RIXAKA
FUNERALS

HI RIXAKA A HI KHOMISANENI

Licensed Financial Services Provider (FSP No. 26415) I 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 or 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 that the provider is authorised to render financial services on his, her or its behalf.

Such authorisation includes any instruction to facilitate the buying, selling, termination or the replacement of any existing financial product. It also includes any instruction to vary any term or condition applying to a financial product, the managing, administering, maintaining or servicing of a financial product, and the submittal or processing of any claims associated with a financial product.

Product suppliers are requested to kindly give effect to any instructions communicated by the provider.

CLIENT INFORMATION

The provider acknowledges that in the course of rendering financial services, it shall come into possession of information of a confidential nature. The provider 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 requested to kindly transfer any insurance portfolios to the provider's broker code.

CLIENT DETAILS

Client Name	
ID Number	
Email Address	
Contact Number	

_____ Client Signature & Date

_____ Advisor Signature & Date

Dear Mr / Ms Client

LETTER OF INTRODUCTION & DISCLOSURES

In complying with the FAIS legislation, I would like to bring the following information to your attention:

My name is _____. I am employed by Rixaka Funerals (Pty) Ltd, an authorised financial services provider, which accepts responsibility for my activities and is, licensed to render financial services.

I am a ☐ **Representative** ☐ **Representative under Supervision as defined in the Fit and Proper regulations.**

I have been providing financial advice and intermediary services since _____ in the following areas of financial planning: [Funeral benefits]

I am authorised to provide advice and intermediary services in the following categories:

Category 1

☐ 1.1 Long-Term Insurance: Category A ☐ 1.3 Long-Term Insurance: Category B1 ☐ 1.22 Long-Term Insurance: Category B1-A

A copy of the licence is available for inspection on request.

Rixaka Funerals (Pty) Ltd has written authority to market the products of the following product suppliers and I am accredited to market their products: Sanlam Developing Markets Limited (FSP 11230). Their address is 11 West St, Houghton Estate Johannesburg 2191. Their contact numbers are 0860 726 526 | 011 359 7700.

I **do not** hold more than 10% of the shares issued by any product supplier.

I am remunerated for my services by being paid a commission from Rixaka Funerals (Pty) Ltd.

Rixaka Funerals (Pty) Ltd holds **professional indemnity insurance.**

Compliance with the FAIS Act is monitored by Moonstone Compliance (Pty) Ltd, a compliance practice approved by the Financial Sector Conduct Authority. Their postal address 25 Quantum Street, Technopark, Stellenbosch, 7600. Their contact numbers are 021 883 8000 (t) and 021 883 8005 (f). Services offered by Moonstone Compliance (Pty) Ltd include compliance, practice management and technology support. This support helps me to provide you with a more professional service. The compliance service enables my practice to be compliant with FAIS legislative requirements. Through the practice management support Rixaka Funerals (Pty) Ltd is able to run a more professional business and therefore able to provide you with an improved service and enhanced support.

Please note that in accordance with legislation Rixaka Funerals (Pty) Ltd keep an updated disclosure register and a Conflict of Interest management Policy. This register informs you, our client of all financial and ownership interests that I/ we may become entitled to and lists the business relationships that I/we have with the product suppliers. This document ensures transparency in my/our dealings with our customers and is available for inspection.

I wish to advise that all information obtained or acquired about you shall remain confidential unless you provide written consent, or unless I am required by any law to disclose such information.

In the event that you are dissatisfied with any aspect of my service, you should address your complaint in writing to me at the above address. A copy of my Complaints Resolution Policy is available on request.

The contact details for FAIS Ombud are: Postal address P.O. Box 74571, Lynwood Ridge, 0040. Their contact numbers are 012 762 5000 / 012 470 9080 (t) and 086 764 1422 / 012 348 3447 (f).

Yours faithfully

_____	_____	_____
Signature of client's receipt	**Representative's signature**	**Date disclosures made to the client**

CLIENT DUE DILIGENCE FORM – NATURAL PERSON CLIENT

TIER 1 RISK RATING		Single Transaction		New Relationship		Existing Relationship	
Large / Complex Transaction?	No ☐	Enhanced CDD	Yes ☐	Enhanced CDD	Yes ☐	Standard CDD	Yes ☐
Acting Suspiciously?	No ☐	Enhanced CDD	Yes ☐	Enhanced CDD	Yes ☐	Enhanced 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 ☐		
Associate of DPEP / FPEP / PIP?	No ☐	Enhanced CDD	Yes ☐	Enhanced CDD	Yes ☐		
Family of DPEP / FPEP / PIP?	No ☐	Enhanced CDD	Yes ☐	Enhanced CDD	Yes ☐		
Transaction less than R5000?	No ☐	Quick CDD	Yes ☐				

