SECURE HEIRS
Protect your family's future

APPLICATION FORM

Branch Name: _____ **Membership Inception date:** ____/____/____

Name of Company: SECURE HEIRS (PTY) LTD registration number. 2025/836216/07

POLICY OPTION: ESTATE ADMINISTRATION

POLICYHOLDER'S DETAILS: (AVAILABLE TO RSA RESIDENTS & CITIZENS ONLY)																					
IDENTITY NO:													DATE OF BIRTH:	D	D		M	M		Y	Y	Y	Y
SURNAME:													FIRST NAME:										
STATUS:	☐	SINGLE	☐	DIVORCED					☐	COMMON LAW			☐	MARRIED									
TEL No.									EMAIL:														
COUNTRY OF BIRTH:									COUNTRY OF RESIDENCE:														
NATIONALITY:									INDUSTRY OF WORK:														
SOURCE OF FUNDS:	☐	SALARY	☐	SOCIAL GRANT					☐	SAVINGS			☐	ANNUITUY					☐	OTHER			
ADRESS:																							
RESIDENTIAL:																	POSTAL CODE:						
POSTAL:																	POSTAL CODE:						

PLEASE NOTE:

- **Lumpsum payouts option only after 6 (six) months of joining as member.**
- **There is a maximum entry age for, as per the scheme rules**
- **Where a premium is underpaid, the benefit payable in respect of a claim will be reduced in proportion to the under payment.**
- **A non-refundable joiners' fee of R 95.00 is payable on date of joining SECURE HEIRS.**

COLLECTABLE FEE (PAYABLE IN ADVANCE) (TICK PREFERRED OPTION)									
	SINGLE MEMBER PLAN	☐	18 - 64	☐	R50 000	PLAN PREMIUM	R150.00
These cover options are applicable to certain age categories. Please check that this option is available for your age category before completing this form.							

BENEFICIARY NOMINATION:

I, as the policyholder, hereby nominate my Estate Late account as the sole beneficiary of the benefits of this policy as indicated on this form.

Policyholder Signature:

SURNAME & TITLE	FIRST NAME AND INITIALS	RELATIONSHIP TO MEMBER	ID NUMBER

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. Safrican Insurance Company Limited 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**

POLICYHOLDER'S SIGNATURE **DATE**

ADENDUM

A 6 months Waiting Period for Natural Death from the commencement date of cover for the covered amount will apply. Claims for the administration of the estate only will not be subjected to a Waiting Period, on condition that the membership fee and the first premium is paid.

Should premiums not be paid in terms of the policy, cover ceases and should the member wish to re-join, they will be treated as a new entrant, with the commensurate 6 months waiting period. The policy will lapse after 2 premiums missed within a 12-month cycle. The policy will be cancelled should the 2 arrear payments not be paid in full before the 2 months of non-payment has passed. All outstanding premiums due must then be paid.

All payments must be made directly into the bank account of SECURE HEIRS by way of cash or direct debit with the following details:

Account Holder : SECURE HEIRS
Bank : Capitec Bank
Account number: 1054511268
Brance code : 450105
Reference No. : _____
Notification via email: info@secureheirs.co.za or via WhatsApp: 0768329938

1. As a member of SECURE HEIRS, I shall enjoy the benefits of:

1.1) Have my Will / Testament been drawn up by an agent of SECURE HEIRS, free of any charges? For a list of agents, please visit the SECURE HEIRS website at www.secureheirs.co.za.
1.2) Have my Will / Testament amended free of charge by any of SECURE HEIRS contracted agents, as the need arises.
1.3) Has my estate been registered with the relevant Master of the High Court by any agent of SECURE HEIRS, free of charge?
1.4) Have my estate been administered by SECURE HEIRS according to my Will / Testament and in accordance with the laws of the Republic of South Africa, free of charge.
1.5) Have the surety that my assets been transferred to my chosen beneficiaries / heirs free of charge in terms of my last Will / Testament.
1.6) I acknowledge that the constitution of SECURE HEIRS was shown and explained to me, and I familiarize myself with the contents thereof, and by my signature, hereby acknowledge my responsibilities as if I had signed it separately. The constitution is available on www.secureheirs.co.za.
1.7) I acknowledge that should payments of my subscription money not be paid, my membership may be terminated without any notice and I shall forfeit all benefits I should have enjoyed while being a member.

