

HI RIXAKA A HI KHOMISANENI

Licensed Financial Services Provider (FSP No. 26415) | Underwritten by Sanlam Developing Markets Limited (FSP 11230)

CLIENT MANDATE (BROKER APPOINTMENT)

The client hereby appoints:	Rixaka Funerals (Pty) Ltd represented by:
(Advisor name) as his, her o	r its broker agent and that such appointment is to remain in force until cancelled by the client or
the provider in writing.	
FINANCIAL SERVICES	
The client hereby confirms t	hat the provider is authorised to render financial services on his, her or its behalf.
Such authorisation includes	s any instruction to facilitate the buying, selling, termination or the replacement of any existing
financial product. It also inc	cludes any instruction to vary any term or condition applying to a financial product, the managing
administering, maintaining of financial product.	or servicing of a financial product, and the submittal or processing of any claims associated with o
	sted to kindly give effect to any instructions communicated by the provider.
CLIENT INFORMATION	
The provider acknowledges	s that in the course of rendering financial services, it shall come into possession of information of c
confidential nature. The pro	ovider shall not during the duration of this appointment, or any time thereafter, use or disclose any
client information except to	the extent required by law or permitted by the client in writing.
COMMISSION	
The client agrees to transfer	any new commission which may become due during the appointment period to the provider.
Product suppliers are reques	sted to kindly transfer any insurance portfolios to the provider's broker code.
CLIENT DETAILS	
Client Name	
ID Number	
Email Adress	
Contact Number	
Client Signature & Date	Advisor Signature & Date

LETTER OF INTRODUCTION & DISCLOSURES

In complyin	g with the FAIS legislation	, I would	like to bring the following information	to your attention:
My name is Ltd, an aut services.		provide	er, which accepts responsibility for m	I am employed by Rixaka Funerals (Pty y activities and is, licensed to render financia
I am a	Representative		Representative under Supervision as	defined in the Fit and Proper regulations.
	n providing financial adv	ice and	I intermediary services since	in the following areas of financic
I am author	ised to provide advice ar	d intern	nediary services in the following categ	ories:
Category 1			_	
1.1 Loi	ng-Term Insurance: Category A	1	1.3 Long-Term Insurance: Category B1	1.22 Long-Term Insurance: Category B1-A
A copy of t	he licence is available for	inspecti	ion on request.	
market thei		oping M	larkets Limited (FSP 11230). Their addre	wing product suppliers and I am accredited to ess is 11 West St, Houghton Estate Johannesburg
I do not hole	d more than 10% of the sh	ares issu	ued by any product supplier.	
I am remun	erated for my services by	being p	aid a commission from Rixaka Funeral	s (Pty) Ltd.
Rixaka Fune	erals (Pty) Ltd holds profes	sional in	demnity insurance.	
Financial Se numbers ar practice m compliance support Rixo	ector Conduct Authority e 021 883 8000 (t) and 0 anagement and techno e service enables my pra	. Their p 21 883 a logy sup ctice to	postal address 25 Quantum Street, 7 8005 (f). Services offered by Moonsto oport. This support helps me to prov be compliant with FAIS legislative red	ttd, a compliance practice approved by the fechnopark, Stellenbosch, 7600. Their contactione Compliance (Pty) Ltd include compliance ide you with a more professional service. The quirements. Through the practice management onerefore able to provide you with an improved
Interest ma entitled to	nagement Policy. This req	gister inf Itionship	orms you, our client of all financial ar s that I/we have with the product su	n updated disclosure register and a Conflict on a conflict
	vise that all information c m required by any law to			confidential unless you provide written consen
			ny aspect of my service, you should solution Policy is available on request.	address your complaint in writing to me at the
	t details for FAIS Ombud 170 9080 (t) and 086 764 1			Ridge, 0040. Their contact numbers are 012 76
Yours faithfu	lly			
Signate	ure of client's receipt	-		Date disclosures made to the client

