 / 073 386 1571
Fax: 011 970 1313

FAIS Ombud:
Adv. Noluntu Bam
PO BOX 35655
Menlopark
0102
mail: info@faisombud.co.za
Tel: 086 032 4766
Fax: 012 348 3447

Long term Insurance Ombudsman
Mr J Galgut
P/Bag X45Claremont
CT
7735
Email: info@ombud.co.za
Tel: 086 066 2837/ 657 5000
Fax: 021 674 0951

RECORD OF ADVICE

1. Provide REASONS WHY THE SPECIFIC PRODUCT AND INSURED AMOUNTS WERE CHOSEN

Affordability Yes No

Need satisfied Yes No

2. Does the recommendation/proposal include the **replacement** or **partial replacement** of any **existing policy**?

Yes No

If answered yes complete a replacement advice form

Are you able to afford the monthly premiums payable on this policy? YES NO

Was the Client Disclosure Record discussed and did the Client sign there for? YES NO

I, the Client, declare that I have answered the above questions truthfully. By signing below, I hereby acknowledge receipt of the **Client Disclosure Record** that was handed to me for my records.

Signature

Date

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: **RUVIMBOFIN**

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 above-mentioned 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, bi-monthly, three monthly, six monthly, annually, weekly, bi-weekly (**delete that which is not applicable**).

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)

(Assisted by)

Agreement reference number is _____