

Nominated Beneficiary

I hereby authorise the Underwriter to pay the proceeds of this funeral plan directly to:

Title		Initials		Surname	
First Names			Gender		
ID or Passport Number			Telephone Number		
Relationship to Main Member			E-Mail Address		

Banking Details

Name of Bank			
Account Holders Name			
Account Number:			
Debit Date		Account Type	

Debit order declaration:

Abbreviated Name as Registered with the Bank: _____ . Beneficiary's Address: _____
 I /We _____, ID _____ hereby authorize _____
 to issue and deliver payment instructions 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 authorized 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 recognized South African public holiday, the payment day will automatically be the next ordinary business day.

Mandate I/We acknowledge that all payment instructions issued by you shall be treated by my/our Above-mentioned Bank as if I/we have issued the instructions 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 I/We shall not be entitled to any refund of amounts which you have withdrawn while this Authority was in force, if such amounts were legally owing to you.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.

Funds I/We acknowledge that we should make available funds in the above-mentioned bank account. On the chosen debit order date, failing which the policy may lapse.

I/we hereby declare that the information contained herein to be true and correct and give full authority to collect premium.

Signed at _____ on this _____ day of _____ 2021

Signature _____ Full Names _____.

- **Declaration by Main Member**

- I, (Full Name and Surname) _____ with
- ID/Passport Number _____ (Main Member) hereby declare that the information contained herein to be true and correct and that this beneficiary nomination form replaces all previous nomination forms or instructions I have completed.
- _____
- Signature of Main Member

"RMA Life Assurance Company Ltd, a licensed Life Insurer (Insurance Number: I116). Rand Mutual Admin Services (Pty) Ltd is an authorized Financial Services Provider FSP No. 46113) licensed with the Financial Service Conduct Authority and forms part of the Rand Mutual Group of Companies.

VJM Brokers Terms & Conditions

- Policy premium is paid in advance for cover to commence and policy schedule to be issued.
- The waiting period for death due to natural causes is three (3) months.
- There is no waiting period for accidental death once 1st premium is paid.
- There is a waiting period of twelve (12) months for suicide.
- Extended Family member cover amount may not exceed the main member's cover amount
- Cover may not exceed R120 000 with Rand mutual assurance as an Insurer per member on all policies.
- Full ID number for Main member, Spouse is compulsory and it's recommended for all other members as well, this is to ensure R120 000 aggregation amount can be detected by the system.
- Up to four (4) other members who you fully support when the policy starts and they include uncles, aunts, and children over the age of 21, siblings and cousins.
- Members above age 84 must have existing cover, and age at entry for the previous cover must comply with age at entry rules
- Up to four (4) parents, parents-in-law and grandparents who must be younger than 84 years when the policy starts.
- Children are only those that are by blood, legally adopted, step-children as well as full legal guardianship awarded.
- Disabled children remain children for the live hood of the policy.
- If policy is not paid and have outstanding two premiums, that policy will lapse.
- Policy will be NTU's if first premium not provided for (cancelled)

The Spouse & Children Benefit

The benefit payable is a % of the main member cover level as outlined below:

AGE	COVER
Stillbirth* to 11 months	12.5%
1 to 5 years	25.0%
6 to 13 years	50.0%
14 to 21 years	100%
Spouse	100%

Signature of Main Member

Date signed

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