	CLIENT DUE DILIGENCE FORM – NATURAL PERSON CLIENT										
	TIER 1 RISK RATING		Single Transa	action	New Relatio	nship	Existi	ing Relati	ionship		
Large	e / Complex Transaction?	No □	Enhanced CDD	Yes □	Enhanced CDD	Yes □	Standard	d CDD	Yes □		
	Acting Suspiciously?	No □	Enhanced CDD	Yes □	Enhanced CDD	Yes □	Enhance	d CDD	Yes □		
Client indicated on FIC TFS List? No □ Enhanced CDD Yes □ Enhanced CDD Yes □											
Client a DPEP / FPEP / PIP? No □ Enhanced CDD Yes □ Enhanced CDD Yes □											
Associ	ate of DPEP / FPEP / PIP?	No □	Enhanced CDD	Yes □	Enhanced CDD	Yes □					
Family of DPEP / FPEP / PIP? No □ Enhanced CDD Yes □ Enhanced CDD Yes □											
Tran	Transaction less than R5000? No □ Quick CDD Yes □										
Complis the Is the Has the Is the Is the Is the High	CLIENT RISK INDICATORS Legal Person, Trust or Partnership? Complex or multi layered structure of ownership or control? Is the ultimate beneficial owner difficult to identify? Is the client's source of funds and wealth difficult to verify? Has the client been in a business relationship with the institution for a period of less than one year? Has the institution previously observed suspicious or unusual activities or transactions on the part of the client? Is the beneficiary of the client unknown to the institution? Is the client a DPEP; FPEP, PIP; family or close associate of DPEP, FPEP or PIP? (Refer to above) Is there adverse information about the client available from public or commercial sources? High Risk Business Activity of Occupation? TOTAL LOW (Quick) MEDIUM (Standard) HIGH (Enhanced) 0-1 2-5 6-10										
	0-1		2-5			6-	10				
	TIER 2 RISK RATING		Single Transaction New Relationship					Existing Relationship			
	Low Product / Service Risk		Standard CDD	Yes □	Standard CDD	Yes □	Quick		Yes □		
IV	loderate Product / Service Ri		Standard CDD	Yes □	Standard CDD	Yes □	Quick		Yes □		
OLIEN	High Product / Service Risk T INFORMATION		Enhanced CDD	Yes □	Enhanced CDD	Yes □	Standard	a CDD	Yes □		
Enhanced Standard Quick	Telephone Number Residential Address Postal Address Email Address Date of Birth										
han	Place of Employment										
En	Hair Colour	Blond Red Brown Black Other D									
VEDIE	Eye Colour	Blue ⊔	Amber □ Brown □	」Green ∟	Other 🗆	04	ll ODD	F., b	I ODD		
	mes by way of any documen	t that can	rogonably achiev	o verificatio		Stand	dard CDD	Ennan	nced CDD		
	ssport Number by way of any		•				•		•		
	ntial Address by way of any			•					•		
	one Number by way of calling			.,					•		
	equired to sign Source of Fu								•		
	SACTION INFORMATION (where the	client is establishin	g a New F	Business Re	elationshi	ip, or in all		
instand	es where the client is a DPE								, ,		
Nature	of Relationship										
Purpos	e of Relationship										
Source	of Funds	Salary	☐ Business Incom	e □ Divide	end □ Interest □	Gift □ Sa	avings 🗆 C)ther □			
SIGNE	D ON BEHALF OF THE OR	GANISA ⁻	TION								
	& Surname										
Signati	Signature Date										

