

**PHAMBILI FUNERAL  
APPLICATION FORM**

The Marc Tower 2, 129 Rivonia Road,  
Sandton, 2146.  
PO Box 786015, Sandton, 2146.  
T: +27 11 669 1000  
E: info@guardrisk.co.za

Company / Group name		Branch	
Representative name and surname			
Employee number		Inception date	

**THIS IS NOT A MEDICAL SCHEME PRODUCT AND VOLUNTARY TO ALL UMVUZO MEDICAL AID MEMBERS FOR REGISTRATION ON THE PHAMBILI FUNERAL PLAN.**

**A. PHAMBILI MEMBERSHIP OPTIONS (3 MONTH WAITING PERIOD FOR NATURAL DEATH)**

Basic option "A" single (as per brochure)	R10 000	R15 000	Basic option "B" family (as per brochure)	R10 000	R15 000	R
	R19.50	R26.25		R43.45	R65.30	
Extended family (brochure)	Total per age category and cover amounts as per tariffs on brochure (additional to basic option) (E)					R
Value add's "F"	Total of Value-Added benefits as per table in "F" on application form)					R
Total monthly premium	One basic option as per Phambili Funeral OR Extender Plan + Extended Family (E) + Value add totals (F)					R

A binder of 12,5% and a commission of 10% are included in your gross premium. Your premiums will not change during the first 12 months after inception of the Policy unless there are reasonable actuarial grounds to vary the premium or when the variation will be to the benefit of an Insured. Premiums are payable monthly. Unpaid premiums outside the 31-day grace period (see "G") may result in a cancellation policy. Note that any increase in the premium will be notified to the Main Member 31 (thirty-one) days prior to the change taking effect. Inception of your policy is subject to the first premium being received by the Insurer.

**B. DETAILS OF MAIN MEMBER (3 MONTH WAITING PERIOD FOR NATURAL DEATH)**

First name													
Surname													
Identity number													
Gender	Male			Female			Marital status						
Cell number							Tel number						
Email address													
Physical address												Code	
Postal address												Code	
Umvuzo Health medical scheme member number (compulsory)													

**C. NOMINATED BENEFICIARY (100%) (ALL PRODUCTS)**

First name													
Surname													
Identity number													
Gender	Male			Female			Relationship to the Main Member						
Tel number							Cell number						

I, the applicant/policyholder under this policy, hereby nominate the above-mentioned person, as the beneficiary in terms of this policy, to receive all benefits payable under this policy in the event of my death. I hereby indemnify Guardrisk Life against any claim by myself or my relatives/estate in respect of the payment of the policy benefits to the nominated beneficiary.

**D. NOMINATED DEPENDANTS (SPOUSE AND CHILDREN) (PHAMBILI)**

Surname	Full name	ID											Gender			
Spouse															M	F
Child 1															M	F
Child 2															M	F
Child 3															M	F
Child 4															M	F

Cover available for dependent children up to the age of 21 (or 25 years provided they are dependent full-time students).

**E. DETAILS OF ADDITIONAL CHILDREN & EXTENDED FAMILY (PHAMBILI)**  
**(WAITING PERIOD OF EXTENDED FAMILY IS 6 MONTHS / ADDITIONAL CHILD, 3 MONTHS)**

Surname	Full name	ID	Gender		Relationship to Main Member	Premium
Extended 1			M	F		
Extended 2			M	F		
Extended 3			M	F		
Extended 4			M	F		
Extended 5			M	F		
Extended 6			M	F		
Extended 7			M	F		
Extended 8			M	F		
Paying Child 1			M	F		
Paying Child 2			M	F		
Paying Child 3			M	F		
Paying Child 4			M	F		
Any child age over the age of 21 (or over the age of 25 if a full-time student before attaining 25) can be covered as extended.					Total premium "E"	

**VALUE-ADDED OPTIONS (PHAMBILI)**

**F. TOP-UP OPTIONS (FAMILY COVER INCLUDES 4 LIVES: MAIN, SPOUSE, 2 CHILDREN)**  
**(6 MONTH WAITING PERIOD FOR NON-GUARDRISK PRODUCTS)**

Option	Principal	Family	Total
Repatriation**		R15.00	R
Commuter* (Accidental death includes public transport)		R15.00	R
Prepaid**	R 2.00	R 3.00	R
Grocery voucher (R3 750) - main member only**	R 9.30		R
Grocery voucher (R7 500) - main member only**	R18.50		R
Electricity voucher (500 x 3 months) - main member only**	R 9.20		R
Electricity voucher (500 x 6 months) - main member only **	R18.50		R

Total premium "F"

\* Guardrisk product

\*\* Non-Guardrisk products - These products are not regulated in terms of the Financial Advisory and Intermediary Services Act ("FAIS Act") and therefore, you are not afforded the same protections which apply in respect of financial products or services which are regulated in terms of the FAIS Act.

**G. DECLARATION IN RESPECT OF LONG-TERM INSURANCE PRODUCTS**

I hereby apply for the PHAMBILI Family Funeral Plan in accordance with the conditions and exclusions of the plans set out in the quotation and policy document. I understand that a policy summary, including my personal details, chosen benefits and claims procedures (as intended in section 48 of the Long-Term Insurance Act) will be e-mailed or posted to me. In accordance with Rule 4 of the Policyholder Protection Rules, I have 31 days from receipt of the section 48 summary to cancel the policy. If this policy is cancelled within 31 days, any payment that has been received will be refunded provided no claim has been lodged or any benefit paid. I am aware of the waiting periods applicable to this policy. I have familiarised myself with the maximum cover for each member of the Family Funeral Plan. There is a limit of one policy per dependent family of the PHAMBILI Fund members.

I, the undersigned, hereby declare and warrant that all information supplied herein is true and complete. I am aware and understand that any non-disclosure or misrepresentation of information, which is material to the determination of the risk by Guardrisk Life Limited, may lead to the policy being declared null and void. I am certain that the product for which I am applying meets my needs and feel that I have all the necessary information in order to make an informed decision in respect of the purchase thereof. This PHAMBILI Funeral Plan shall come into force and effect on the inception date, provided that the offer for insurance made by the policyholder by way of the proposal form is unconditionally accepted by Guardrisk Life Limited and the first premium payable in terms of the policy was received by Guardrisk Life Limited.

**H. LEGAL AND CONTRACTUAL RELATIONSHIP WITH THE INSURER**

This Policy is subject to a cell captive relationship between Guardrisk and Siyavika Risk Solutions (Pty) Ltd as a result of a shareholder and subscription agreement concluded between Guardrisk and Siyavika Risk Solutions (Pty) Ltd, which entitles Siyavika Risk Solutions (Pty) Ltd to place insurance business with the Insurer.

## I. DECLARATION IN RESPECT OF THE PROTECTION OF PERSONAL INFORMATION ACT

Processing of Personal Information in terms of the Protection Information Act 4 of 2013

Your privacy is of utmost importance to us. We will take the necessary measures to ensure that any and all information, provided by you or which is collected from you, is processed in accordance with the provisions of the Protection of Personal Information Act 4 of 2013 and further, is stored in a safe and secure manner.

You hereby agree to give honest, accurate and up-to-date Personal Information and to maintain and update such information when necessary.

You accept that your Personal Information collected by us may be used for the following reasons:

- to establish and verify your identity in terms of the Applicable Laws;
- to enable us to fulfil our obligations in terms of this Policy;
- to enable us to take the necessary measures to prevent any suspicious or fraudulent activity in terms of the Applicable Laws; and
- reporting to the relevant Regulatory Authority/Body, in terms of the Applicable Laws.

