



Life Hero APPLICATION FORM

FUNERAL COVER BY LIFE HERO

- Main Policyholder, 1 Spouse & Up to 6 Children.
- Single R5k or Family R15k Cover
- Included Last Will and Testament

Send completed form to: info@phakama.co.za or fax **086 514 1114**

No Claim will be payable under this Policy if the Claim Event is caused directly or indirectly by, or is the result of any of the following:

- The Insured's active participation in the commission of a criminal activity that results in a Claim Event;
- Natural Death within the initial 6 (six) months from the Commencement Date;

- Suicide or self inflicted injuries that results in death within the first 12 (twelve) months from the Commencement Date;
- The Insured's willing participation in any of the following: any act of war (whether war is declared or not); military action; riot; insurrection; civil commotion; terrorism

PREMIUM CALCULATION

Legacy Silver R29.00 per month or **Legacy Gold** R99.00 per month includes: 18,5% commission to Legal Hero Business, a binder fee of 7,5% and 2% commission to Phakama and an outsource fee of 10% to Life Hero (Pty) Ltd.

Information on Premium Increases: The Insurer will not change or Vary the Premium rate during the first 12 (twelve) months after the Commencement Date of the Policy unless there are reasonable actuarial grounds to change or Vary the Premium rate or when the Variation will be to the benefit of the Principal Insured. After the first 12 (twelve) months, the Insurer reserves the right to review and change the Premium rate and cover annually. Any changes to the Premium rate will be notified to the Principal Insured 31 (thirty-one) Days prior to the change taking effect. Such notification will provide appropriate details of the reasons for the change to the Premium rate and will afford the Principal Insured with reasonable steps, such as an option to terminate the Policy, to mitigate the impact of the any increase on the Principal Insured. The Premium rates may be amended or changed, based on the following factors: past and

future expected economic factors (for example, but not limited to, interest rates, tax and inflation), past and future claims experience, past and future expected lapse experience, past and future expected mortality experience, expected future reinsurance, any regulatory and legislative changes impacting this Policy or any other factor impacting the Premium that the Insurer deems material at the time.

Payment Grace Periods. There is a grace period of 31 (thirty-one) Days after the Premium payment date where cover will remain in force despite non-payment. If any Claim Event occurs during this period which results in a valid Claim, the unpaid Premium(s) will be deducted from any Benefit paid. Failure to pay the Premium(s) by the expiry of this period will result in the Policy lapsing and all Benefits will cease.

Non-Payment of Premium. A Claim Event that arises in the period after the Policy has lapsed will not be covered.

PRINCIPAL INSURED DECLARATION

I hereby apply for the Life Hero Funeral Plan and I declare that I have not withheld any material information. I accept that this Policy application and declaration shall be the basis of the agreement between Life Hero and myself. I understand that any inaccurate, false, or untrue statement may render my Policy null and void. I understand that the Policy will only come into effect after the insurer has received my 1st premium. I understand that claims will not be paid to the beneficiary if all my premiums have not been paid up to date. I further declare that:

- The information supplied on this application form is true, complete, accurate and correct
- The benefits, terms and conditions of this Policy have been explained to me and that I understand and accept them
- The monthly premium is affordable and I can afford to pay the premium for

this Policy

- My bank details are correct for the deduction of my monthly premium via debit order or Persal or Persol (if applicable)
- I understand once my application has been processed I will receive my Policy Schedule
- I understand the waiting period for natural death is 6 months from the commencement date of cover
- I understand the waiting period for suicide is 12 months from the commencement date of cover
- In the event that my premium is one month in arrears, I hereby authorise Phakama to debit my bank account with the necessary amount to cover my premium in order to avoid this policy to lapse.

LEGAL AND CONTRACTUAL RELATIONSHIP WITH THE INSURER

The Insurer and Life Hero have concluded a shareholder and subscription agreement that entitles Life Hero to place insurance business with the Insurer. The shareholder and subscription agreement entitles Life Hero to share in

the profits and losses generated by the insurance business. The Insurer may distribute dividends, at the sole discretion of the Insurer's Board of Directors, to Life Hero during the existence of the Policy.

COMPLAINTS PROCEDURE

If you have received inadequate information or unsatisfactory service or have a complaint about the advice / factual information you have received, please contact Life Hero's Compliance department at: complaints@lifehero.co.za / 010 001 1001

Should you be unsatisfied with the complaints handling process of Life Hero, you can contact Guardrisk Microinsurance Limited at:

Telephone: 0860 333 361
Email: complaints@guardrisk.co.za
Website: www.guardrisk.co.za

Should you remain unsatisfied with the complaints handling process, you may contact the National Financial Ombud Scheme on:

Physical address: Claremont Central Building, 6th Floor, 6 Vineyard Road, Claremont, Cape Town, 7708
OR 110 Oxford Road, Houghton Estate, Illovo, Johannesburg, 2198
Telephone: 0860 800 900
Email address: info@nfosa.co.za