CLIENT RISK INDICATORS	YES	NO
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

TIER 2 RISK RATING	Single Transaction		New Relationship		Existing Relationship	
Low Product / Service Risk	Standard CDD	Yes ☐	Standard CDD	Yes ☐	Quick CDD	Yes ☐
Moderate Product / Service Risk	Standard CDD	Yes ☐	Standard CDD	Yes ☐	Quick CDD	Yes ☐
High Product / Service Risk	Enhanced CDD	Yes ☐	Enhanced CDD	Yes ☐	Standard CDD	Yes ☐

CLIENT INFORMATION		
Quick	Nationality	South African ☐ Foreign National ☐
	Full Names	
	ID / Passport Number	
	Telephone Number	
Standard	Residential Address	
	Postal Address	
	Email Address	
Enhanced	Date of Birth	
	Place of Birth	
	Place of Employment	
	Hair Colour	Blond ☐ Red ☐ Brown ☐ Black ☐ Other ☐
	Eye Colour	Blue ☐ Amber ☐ Brown ☐ Green ☐ Other ☐

VERIFICATION METHODOLOGY	Standard CDD	Enhanced CDD
Full Names by way of any document that can reasonably achieve verification	●	●
ID / Passport Number by way of any document that can reasonably achieve verification	●	●
Residential Address by way of any document that can reasonably achieve verification		●
Telephone Number by way of calling the client		●
Client required to sign Source of Funds Declaration		●

TRANSACTION INFORMATION (Only complete this section where the client is establishing a New Business Relationship, or in all instances where the client is a DPEP / FPEP / PIP or an Associate / Family Member of a DPEP / FPEP / PIP)

Nature of Relationship	
Purpose of Relationship	
Source of Funds	Salary ☐ Business Income ☐ Dividend ☐ Interest ☐ Gift ☐ Savings ☐ Other ☐

SIGNED ON BEHALF OF THE ORGANISATION			
Name & Surname			
Signature		Date	

EPCSA EXTENDED MEMBER 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**					
BENEEFIT SELECTED	**PLAN A**		**PLAN B**		**PLAN C**		**PLAN D**		**PLAN E**														
BENEFIT TYPE	**Member + 5**		**Member + 9**		**Extended**		**0 - 64**		**65 - 74**		**75 – 84**												
Benefit Premium - R		Extended Benefit Premium - R				**TOTAL PREMIUM**	**R**																
DEBIT ORDER		**EASYPAY**		**NEW POLICY**		**EXISTING/CONTINUATION**		POLICY NO.															

1. POLICY HOLDER'S DETAILS

SURNAME:																FIRST NAMES:							
Date of birth:									Identity no./Passport no.:														
Y	Y	C	C	M	M	D	D																
Gender:			Marital status:																				
M	F		S	M	D	W																	
Postal address:																Residential address:							
Code:																Code:							
Cell phone no.:																Alternative Cell phone no./Telephone no.:							
Email address:																							

2. DEPENDANT'S DETAILS – MEMBER PLUS 5 & 9 BENEFIT

Surname and names		I.D. no./ Passport no.:													Relationship
1.															
2.															
3.															
4.															
5.															
6.															
7.															
8.															
9.															

3. EXTENDED FAMILY MEMBER

Surname and names		I.D. no./ Passport no.:													Relationship
1.															
2.															
3.															
4.															
5.															

1	Benefit Selected	2	Benefit Selected	3	Benefit Selected	4	Benefit Selected	5	Benefit Selected

Policy Holder's Signature	Date	Representative's Signature	Date

4. BENEFICIARY TO BE PAID THE BENEFIT IN THE EVENT OF THE POLICY HOLDERS' DEATH

Name of person nominated																										
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).

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

1. **Policy Holder**: any individual who is 18 years and not older than 84 years old upon entry, who is allowed to participate in the policy;
2. **Dependants**: Spouse, children, grandchildren, parents, uncles, aunts, brothers, sisters, nephews, nieces, grandparents, in-laws (only in case of marriage) who are not older than 74 years old upon entry to the policy. Only a maximum of five (5) and nine (9) dependants may be covered based on the benefit plan selected;
3. **Extended family member:** Spouse, Children, grandchildren, parents, uncles, aunts, brothers, sisters, nephews, nieces, grandparents and in-laws (only in case of marriage) who are 0 – 84 years. Only a maximum of ten (10) Extended family members may be covered at the quoted monthly rate per covered extended family member;
4. **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;
5. **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;
6. Details of each Policy Holder taking out cover should be provided to Rixaka Funerals (Rixaka) at the inception of cover including details of dependants and copies of identity and birth certificate documents for all covered;
7. Should Dependants details not be submitted upon joining, an update form including copies of identity document or birth certificates needs to be completed and a waiting period will apply from the time the form is completed;
8. 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);
9. 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;
10. 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;
11. 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);
12. From the start date of cover and when additional members are added to the policy there is no waiting period for all persons insured under the policy for claims due to unnatural causes;
13. Suicide will not be covered during the first **12 months** of membership for any insured person;
14. 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;