EPCSA BURIAL APPLICATION FORM

FOR OFFICE USE ONLY									
REP CODE: POLICY NO.	BRANCH								
APPLICATION DATE Y Y C C M M D D POLICY START DATE Y	Y C C M M D D AGE AT ENTRY								
NEW POLICY EXISTING/CONTINUATION POLICY NO.									
1 POLICY HOLDER'S DETAILS									
1. POLICY HOLDER'S DETAILS SURNAME: FIRST NAMES:									
Date of birth: Identity no./Passport no.	o.: Gender: Marital status: S M D W								
Postal address: Residential	address:								
Code:	Code:								
Cell phone no.:	Alternative Cell phone no./Telephone no.:								
Email address:									
2. SPOUSE/S DETAILS									
Surname and names	I.D. no./ Passport no.:								
1.									
2.									
3. CHILDREN'S DETAILS									
Surname and names	I.D. no./ Passport no.: Sex								
1.									
2.									
3.									
4. 5.									
6.									
7.									
8.	+++++++++++++								
	DERC DEATH								
4. BENEFICIARY TO BE PAID THE BENEFIT IN THE EVENT OF THE POLICY HOL Name of person nominated	DEK2 DEATH								
I.D. no.: Contact	no.:								
Relationship to Policy Holder									

I nominate the above-mentioned person to be the recipient of the benefit under my Policy in case of death.

I consent that should I not nominate anyone as my beneficiary Rixaka Funerals (Pty) Ltd will have discretion to either;

- Pay the benefit to any of my dependants who can prove that they rely on me for funeral and other related expenses, or
- Pay the benefit as per the direction under my last will and testament (copy to be provided), or
- Pay the benefit as per an instruction from the Master of the High court (copy to be provided).

INITIALS

I understand that Rixaka Funerals (Pty) Ltd shall process my personal information for purposes of underwriting and administration of my policy. Rixaka Funerals (Pty) Ltd shall ensure that all processing of my personal information is done in a responsible manner and in compliance with all regulatory requirements. I understand that if I do not give such consent Rixaka Funerals (Pty) Ltd cannot accept my application.

TERMS AND CONDITIONS

- . Details of each Policy Holder taking out a burial scheme cover should be provided to Rixaka Funerals at the inception of cover including details of dependants and copies of identity and birth certificate documents for all covered;
- 2. Policy Holder: Any individual who is 18 years and not older than 84 years upon entry, who is eligible to participate in the policy;
- 3. **Spouse(s)**: A person(s) married to the Policy Holder by law or tribal custom or under the tenets of any Asian religion, including a Common Law Spouse (a person who is deemed by Rixaka Funerals (Pty) Ltd, at its sole discretion, to be a spouse, considering the circumstances of each case, and shall include, where applicable, customary marriages, or a relationship between two people of the same gender, or a relationship between two people who have lived together for at least six consecutive months prior to the date of death of the Spouse) of the Policy Holder. A Spouse may not be older than the maximum entry age of 79 years depending on the age band of the Policy Holder. Only a maximum of two Spouses may be covered;
- 4. **Children:** An unmarried child of the Policy Holder, aged 21 years and below (when children turn 22 years old they will have to be covered as extended family members or have their own policies unless they are studying full-time (proof is required) in which case they can be covered until the end of their 25th birthday), including a stepchild, posthumous child, an illegitimate child, a legally adopted child or a stillborn child (must be stillborn from the 26th week of pregnancy). Only two (2) stillborn claims will be accepted during the term of the Policy. NB: Stillborn benefits are only payable to Policy Holders who are the biological parents of the Child. The maximum payout for Children below 6 years is R20 000 and R50 000 for those below 14 years across all policies underwritten by Rixaka Funerals' underwriters;
- 5. **Extended family member:** Spouse, Children, grandchildren, parents, uncles, aunts, brothers, sisters, nephews, nieces, grandparents and in-laws (only in case of marriage) with a maximum entry age of 84 years. Only a maximum of ten (10) Extended family members may be covered at the quoted monthly rate per covered extended family member;
- 6. **Top-up value:** Amount family has access to per policy which is available for the family to use to purchase benefits available at Rixaka onto an individual's package to the value stated per policy. The top-up value cannot be paid out to the family;
- 7. **Cash payout:** Amount family has access to which can be paid out to them as cash or be used to purchase benefits available at Rixaka onto an individual's package to the value stated per policy. There is no cash payout for Children;
- 8. **Cash payout (Stillborn 13 years):** Funeral services are excluded for Children, Stillborn to 13 years old and only a cash pay-out will be provided for them for the purchase of a funeral service;
- 9. Cover starts on the first day of the month following receipt of a fully completed application form and receipt of the first premium by Rixaka Funerals (15th of each month);
- 10. Benefits end upon the death of the Policy Holder, non-payment of premiums (subject to the Grace Period), or withdrawal from the Plan by the Policy Holder, which ever event may occur first;
- 11. From the start date of cover and when additional members are added to the policy there is six (6) months waiting period for all persons insured under the policy who are less than 84 years of age for claims due to natural causes;
- 12. When changing packages, **six (6) months** waiting period will apply to the additional package taken (service conducted will be on the package on which the waiting period is complete);
- 13. Suicide will not be covered during the first 12 months of membership for any insured person;
- 14. Upon the death of a Policy Holder, Spouses, and Children above 18 years may take out a new policy upon the death of their Spouse or parents and not be subjected to a waiting period should they be taken within 30 days of the death;
- 15. Upon the death of a Policy Holder, Children can be covered as Children under the other parent's

INITIALS

- policy and not be subjected to a waiting period should cover occur within 30 days of the death;
- 16. Adding of additional spouse/s or children is not allowed unless the Policy Holder has a life changing event (e.g. birth, legal adoption, and marriage);
- 17. Funeral services will only be conducted for Policy Holder's, Spouse/s and children who are 14 years and above;
- 18. For Prestige package funerals will only be conducted on the Elite package for Children 14 years above because of the maximum underwriter payout for these Children;
- 19. A one-month grace period is allowed should a premium be missed once the policy is in force. If the missed premium is not paid together with the following month's premium the cover will cease without further notice (**policy will lapse**) and should the waiting period not be complete, a new waiting period will be applied should the policy be re-instated. Where any premium payment is missed and subsequently paid, the part of the waiting period not completed at the point when the premium was not paid, will apply from the date the premium is paid (should one premium be missed within the first six (6) months, the waiting period will be seven (7) months instead of six (6) months);
- 20. Premiums in arrears would have to be paid before a claim is honoured (policy needs to be paid up to date);
- 21. Exclusions: No benefit will be paid if death is directly or indirectly caused by or attributable to criminal activities, terrorism, riots or war (whether declared or not) and radioactive contamination;
- 22. Participants (Policy Holder and Spouses) are allowed to be duplicated on Rixaka Funerals as dependants provided their cover does not exceed R100000 aggregate across all policies underwritten by Rixaka Funerals' underwriter, namely, Sanlam Developing Markets Limited;
- 23. Premiums are payable for the duration of the Policy and are not refundable;
- 24. A person can only be covered as a Policy Holder once on the Rixaka EPCSA Burial Scheme policies;
- 25. Should a removal be done from Rixaka Funerals, the costs incurred already by Rixaka Funerals will be calculated and deducted from the benefit amount and only the remaining amount will be paid out or the Family will be liable for payment if such costs are more than the benefit amount;
- 26. Repatriation outside Limpopo province can only be done from North West, Gauteng and Mpumalanga. Repatriation within KZN (Mtubatuba & Durban), FS (Bloemfontein), and Cape Town will be done in partnership with our burial industry partners. Repatriation done beyond these borders will be at an additional cost to the family;
- 27. Funeral services will only be conducted within the provinces of Limpopo, Gauteng, Mpumalanga and North West. Funeral services conducted in KZN (Mtubatuba & Durban), FS (Bloemfontein), and Cape Town will be done in partnership with our burial industry partners. Funeral services done beyond these borders will be at an additional cost to the family;
- 28. If the family wishes to conduct the funeral on Saturday of the same week the death occurred, funeral arrangements need to be done by Wednesday (12h00 noon), however Rixaka Funerals reserves the right to offer alternative dates based on availability of resources;
- 29. In the event of death; a valid claim needs to be submitted and the following documents need to be submitted together with a fully completed **Claim Form** to validate a claim (the requirements are not exhaustive, refer to claim documents):
 - Certified BI 1663 and Death Certificate;
 - Certified copy of ID, Birth Certificate or Passport if a foreign national of the deceased, Policy Holder/Policy Holder, Beneficiary (in case Policy Holder's death) or Claimants;
 - Third party authority signed by the Policy Holder/Beneficiary and Third party (in case of payment being made into a third parties account (certified ID or Passport copy to be provided);
 - Proof of account or Bank Statement reflecting Bank name, account number and account holder's details;
- 30. Premiums are subject to increase by 5% annually on the policy anniversary;
- 31. This policy has no surrender value and may not be ceded or pledged in any way. No loans will be granted against this policy;
- 32. Premium payment method: Debit Order (form to be completed and proof of account not older than three (3) months needed), PERSAL Debit Order (form needs to be completed), annual payments for PayAt (PayAt outlets/Apps) and Point of Sale (card machine);
- 33. Rixaka Funerals (Pty) Ltd reserves the right to amend, revoke, vary or alter any of the terms and conditions of this policy provided that the Policyholder is given at least 31 (thirty-one) days' written

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notice of its intention to do so; and

34. The terms and conditions on the application form are non-exhaustive and the policyholder is entitled to be provided, on request, with a copy of the Policy Document, which will take precedence and be applied should there be a discrepancy.

PROTECTION OF YOUR PERSONAL INFORMATION

- We will keep any information including personal information relating to you, your dependants, lives insured, and beneficiaries supplied to us when applying for your policy, reinstatement or any amendment ("your personal information"), confidential.
- When providing us with your personal information, and information on your dependants, lives insured, and beneficiaries, you must make sure that they have provided you with the appropriate permission to disclose their personal information to us for the purposed set out below and any other related purposes.
- We may collect, collate, process, store, and disclose your personal information for the purpose of:
 - 1. Administering this policy and for the assessment of any claims.
 - 2. Providing relevant information, including your personal information, to contracted third parties who need the information to offer you a service in relation to this policy provided that the contracted third party agrees to keep the information confidential.
- We will not share or use any personal information collected from this form for any other purpose other than to process your policy application, administer your policy and to consider claims (the permitted purpose). You give us consent to record, keep, and share your information for these purposes. We must comply with all industry regulations and legislation applicable to Rixaka Funerals' business and products. We will at all times comply with industry regulations in the way we receive, store and share your information.
- Please note:
 - o We may change this notice from time to time. In this regard, please visit our website at www.rixaka.co.za
 - o You have the right to object to the processing of your personal information.
 - o If you believe that we have used your personal information contrary to applicable law, you must first raise any concerns with us. If you are not satisfied with our process, you have the right to lodge a complaint with Information Regulator at inforeg@justice.gov.za

DECLARATION:

I declare to the best of my knowledge and belief that the information given above is true and correct. I understand and agree that any unlawful misrepresentation in this application form will invalidate any benefit under this policy. I declare that I have read and understood the terms and conditions attached to this policy, and understand their meaning and effect, and undertake to abide and to be bound by the terms and conditions of the policy. Rixaka Funerals (Pty) Ltd shall not be held liable for any amount until it has accepted this application and this policy is in force. If any person is over the age limit when joining, the claim will be repudiated, and premiums refunded.

Policy Holder's Signature	Date	Representative's Signature	Date

EPCSA CLIENT ADVICE RECORD BURIAL SERVICES

Client's Name	Client's Name													
ID November														
ID Number								A	ge					
Policy Number								De	ate					
Benefit Premium		R												
Advisor's Name														
In terms of the Find document is intend respect of the conte	the advisory	proc	cess that yo	ou rece	ently unde	ertook wit	h you	ır advisoı	. If you h					
	SE	CTION A:	SUMMARY	OF	INFORMA	NOITA	OBTAIN	IED FRO	M TH	IE CLIEN	NT			
Clients Objectives	: What do	oes the	Client wan	ted	funeral se	rvices	as it prov	rides for	burio	ıl on ded	ath of an	insurec	l perso	n.
client wish to achi	eve by pur	rchasing												
this financial produc	t\$													
Current Product Exp	erience: De	scribe in	I held a p	orese	entation (explair	ning the	produc	t in	the clie	ent's lan	iguage	which	they
summary clients' l	evel of kno	owledge	understood	d.										
and experience	of the	product	Brochure p	rovi	ded.									
purchased.														
Financial Situation: S	Set out in sur	nmary	Employed	ı	Yes		No		Pen	sioner	Yes		No	
clients' current finar	ncial position	١.	Affordabil	ity	Income		Expens	es	Avo	ailable ir	ncome	Availa	ble fo	r policy
				-										
			Comment	s										
			Dependa		Yes	No How many?								
			SECTIO	NI D	NEEDS 0	COA	I C IDEN	TIEIED						
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Financial Planning Need	Needs quo	intitiea	fully add	e if Need was Shortfall Review Date if need ressed artially/Later) partially or to be according to the control of the control										
Funeral Cover	No needs	quantified	l- Partially			No:	t applica	ıble as n	0	Client	to advic	e on rev	view d	ate in
	once off n	eed				nee	eds were	quantifi	ed.	one ye	ear's time	€.		
			SECTIO	ON (C: PRODU	JCTS C	CONSIDE	RED		l				
Company / Product	•		Benefit con	side	ered with o	cover	amounts							
Rixaka Funerals (Pt	y) Ltd unde	erwritten	EPCSA Stai	nda	rd Packa	ge (R2	20 000),	EPCSA I	Elite	Packag	e (R50 00	00), EPC	CSA Pr	estige
by Sanlam Develop	ing Markets	Limited.	Package (F	R80 (000). Mem	nbers t	o select	package	e due	e to thei	r afforda	bility.		
	:	SECTION	D: INITIAL R	ECC	OMMEND	ATION	I / ADVI	CE & M	ΟΤΙV	ATION				
Product Recommen	ded and/or	selected	by client.	M	otivation	for Re	commen	dations	– Sto	ate why	the pro	duct pu	rchas	ed will
				su	it client o	why o	client sel	ected th	e pro	duct.				
EPCSA Burial Scho	eme produ	ict under	written by	To be underwritten by Sanlam Developing Markets Limited as opposed to							sed to			
Sanlam Developing	Markets Lim	ited.		fu	neral pay	ment เ	upon de	ath.						
BENEEFIT SELECTED	EPCSA Sto	andard po	ickage		EPCSA	Elite po	ackage		E	PCSA PI	estige p	ackage		
BENEFIT TYPE	Single Mem	nber Bene	fit		Family	Benef	fit							
Client's signature														
SECTION E: CLIENT DECLARATIONS														