CLAIMS PROCEDURE

In the event of a claim we must be notified within 6 (six) months from the date the claim has arisen and be furnished with the claim documentation within 12 (twelve) months from the claim being reported. A claim can be lodged by: Tel: (012) 348 8310 (Phakama Administrator) or (010) 001 1001 (Life Hero) Email: info@phakama.co.za or claim@lifehero.co.za

The following documents are required for a claim to be assessed:

- Claim Form
- Certified copy of the death certificate
- Certified copy of the deceased's identity document

- Certified copy of the beneficiary's identity document
- Certified copy of the DHA1663 – Notice of Death form
- Certified copy of the beneficiary's bank statement/proof of account (not older than 3 months)
- Proof of address of the beneficiary
- A Police Report in instances of accidental death where the death is as a result of a motor vehicle accident, suicide or where the death is under investigation

COOLING-OFF PERIOD

This Policy carries a 31 (thirty-one) day period in which the Policy can be cancelled should you not be satisfied with the Policy or with the service received. Any premium deducted during this period will be refunded should the Policy be

cancelled provided no claim event has arisen or any benefit paid. Any cancellation request received after the Cooling-off Period will not result in any premiums paid being refunded.

FICA

Please complete page 4 (four) which you will find at the back of this application document.

PRINCIPAL INSURED CONSENT DECLARATION

I hereby waive any right to privacy and authorise the Insurer (or its appointed Administrator):

- to obtain from any hospital, medical institution, police station, insurance company or any other person or entity, whom I hereby authorise to give and to disclose, any information which the Insurer requires or deems necessary to facilitate the assessment of the risks and the consideration of this application and any future claim(s) for benefits under this Policy arising from this application, and;
- to disclose any insurance information (provided by me or on my behalf to any other insurance company, either directly or through a database operated by or for Insurers as a group, at any time and in such detailed, abbreviated or coded form as may from time to time be decided by the

- Insurer or by the operators of such database; and
- to verify any information provided against other sources or databases;
- to disclose information regarding a specific policy, owner or life insured to any persons or institution provided that the Insurer considers such disclosure necessary in order to assess this application (or any future claims); and
- where required through the operation of law, to disclose information regarding a specific policy, owner or life insured to regulatory and government agencies.
- This consent will not cease in the event of my death.

PROTECTION OF PERSONAL INFORMATION IN TERMS OF THE PROTECTION OF PERSONAL 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 for the purpose of this application, 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 in order to process and accept this application.

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 proceed to issue the Policy should we accept this application; 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.

Name of Scheme: LEGACY FUNERAL POLICY New Client: Existing Client: Commencement Date:

SALES AGENT CODE & SIGNATURE: Kindly send completed form to: info@phakama.co.za or fax 086 514 1114

Previous Insurer Entry Date (if applicable): Date Previous Policy Cancelled (if applicable):

DETAILS OF PRINCIPAL INSURED (minimum age 18 & maximum age 64 years)

Surname: Name: Gender: Male Female

ID Type: RSA Other ID | Passport No.: Age:

Home Language: English Afrikaans Xhosa Zulu Sotho Other:

Citizenship if not South African: Country of Birth:

Occupation: Employer:

Source of Funds to Pay for Premiums: Salary Rental Income Investment Other (please specify):

Preferred means of communication: SMS Email Post Other (please specify):

Mobile and other contact numbers: 1 2 3

Postal Address:

Code: Email:

PLEASE DOUBLE CHECK CONTACT DETAILS AS THIS IS HOW WE COMMUNICATE WITH YOU

PRODUCT SELECTION SILVER COVERS: YOU GOLD COVERS: YOU, 1 SPOUSE & UP TO 6 CHILDREN.

LEGACY SILVER BENEFIT AMOUNT:

R5 000 Main Policyholder Single Cover

LEGACY GOLD BENEFIT AMOUNT:

R15 000 Main Policyholder, R15 000 Spouse, R15 000 Child (14-21 years), R7500 Child (7-13 years), R3750 Child (0-6 years).

PREMIUM

LEGACY SILVER R29.00 per month or LEGACY GOLD R99.00 per month

includes:

18,5% commission to Legal Hero Business, a binder fee of 7,5% and 2% commission to Phakama and an outsource fee of 10% to Life Hero (Pty) Ltd.

WAITING PERIODS

Accidental Death: no waiting period if the first premium has been received.

Suicide: 12 months from entry date. Natural death: 6 (six) months from entry date.

GOLD COVER: DETAILS OF INSURED | SPOUSE (maximum age for Spouse 64 years & maximum 1 Spouse allowed), DEPENDANT CHILDREN (maximum 6 children allowed) Note: Relationship: (1) Spouse (2) Son (3) Daughter

Table with 3 columns: Relation, Name(s) & Surname, ID Number

BENEFICIARY DETAILS: The person who will receive the benefit when the Principal Insured dies

Surname: Name: Relationship to Principal Insured:

Email: Contact No.: ID No.:

PAYMENT OPTIONS: Indicate with an (x) PERSAL PERSOL DEBIT ORDER

PERSAL / PERSOL

I, the undersigned: FULL NAME ID No.:

RANK: DEPARTMENT: DEP CODE ID NO:

PREMIUM: PERSAL/PERSOL NUMBER:

Hereby authorise the Accountant of the Department of: _____ to deduct from my salary each month the premium applicable for cover selected with effect from (month): _____ 202_____ and monthly thereafter, and pay this amount to Guardrisk Microinsurance Limited, Instruction code - 0258 ("Guardrisk) from whom I have obtained a Policy, until such time as I cancel this authorisation in writing, or until I substitute it with a new authorisation. Should the relevant premium rate be adjusted by Guardrisk as a result of an inflation related increase in premium rate, I confirm that the adjusted premium rate

may be deducted from my salary until such time as I cancel the authorisation in writing or until I substitute it with a new authorisation. In the event of this deduction being dishonoured, the Policy will lapse, subject to the grace period of 31 (thirty-one) days from the premium payment date. No deductions are accepted for arrears or any other premiums. I understand that once I have signed this application form, the first deduction will only commence in the following month, and will be deducted every month thereafter.

Signature of Applicant: Date:

DEBIT ORDER AUTHORISATION - Written Authority and Mandate for Debit Order Instructions:

Name of Bank: Branch Code: Account type: Cheque Savings Transmission

Account Number: Name of Account Holder:

I hereby authorise Phakama who will collect the premium for this Life Hero Funeral policy on behalf of the insurer, Guardrisk Microinsurance Limited to commence a debit order withdrawal from my account on the _____ day of the month (add an appropriate day of the month), and monthly thereafter for the premium applicable for the cover selected. I understand that the debit order will be run on the date selected. If for any reason it is not honoured, two withdrawal runs will be done the next month. In the event of this second run being dishonoured, the Policy will lapse. I understand it is required that this application form reaches Phakama offices 10 working days prior to the selected deduction date, if not, the deduction will only qualify for the following calendar month's deductions. In the event that the payment day falls on a Sunday, or recognised South African public holiday, the payment will automatically be the preceding ordinary business day. Should the relevant premium rate be adjusted by the insurer as a result of an inflation related increase in the premium rate, I confirm that the adjusted premium rate may be deducted. I agree that

although this Authority and Mandate may be cancelled by me by giving written notice of 31 (thirty-one) days, such cancellation will not cancel the Agreement unless expressly stated by myself. I 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. I acknowledge and agree that payment instructions issued from this Mandate will be treated as payment instructions issued personally by myself, the account holder. I 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.

The User Abbreviated Name as Registered with the Bank will reflect as follows on your bank account: LIFEHERO followed by your policy / membership number.

Signature of Account Holder: Contact No of Account Holder: Date:

PRIOR FUNERAL COVER

Is this Policy a replacement policy for existing funeral cover? (Yes/No)
If YES, was the prior policy cancelled and replaced with this one? (Yes/No)
If YES, were all lives to be covered listed on the alternate policy? (Yes/No)
Had the waiting period for natural death already expired on the alternate policy? (Yes/No)

Please provide us with:

- a) proof of alternate cover
b) confirmation from the insurer the policy was paid up to date, and
c) proof of the cancellation

IMPORTANT COMPLIANCE AGREEMENT TO THE INFORMATION ON THE RIGHT

I hereby confirm that I have read, understand and agree to the important compliance information as found on the left hand side of this application form (tear-off for me to keep) which specifies: exclusions, premium calculation, premium increases, payment grace periods, non-payment of premiums, the principal insured declaration, legal and contractual relationship with the insurer, the complaints procedure, the claims procedure, the 31 day cooling off period, that Phakama will be attending to the FICA screening of all applicants and beneficiaries, the principal insured consent declaration and my POPI consent (protection of personal information).

Principal Insured Signature

Date application completed & signed: Commencement date of Policy:



FICA APPLICATION FORM

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.

Politically exposed person	<input type="text"/>
Domestic prominent influential person	<input type="text"/>
Foreign prominent public official	<input type="text"/>
Known close associate	<input type="text"/>
Family member	<input type="text"/>

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 organisation.
- A Prominent influential person refers to any individual who is or has in the past been entrusted with prominent functions in a particular country. A South African PIP would be known as a Domestic PIP. A Foreign Prominent Public Official (FPPO) would be someone who holds a Prominent Public Official (PPO) position in a foreign country.
Examples: Premier of a province, member of a foreign royal family, government minister or equivalent senior politician, leader of a political party, high ranking member of the military/police, etc.
- 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.

PLEASE REFER TO PAGE 2 (TWO) AND CONFIRM DECLARATION IN RESPECT OF THE PROTECTION OF PERSONAL INFORMATION ACT.

Name & Surname: Signature: Date:

SANCTION SCREENING: TO BE COMPLETED BY ADMINISTRATOR – OFFICE USE ONLY

FOR COMPLETION BY THE ADMINISTRATOR FICA CONFIRMATION

Is the Beneficiary:

- | | |
|--|--|
| • on a sanctioned list | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| • a Politically Exposed Person (PEP) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| • a Prominent Influential Person (PIP) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| • a Domestic Prominent Influential Person (DPIP) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| • a Foreign Prominent Public Official (FPPO) | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Administrator Name: Administrator Signature: Date: