FUTURA
SA Administrators (Pty) Limited
2006/022425/07

FUTURA COMPULSORY FUNERAL AND ACCIDENT COVER APPLICATION FORM

UNDERWRITTEN BY SANLAM DEVELOPING MARKETS

1. COMPANY DETAIL

Company/Institution Name		Vat Reg No	
Postal Address		Postal Code	
Contact Person		Contact Person Telephone Number	

2. PRINCIPAL MEMBER DETAILS

Title:		Full names:									
Surname:							Inception date:				
Marital Status	Married		Single		Divorced		Other		Type Other		
ID Number:											Current Age
Cover required:	Single		Family		Extended						
Cover amount:											

3. CONTACT DETAILS OF PRINCIPAL MEMBER

Postal address:					
				Postal code:	
Residential address:					
				Postal code:	
Tel. no (H):		Tel. no (W):		Cell no	
Email:					

4. QUALIFYING CO-INSUREDS

Surname	Name	I.D. Number / Date of birth	Relationship

5. TOTAL CONTRIBUTION

Monthly administration fee [included in (a) below]	*R 8.50*
(a) Total monthly premium for Single Member / Family	R
(b) Plus Extended Family premium (if applicable)	R
(c) Plus Company Marketing Fee (if applicable)	R
Total monthly premium	R

6. BENEFICIARY

NOMINATION OF BENEFICIARY UPON DEATH OF THE PRINCIPAL MEMBER
Should you fail to nominate a beneficiary, the benefit will be paid into your estate.

Nominated Beneficiary	Name & Surname:		ID Number:

I, the undersigned, nominate the aforementioned person/institution as the beneficiary of the benefit upon my death.

PAYMENT INSTRUCTION FOR BENEFIT PAYABLE UPON DEATH OF A FAMILY MEMBER
This section must only be completed where you do not wish the benefit to be paid to yourself upon the death of a family member.

Payee	Name & Surname:		ID Number:

I, the undersigned, hereby instruct that the benefit upon the death of a family member, be paid to the aforementioned person/institution on my behalf.

The Principal member must notify Futura SA Administrators (Pty) Ltd in writing of any change relating to the payment instruction and/or nominated beneficiary.

DECLARATION OF PRINCIPAL MEMBER

I declare, to the best of my knowledge and belief, that the particulars given by me herein are true and correct. I am satisfied that the plan chosen by me or offered by my employer, suits my needs, Should the payment of premiums be my responsibility I am able to afford the total monthly contribution of the plan chosen. I have read and understood the Summary of the Terms and Conditions provided to me. I hereby authorise the Underwriter to pay the above-mention administration fees to Futura SA Administrator (Pty) Ltd on my behalf.

Principal Member Signature	Date signed	Scheme Entry Date (1st of Month)

Name of Marketer/Broker	
Financial Services Provider (Company)	

Futura SA Administrators (Pty) Ltd is an authorized Financial Services Provider licensed by the Financial Services Board in terms of the FAIS Act License number 18287. Address: 63 Lincoln Road, Boston, Bellville, 7530. The current underwriter of the Futura Compulsory Funeral Scheme is Sanlam Developing Markets.