(F)	iease noie mai i	ii is oi oimosi impoi			ing and acceptance		snoula de inilialiea	Dy IIIE	: Clieni io	
1.			letter, setting out				erience and serv	ices		
		been provided t								
2.	I understand that a limited Needs Analysis was conducted as the product currently being offered to me and/or my dependants is for funeral expenses and there may be a shortfall of cover at our death. This was a once off need and advice was limited to burial scheme only.									
3.	I confirm that I was provided with a copy of marketing brochures with rates and benefit sheets for the product(s)									
Ο.	selected. All		and conditions of							
_	made.						• 1	,		
4.			nd understand all	_	•		-	-		
		-	d with the produc	t. Advice, po	licy and aaministr	ration tees to be	e received by Rix	ака		
	Funerals are		ard Package	EDCS A EIH-	Dankana	EDCS A Drocking	Dankana	1		
	Benefit	SM	Fam	EPCSA Elite		EPCSA Prestige SM				
	Age 18 – 64	R89,91	R119,08	R99,81	Fam R122,83	R118,21	Fam R154,21			
	65 - 74	R99,71	R131,26	R94,58	R129,02	R129,60	R171,53			
		R99,50	R217,74	R111,12	R235,49					
	75 – 84	K99,5U	KZ17,/4	KIII,IZ	R235,49	R156,82	R477,31	j		
5.	I confirm tha	t all documents s	signed by me were	fully complet	ed prior to my sign	ning them.				
			d the Financial Ad				nefit application fo	orms		
			ative warned me a							
	of such inforr				•		•			
7.	Notwithstand	ling the informa	ation provided by	the Represe	ntative, I acknow	vledge that I ha	ave an obligatio	n to		
	familiarize m	yself with the terr	ms and conditions	of the produc	t(s) that I have pur	rchased.				
8.			funeral policy sup	ersede any inf	ormation provided	d by the advice (giver and I am far	niliar		
	with the rules	S .								
	SECTION F: IMPORTANT INFORMATION HIGHLIGHTED TO CLIENT (e.g. risks, start and end of cover, waiting periods, grace periods, exclusions, etc) – refer to brochure, application form and policy document									
1	(e.g. risks, sta	rt and end of cove	r, waiting periods, gr	ace perioas, ex	ciusions, etc) – reter	to prochure, applic	cation form and police	cy doc	ument	
١.			and when addition and when addition are							
			aiting period will							
			ng period is comple		additional packe	age lakeli (selvi	ce conducted w	III DC	OII IIIC	
2			of the month fol		t of a fully compl	leted application	n form and recei	nt of	the first	
	premium by Rixaka Funerals (15 th of each month). Benefits end upon the death of Policy Holder, non-payment of premiums (subject to the Grace Period), or withdrawal from the Plan by the Policy Holder, which ever event may occur first.									
3.	3. When children turn 22 years old, they will have to have their own policies unless they are studying full-time (proof is required) in									
			ered until the end			, ,			,	
4.			uring the first 12 m			ured person.				
			allowed should a				the missed premiu	ım is r	not paid	
	together with the following month's premium the cover will cease without further notice (policy will lapse) and should the									
	waiting period not be complete, a new waiting period will be applied should the policy be re-instated.									
6.	6. Exclusions: No benefit will be paid if death is directly or indirectly caused by or attributable to criminal activities, terrorism, riots									
	or war (whether declared or not) and radioactive contamination.									
7.			onducted for Police					ineral	services	
			llborn to 13 years o							
8.			rals will only be co		ne Elife package	for Children – I	4 years above be	ecaus	e of the	
0			t for these Children		and refundable					
			e duration of the Po o province can or			`autona and Mr	umalanaa Pona	triatio	n within	
10			FS (Bloemfontein)							
	•	·	ese borders will be				iiii ooi bollal iilac	Jolly F	Janners.	
11			conducted within				anaa and North	West	Funeral	
•			Mtubatuba & Dur							
			al services done b					op		
12			alue and may not					t this p	oolicy.	
			ease by 5% annual				-		•	
14			n the application plicy Document, w							
	Additional Cor	mmente:								
			to the purchase of	f the Rivaka Fu	nerals FPCSA Rurio	al product				
1	IIIC GDOVE DE	ciaranons apply	to the poteriose of	I IIIO NIAGRATO	TIGIGIS EL COM DULL	ai pioduci.				
-										
	Policy Hold	ler's Signature	Date		Representative	e's Signature	Date			
	-	=			-	=				