INITIALS

15. 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);
16. If you are changing from any Rixaka Burial Scheme (RBS) product, six (6) months waiting period will apply, however, a funeral will be conducted on the RBS product a member has moved from or the member will receive the cash equivalent of the cover a member is moving from, provided they have completed their waiting period on it;
17. If you are coming from any other Service provider, six (6) months waiting period will apply, however, should you have payment history, policy document with cover amounts and a cancellation letter (all less than 31 days), a funeral equivalent to the cover amount on the policy document will be conducted or a cash payout will be done on that cover value. Should you not have a payment history, policy document with cover amounts and a cancellation letter, only the Core benefits will be offered on the Lite package should a funeral occur within the waiting period and only R 2000 will be paid out should a funeral not be conducted by Rixaka Funerals;
18. A person can only be covered as a Policy Holder once on Rixaka Burial Scheme policies;
19. There is no cover for stillborn children;
20. Policy Members who are pregnant and require cover for children should move to a product plan that accommodates children as soon as possible, bearing in mind that waiting periods applicable to the Main Member are also applicable to children. The Insurer will however, in good faith, cover newborn children born to the Main Member for the first 3 (three) months from the date of birth;
21. The maximum payout for children below 6 years is R 20 000 regardless of the policy holders cover amount;
22. A person can be covered as a Dependant on other policies provided an aggregate of R100 000 is not exceeded across all plans;
23. Should the funeral not be conducted by Rixaka, the cash equivalent of the benefit will be paid out provided all other terms and conditions are met;
24. Should a removal be done from Rixaka Funerals, the costs incurred already by Rixaka Funerals will be calculated 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;
25. For oversize caskets – a fee will be charged as an oversize casket will need to be custom made;
26. Premiums in arrears would have to be paid before a claim is honoured (policy needs to be paid up to date);
27. Pick-ups can only be done within 100km radius, pick-ups done outside of this radius will be at an additional cost to the family;
28. 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;
29. 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);
30. 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;
31. Should death occur; a valid claim needs to be submitted with all necessary documents to validate a claim (see claims procedure document);
32. Premiums are subject to increase by 5% annually on the policy anniversary for the Policy Holder and Extended Family;

INITIALS

33. The occurrence of the Insured Event must be reported in writing within 6 (six) months of such occurrence. If for any reason whatsoever notice of claim following the occurrence of the Insured Event under this Policy is not given within the period of 6 (six) months, all Policy benefits under this Policy in respect of such claim shall be forfeited and the claim shall not be honoured;
34. 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 notice of its intention to do so;
35. This policy has no surrender value and may not be ceded or pledged in any way. No loans will be granted against this policy; and
36. 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:
  - We may change this notice from time to time. In this regard, please visit our website at www.rixaka.co.za
  - You have the right to object to the processing of your personal information.
  - 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			
ID Number		**Age**	
Policy Number		**Date**	
Benefit Premium – R	**Extended Benefit Premium – R**	**TOTAL PREMIUM**	**R**
Advisor's Name			

In terms of the Financial Advisory and Intermediary Services Act we are required to provide you the client with a ***Record of Advice****. This document is intended as a confirmation of the advisory process that you recently undertook with your advisor. If you have any questions in respect of the content please contact your advisor.* ***You are entitled to a copy of this document for your own records.***

SECTION A: SUMMARY OF INFORMATION OBTAINED FROM THE CLIENT

Clients Objectives: What does the client wish to achieve by purchasing this financial product?	Client wanted funeral services as it provides for burial on death of an insured person.
Current Product Experience: Describe in summary clients' level of knowledge and experience of the product purchased.	I held a presentation explaining the product in the client's language which they understood. Brochure provided.

Financial Situation: Set out in summary clients' current financial position.

