



1LIFE4SURE

Administrated By
Albatros Insurance Administrators



FSP Licence No: 14517

NEW APPLICATION AMMENDMENT TO EXISTING POLICY

BRANCH NAME

MEMBERSHIP INCEPTION DATE

Y Y Y Y M M D D

SCHEME
OPTION

A: R10 000

B: R20000

C: R30 000

BROKER OR AGENT CODE

Contact: sales@1life4sure.co.za | 083 258 9431

For Today, Tomorrow and the Future

1. PERSONAL DETAILS OF PRINCIPAL MEMBER

SURNAME																FIRST NAMES															
DATE OF BIRTH	Y	Y	Y	Y	M	M	D	Y	ID. No.																GENDER	M	F				
MARITAL STATUS	MARRIED					SINGLE					DIVORCED					WIDOWED					CELL										
WORK TELEPHONE NUMBER																FAX NUMBER															
E-MAIL ADDRESS																WATSAPP YES/NO															
RESIDENTIAL ADDRESS																					CODE										
POSTAL ADDRESS																					CODE										

2. PERSONAL DETAILS OF SPOUSE

SURNAME																ID NUMBER	Y	Y	Y	Y	M	M	D	D
FIRST NAMES																								

3. PRINCIPAL MEMBER'S CHILDREN DETAILS

	NAME & SURNAME	DATE OF BIRTH / ID NUMBER															GENDER			
1		Y	Y	M	M	D	D												M	F
2		Y	Y	M	M	D	D												M	F
3		Y	Y	M	M	D	D												M	F
4		Y	Y	M	M	D	D												M	F
5		Y	Y	M	M	D	D												M	F
6		Y	Y	M	M	D	D												M	F

4. WIDER CHILDREN'S COVER

	NAME & SURNAME	DATE OF BIRTH / ID NUMBER															GENDER		COVER	FUNERAL PREMIUM	TOTAL PREMIUM	
1		Y	Y	M	M	D	D											M	F		R	R
2		Y	Y	M	M	D	D											M	F		R	R
3		Y	Y	M	M	D	D											M	F		R	R
4		Y	Y	M	M	D	D											M	F		R	R
5		Y	Y	M	M	D	D											M	F		R	R
6		Y	Y	M	M	D	D											M	F		R	R
7		Y	Y	M	M	D	D											M	F		R	R

5. CONTINUATION BENEFIT

Income continuation benefit is payable for six (6) months after death of principle member.

BENEFIT PER MONTH	PREMIUM	YES / NO	
R 1,000	R 35	Y	N
R 2,000	R 50	Y	N
R 3,000	R 60	Y	N
R 4,000	R 70	Y	N

6. EXTENDED FAMILY DETAILS

	NAME & SURNAME	DATE OF BIRTH / ID NUMBER															GENDER		COVER	FUNERAL PREMIUM	TOTAL PREMIUM	
1		Y	Y	M	M	D	D											M	F		R	R
2		Y	Y	M	M	D	D											M	F		R	R
3		Y	Y	M	M	D	D											M	F		R	R
4		Y	Y	M	M	D	D											M	F		R	R
5		Y	Y	M	M	D	D											M	F		R	R

Repatriation benefit required to transport deceased from place of death to place of burial.
Is included in the premium (for immediate family members only).

Y N

7. FOR OFFICE USE ONLY

BENEFIT PER MONTH	PREMIUM
Immediate Family Premium	R

TOTAL FAMILY PREMIUM	R
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IMMEDIATE FAMILY BENEFITS	
FUNERAL COVER	COVER
Member	R
Spouse	R
Children (Age 14 to 21 years or studying to age 25 years)	R
Children (Age 6 to 13 years)	R
Children (Age 1 to 5 years)	R
Children (Age 0 to 11 months)	R
Stillborn	R

TOTAL PREMIUM DETAILS	
Total Immediate Family Funeral Premium (Incl. Accidental Death Cover)	R
Extended Family Premiums	R
Wider Children Premium	R
Income Continuation Benefit	R

GRAND TOTAL PREMIUM	R
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8. BENEFICIARY NOMINATION

I hereby nominate the following person, who is my dependant or nominee, for any benefits due to be paid from the scheme in the event of my death.

NAME		SURNAME	
ID NUMBER	Y Y M M D D	RELATIONSHIP	

9. PREMIUM PAYMENT

PERSAL DEDUCTION AUTHORISATION

I prefer that my premium be deducted by means of PERSAL. Should this deduction fail, I authorize Albatros Insurance Administrators / 1life4sure to deduct my premium by means of Debit Order.

I, the undersigned:

FULL NAMES			
SURNAME	RANK		
STATION	ID. NUMBER	Y Y M M D D	
DEPARTMENT CODE	PERSAL NUMBER	Y Y M M D D	

hereby authorise the Accountant of the Employer of..... to deduct from my salary each month the premium of R.....applicable for the cover selected with effect from (month) and monthly thereafter, and pay this amount to 1life4sure from which I have obtained a policy, until such time as I cancel this authorisation in writing, or until I substitute it with a new authorization. I accept that there will be an initial R100 administration fee added to my first debit.

R	
START	Y Y Y Y M M D D

Should the relevant premium rate be adjusted by 1life4sure as a result of increase in premium rate; I confirm that the adjusted premium rate may be deducted from my salary until such time as I cancel this authorisation in writing or until I substitute it with a new authorization.

In the event of this deduction being dishonored, the policy will lapse, subject to the grace period as stipulated under the terms and conditions. No deductions are accepted for arrear or any other premiums. I understand that this signed document is required in the 1life4sure offices prior to the deduction date, if not, the deduction will only qualify for the following calendar month's deductions, and will only commence the following month. Please allow for (6) weeks for your policy to be deducted and loaded.

PRINCIPAL MEMBER'S SIGNATURE	
DATE	Y Y Y Y M M D D

10. DEBIT ORDER AUTHORITY

ACCOUNT HOLDER			
BANK NAME	BRANCH NAME		
ACCOUNT NUMBER	BRANCH CODE		
ACCOUNTTYPE	CHEQUE	SAVINGS	TRANSMISSION

I hereby authorize Albatros Insurance Administrators / 1life4sure to commence a debit order withdrawal from my account on day of the month and monthly thereafter, with a possible percentage increase each year, for the premium applicable for the cover selected. I understand that the debit order will be run on the date selected; if for whatever reason it is not honored, 2 (two) withdrawal runs will be submitted the next month. In the event of this run being dishonored, the policy will lapse, subject to the grace period as stipulated under the terms and conditions. I understand that this signed document is required in the 1life4sure offices 10 (ten) working days prior to the elected deduction date; if not, the deduction will only qualify for the following calendar month's deductions, and cover will only commence the following month.

START	Y Y Y Y M M D D
PRINCIPAL MEMBER'S SIGNATURE	
DATE	Y Y Y Y M M D D

11. DECLARATION

I declare to the best of my knowledge and belief that the particulars given above are true and correct. I understand and agree that any willful misrepresentation in this application will invalidate any benefit under this Policy and that I undertake to abide by the terms and conditions of the Policy. 1life4sure shall not be liable for any amount until it has accepted this application and first premium.

****NB:** If the participant is over the age limit when joining, the claim will be repudiated, and premiums refunded.

E-Mail the completed form to sales@1life4sure.co.za
 For any queries, please contact us on sales: 083 258 9431, Claims: 060 505 7608, Whatsapp: 073 193 2646

PRINCIPAL MEMBER'S SIGNATURE	
DATE	Y Y Y Y M M D D