

SASSA Stop order instruction for Funeral Deduction

Policy number	
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Full name of grant beneficiary																					
National identification number of grant beneficiary													Monthly amount	R							
Pay station													Deduction start date	D	D	M	M	Y	Y	Y	Y

I hereby instruct the South African Social Security Agency to deduct monthly the above premium from my grant and remit to BrightRock Life Ltd (FSP 11643, Registration number: 1996/014618/06).

I understand that I am still under an obligation to instruct SASSA to affect the deduction. This must be done at the SASSA local office. You also understand that SASSA does not market or endorse any financial products, and I confirm that I have entered into this agreement for a funeral policy of my own free will.

Stop order payment authorisation

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Name of grant beneficiary

Signature/finger print of grant beneficiary

Date signed

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Name of Financial Adviser

Signature of Financial Adviser

Date signed