Employed	**Yes**		**No**		**Pensioner**	**Yes**		**No**		
Affordability	**Income**		**Expenses**		**Available income**		**Available for policy**			
Comments										
Dependants	**Yes**		**No**		**How many?**					

SECTION B: NEEDS & GOALS IDENTIFIED

Financial Planning Need	Needs quantified	Indicate if Need was fully addressed (Yes/No/Partially/Later)	Shortfall	Review Date if need addressed partially or to be addressed later
Funeral Cover	No needs quantified-once off need	Partially	Not applicable as no needs were quantified.	Client to advice on review date in one year's time.

SECTION C: PRODUCTS CONSIDERED

Company / Product	Benefit considered with cover amounts
Rixaka Funerals (Pty) Ltd underwritten by Sanlam Developing Markets Limited	Plan A (R12 500), Plan B (R17 000), Plan C (R20 000), Plan D (R23 000) and Plan E (R25 000). Members to select package due to their affordability.

SECTION D: INITIAL RECOMMENDATION / ADVICE & MOTIVATION

Product Recommended and/or selected by client.	Motivation for Recommendations – State why the product purchased will suit client or why client selected the product.
EPCSA Extended Family Member Burial Scheme product underwritten by Sanlam Developing Markets Limited.	To be underwritten by Sanlam Developing Markets Limited as opposed to funeral payment upon death.

BENEEFIT SELECTED	**PLAN A**		**PLAN B**		**PLAN C**		**PLAN D**		**PLAN E**		
BENEFIT TYPE	**Member + 5**		**Member + 9**		**EXTENDED FAMILY**	**0 - 64**		**65 - 74**		**75 - 84**	

Client's signature	

SECTION E: CLIENT DECLARATIONS

(Please note that it is of utmost importance that you read this section carefully and understand it fully. All blocks should be initialled by the client to indicate understanding and acceptance)

1.	I confirm that a **Disclosure letter**, setting out the Financial Advisor's full particulars, her experience and services offered, has been **provided to me**.	
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) selected. All material **terms** and **conditions** of the product(s) selected were **explained** to me **prior** to any **decision made**.	
4.	I have been **informed o**f and **understand** all **costs**, charges, penalties. I understand the **risks / guarantees (or absence thereof)** associated with the product. Advice, policy and administration fees to be received by Rixaka Funerals are as follows:	

Member + 5 Dependents					
18 - 64	R114,92	R117,61	R110,15	R117,67	R122,68
65 - 74	R120,49	R121,67	R118,90	R121,23	R136,12
75 - 84	R125,16	R125,76	R126,01	R140,16	R156,26

Member + 9 Dependents				
R114,92	R117,37	R114,82	R125,30	R132,28
R117,45	R126,46	R121,94	R134,23	R142,43
R130,56	R137,97	R140,94	R126,21	R153,28

Extended Family					
0 - 64	R55,94	R64,55	R74,36	R77,52	R82,01
65 - 74	R88,97	R104,00	R120,14	R139,16	R144,81
75 - 84	R104,61	R238,97	R199,17	R227,05	R240,45

5.	I confirm that all documents signed by me were **fully completed** prior to my signing them.	
6.	I confirm that when I provided the Financial Advisor with the information required for any risk benefit application forms on my behalf, the Representative **warned me** of the **risks and consequences of non-disclosure and misrepresentation** of such information.	
7.	**Notwithstanding** the information provided by the Representative, I **acknowledge** that I have an **obligation** to familiarize myself with the terms and conditions of the product(s) that I have purchased.	
8.	I **confirm** that the **rules** of the funeral policy **supersede** any information provided by the advice giver and I am **familiar** with the **rules**.	

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.	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.
2.	Suicide will not be covered during the first **12 months** of membership for any insured person.
3.	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 Limited (15th of each month).
4.	Divorced spouses will not be covered. They can be covered as Dependants or Extended family members (at an additional cost).
5.	Families have Top-up value available for them 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.
6.	The maximum payout for children below 6 years is R 20 000 regardless of the policy holders cover amount.
7.	If you are changing from any Rixaka Burial Scheme (RBS) product, six (6) months waiting period will apply, however, a funeral will be conducted on the RBS product a member has moved from or the member will receive the cash equivalent of the cover a member is moving from, provided they have completed their waiting period on it.
8.	Should a removal be done from Rixaka Funerals, the costs incurred already by Rixaka Funerals will be calculated 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.
9.	For oversize caskets – a fee will be charged as an oversize casket will need to be custom made.
10.	This policy has no surrender value and may not be ceded or pledged in any way. No loans will be granted against this policy.
11.	Premiums are subject to increase by 5% annually on the policy anniversary for the Policy Holder and Extended Family.
12.	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.

Additional Comments:

The above Declarations apply to the purchase of the EPCSA Extended Family Member product.

Policy Holder's Signature	**Date**	**Representative's Signature**	**Date**