Unless consented to by yourself, we will not sell, exchange, transfer, rent or otherwise make available your Personal Information (such as your name, address, email address, telephone or fax number) to any other parties and you indemnify us from any claims resulting from disclosures made with your consent. You understand that if the Administrator/Insurer has utilised your Personal Information contrary to the Applicable Laws, you have the right to lodge a complaint with Guardrisk or with the Information Regulator once established.

\_\_\_\_\_  
Main member signature

Date	Y	Y	Y	Y	M	M	D	D
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Siyavika is an authorised Financial Services Provider FSP 44999.  
Guardrisk Life Limited is an authorised Financial Services Provider 76.

## J. ANTI-MONEY LAUNDERING PROVISIONS AND INFLUENTIAL PERSONS DECLARATION

The Financial Intelligence Centre Act (FICA) requires that we know if you are an influential person as explained in the Act. It differentiates between a politically exposed person, domestic prominent influential person, foreign prominent public official and a known close associate or family of domestic prominent influential persons and foreign prominent public officials. More than one of the definitions can apply to the same person. Read the explanations at the end of this form, indicate which explanations apply to you and give your reason.

X	Influential Person	Give your reason
<input checked="" type="checkbox"/>	Politically exposed person	
<input type="checkbox"/>	Domestic prominent influential person	
<input type="checkbox"/>	Foreign prominent public official	
<input type="checkbox"/>	Known close associate	
<input type="checkbox"/>	Family member	

**Definitions of influential persons:**

- **A Politically exposed person** is someone who is or has been entrusted with prominent public functions, based on a specific political affiliation.  
**Examples:** A head of state, cabinet minister, member of parliament/local/provincial government, senior administrator in government department (financial department/tender processes), senior judge, manager of local municipalities who award tenders, senior and/or influential official, ambassador/high commissioner, senior representative of a religious organization, leader of a political party, accounting officer of a national or provincial department, municipal manager, officer of SANDF.
- **A Prominent influential person** refers to any individual who holds or has at any time in the preceding 12 months, the position of chairperson of a board of directors, chairperson of an audit committee, executive officer, or chief financial officer of a company as defined in the Companies Act 71 of 2008, if the company provides goods or services to an organ of state.
- **A Foreign political exposed person** refers to any individual who holds or has held a position in any foreign country of a prominent public function including that of a head of state, member of a foreign royal family, government minister or leader of a political party, senior judicial official, senior executive of a state-owned corporation or a high-ranking member of the military.
- **A known close associate** is an individual who is closely connected to a prominent person, either socially or professionally. The term "close associate" is not intended to capture every person who has been associated with a prominent person.  
**Examples:** Known relationships outside the family unit (e.g. girlfriends, boyfriends, mistresses), a prominent member of the same political party, civil organisation, labour or employee union as the prominent person, business partner or associate, especially one who shares (beneficial) ownership of corporate vehicles with the prominent person, or who is otherwise connected (e.g. through joint membership of a company board), any individual who has sole beneficial ownership of a corporate vehicle set up for the actual benefit of the prominent person.
- **A family member** is an individual who is related to a PEP/PIP either directly (consanguinity) or through marriage or similar (civil) forms of partnership.  
**Examples:** Spouse or civil/life partner, previous spouse or civil/life partner, children and stepchildren and their spouses or civil/life partners, parents, siblings and stepsiblings and their spouses or civil/life partners.

## K. OFFICE USE ONLY – TO BE COMPLETED BY THE ADMINISTRATOR – FICA CONFIRMATION

Is the policyholder:	YES	NO
a Politically Exposed Person (PEP)?	<input type="checkbox"/>	<input type="checkbox"/>
a Domestic Prominent Influential Person (DPIP)?	<input type="checkbox"/>	<input type="checkbox"/>
a Foreign Prominent Public Official (FPPO)?	<input type="checkbox"/>	<input type="checkbox"/>
on a Sanction List?	<input type="checkbox"/>	<input type="checkbox"/>

\_\_\_\_\_  
Administrator Name

\_\_\_\_\_  
Administrator Signature

Date	Y	Y	Y	Y	M	M	D	D
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