2. I further confirm that SECURE HEIRS is not liable for any of my debt that I incurred during my time being alive.

Claim Requirements

SECURE HEIRS and **Safrican Insurance Company Limited** must be notified of the Claims within 6 months of an Insured's death. Even if all the required information is not yet available, it must still be notified of the potential Claim. The following information is required to process a Claim (standard claims package):

- Fully completed, signed and stamped claim form Certified Copy of the deceased's identity document
- Certified Copy of the death certificate A copy of the DHA1663 Registration of Death Form
- If the cause of death is unnatural – a completed police report is required
- Certified Copy of the marriage certificate, or a copy of the Lobola letter or an affidavit confirming person was life partner, state duration
- Certified Copy of the beneficiary identity document Copy of the premium schedule
- Beneficiaries banking details.

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

POLICYHOLDER'S SIGNATURE **DATE**

PROTECTION OF PERSONAL INFORMATION

Safrican Insurance, a subsidiary of Sanlam Limited, will process and protect your personal information as required by the relevant laws and the Constitution of the Republic of South Africa.

Your personal information is processed, analyzed and stored for the purposes for which it was collected, to:

- conclude and administer this application, which may include underwriting;
- allow for the collection of payments;
- assess and process claims, and to do mandatory checks;
- comply with all legal and regulatory requirements, including industry codes of conduct; include service providers in other jurisdictions for lawful purposes and for the conclusion of contracts;
- protect and pursue the legitimate interests of Safrican Insurance and any third parties;
- prevent loss, fraud;
- share with other business units and companies* which are part of the Sanlam Group to market our financial products and services which we deem similar, with the aim of affording you the opportunity of taking up some of the financial products or services to fulfil your needs;
- share with other business units and companies* which are part of the Sanlam Group for the purposes of administering your membership to a loyalty/rewards/wellness or benefit programme;
- share with external benefit providers which are not part of the Sanlam Group in order to provide you with benefits which stem from your membership to a loyalty/rewards/wellness or benefit programme; and
- include further purposes related to the above.

If you do not give us the required information, Safrican Insurance cannot offer you our products or services.

Further processing and storage may require that we send your personal information to service providers outside of the Republic of South Africa on Safrican Insurances behalf. Unless we have a binding agreement with the service provider which ensures that it effectively adheres to the principles for processing of information in accordance with the Protection of Personal Information Act No 4 of 2013, we will not send your personal information to a country that does not have substantially similar laws to that of the Republic of South Africa which provide for the protection of personal data.

You have the right to

- Remotely access or request a copy of your personal information as processed by us;
- Ask for an update and/or correction of your personal information;
- Object to your information being used for any marketing campaign; and
- Opt-out at any time.

A comprehensive list of the business units and legal entities can be found on www.sanlam.co.za

I have read and understand the section on Protection of Personal information and consent, where no other legal basis exists, to the processing of my personal information for the purposes set out therein

For any further enquiries or if you need assistance with your right to opt-out or personal information queries, please contact Safrican Insurance on **011 778 8000** or email service@safrican.co.za.

TERMS & CONDITIONS: WAITING PERIODS/ PAYMENT OF PREMIUMS/ LAPSING OF POLICY

1. A six (6) months waiting period will apply for all new members from date of inception.
2. The scheme covers the principal member.
3. Immediate cover for accidental deaths after 1st premium is received.
3. The member is responsible to ensure that the monthly premium is paid. The principle of"No Premium - No Cover" will apply.
4. Failure to pay two (2) consecutive premiums or should your premium arrears be to the value of (two) 2 premiums, your policy will Lapse
5. You or we may cancel the Policy by providing 31 days' written notice to us.
6. We may also cancel this Policy by means of 31 days' written notice to you, or such longer period if specified by us.

COMPLAINTS PROCEDURE

Complaints which are not resolved to your satisfaction may be referred to the underwriter.
Complaints which are still not resolved may be referred to the Ombudsman for Long-Term Insurance or the Registrar of Long-Term Insurance.

Please refer to the contact details below.

The Ombudsman for Long-Term Insurance
Physical address: Third Floor, Sunclare Building, 21 Dreyer Street,
Claremont, Cape Town, 7700
Postal address: Private Bag x45, Claremont, Cape Town, 7735
t: +27(0) 21 657 5000 / 086 010 3236
f: +27 (0) 21 674 0951 / e: info@ombud.co.za
Financial Sector Conduct Authority (FSCA)
Underwriter:

Safrican Insurance Company
t: +27 (0) 11-778 8130
e: compliance@safrican.co.za

Financial Sector Conduct Authority (FSCA) Physical
Physical address: 41 Matroosberg Road, Ashlea Gardens,
Pretoria, South Africa, 0002
Postal address: P.O. Box 35655, Menlo Park, 0102
Contact Centre: 080 020 3722
t: +27(0) 12 428 8000
f: +27(0) 12 346 6947 e: info@fsca.co.za

PRINCIPAL MEMBER