



# Introducing the Sanlam NFMW Funeral Cover Extender product for you

We all know that saying goodbye to a loved one is hard. Making sure that they have the funeral they deserve, can be stressful and often leads to financial hardship.

We know that standard funeral plans can be too restrictive for your needs, in terms of who may be listed as family in your policy schedule. When it comes to extended family, this means that you could be caught financially unprepared.

NFMW Funeral Extender Cover offers you an affordable solution specific to your needs where you have the option to cover yourself and/ or your immediate family and/ or parents and/ or parents in law and/ or extended family.

Premiums will be deducted via debit order. It's that simple.

## A flexible plan that allows you to tailor your own extended cover

Every family is different and you may have additional responsibilities for extended family members due to the loss of a sibling or parent. With NFMW Funeral Extender Cover, you have the flexibility to choose who you want to cover.

You can now tailor-make your cover combinations in line with your needs, and / or extend it to include those of your immediate family, parents, parents-in-law or extended family members. This is made possible by various flexible options. You are not obliged to cover yourself if you do not wish to do so.

You may cover up to eight of your extended family members i.e. brothers, sisters, aunts, uncles, nieces, nephews, grandparents, cousins and four parents, one spouse and an unlimited number of nominated children (with a maximum of five child benefit claims to be paid per plan).

## How do I qualify for this cover?

As a member of the NFMW you already qualify. All you need to do is complete the application form.



## **NFMW Funeral Cover Extender is portable**

This Group product is a whole life policy; so when you leave employment, due to retirement, resignation or retrenchment, you may still continue with the policy.



**Speak to  
your NFMW  
consultant  
today, about  
how to extend  
your funeral  
cover.**



## How to complete the application form

The application form has Sections A to E. To make completing your form easy, please take note of the following:

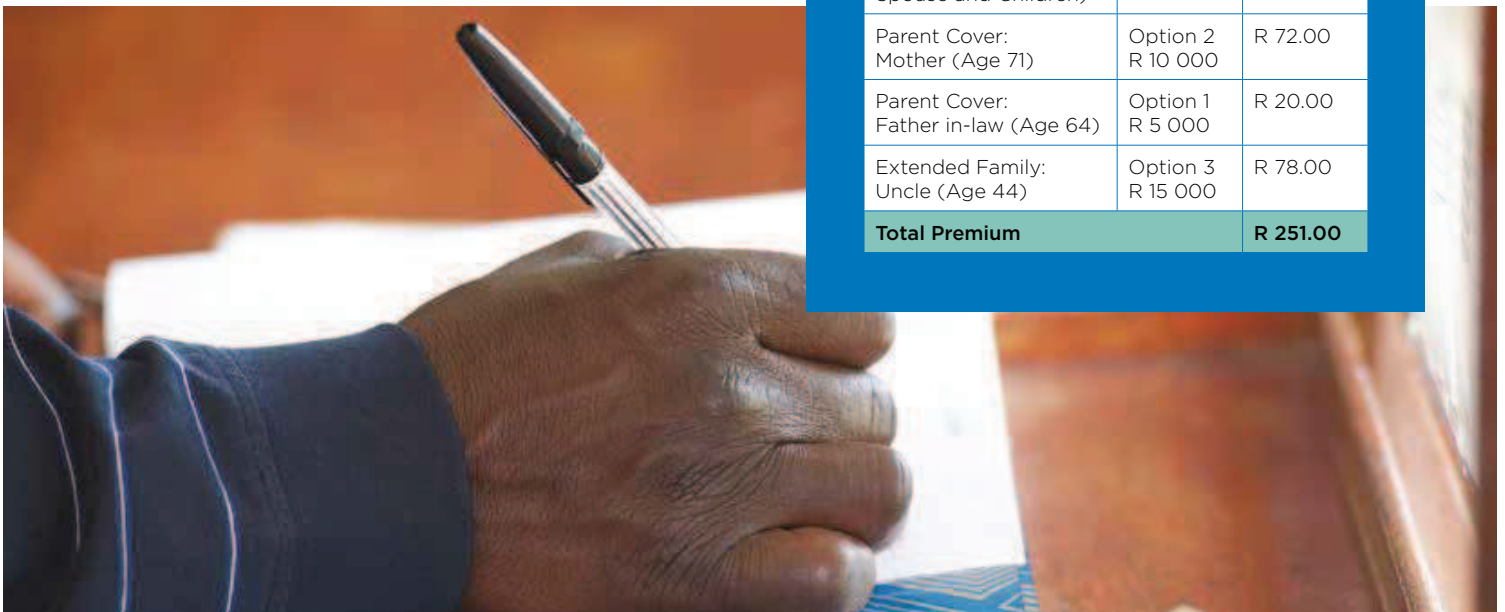
- **Section A (Your Personal details i.e. Principal Life Assured information)**  
This section is compulsory and must be completed in full so that we can communicate with you whenever necessary.
- **Section B (Benefit Selection)**  
Here, you have an option to cover either;  
  1. yourself (Principal Life Assured only)  
**Please note** you are not compelled to cover yourself. Should you choose not to do so, please do not complete section B1, instead choose the appropriate cover in Section B4 and B5; or
  2. Cover yourself with your spouse and children in Section B2 (Immediate family).

**NB:** You may only be covered under section B1 and B2 as a Principal Life Assured.
- **Section B2 (Immediate Family details)**  
In this section, you must complete the full details of your spouse and children, if you have opted for immediate family cover. You may add all your children, however only the first five claims will be payable.
- **Section B4 (Parent details)**  
In this section, you must complete full details of your parents and/or parents in-law, that you would like to nominate for cover. In the last column, please write the option number relating to the amount for which you wish to cover each parent. You may cover your parents for different benefits, depending on their ages and according to what you can afford.

- **Section B5 (Extended Family details)**  
Please complete your immediate family member's details (if you have not chosen Section B2) and your extended / wider family members' details, for those that you would like to nominate for cover. Please write the number of the option you select, in the column marked "option", next to the name of your extended family member.
- **Section C (Beneficiary details)**  
These are the details of the person to whom the funeral benefit will be paid in the unfortunate event that you as the Principal Life Assured passes away (If you choose to cover yourself).
- **Section D (Premium deduction authority)**  
This section is for you to authorise Sanlam to debit the necessary premiums from your bank account.
- **Section E (Declaration of acceptance)**  
This should be signed by the Principal Life Assured and dated on the day the application form was completed.

### Example of what I will pay if I cover the following people

Immediate Family		
Who am I covering? (Assured Lives)	Option elected (Benefits)	Premium
Immediate Family: (Principal Life Assured, Spouse and Children)	Option 3 R 15 000	R 81.00
Parent Cover: Mother (Age 71)	Option 2 R 10 000	R 72.00
Parent Cover: Father in-law (Age 64)	Option 1 R 5 000	R 20.00
Extended Family: Uncle (Age 44)	Option 3 R 15 000	R 78.00
<b>Total Premium</b>		<b>R 251.00</b>



**A. Principal Life Assured information**

Employer name \_\_\_\_\_ Sub-employer name \_\_\_\_\_

Employee number \_\_\_\_\_ Occupation \_\_\_\_\_

Full names \_\_\_\_\_ Nationality \_\_\_\_\_

Surname \_\_\_\_\_ Country of birth \_\_\_\_\_ Gender  M  F

ID number/Passport \_\_\_\_\_ Country of residence \_\_\_\_\_

Date of birth \_\_\_\_\_ Work number \_\_\_\_\_ Fax number \_\_\_\_\_

Email address \_\_\_\_\_ Cell number \_\_\_\_\_

Physical address \_\_\_\_\_ Source of funds/Income \_\_\_\_\_

City/Town \_\_\_\_\_ Code \_\_\_\_\_

**Important:** Have you had a funeral policy that has been active for the past 31 days and would like for your waiting period to be waived? If yes, please provide us with proof of your previous cover from the insurer.  Y  N

**B. Benefit selection**

**Note:** When selecting cover for the Principal Life Assured, choose **either** the Principal Life Assured only benefit (B1) **or** the Immediate family benefit (B2).

**B1. Principal Life Assured Only**

Benefit Option	Option 1	Option 2	Option 3	Option 4	Option 5	Option 6
Principal Life Assured cover only	R 5 000	R 10 000	R 15 000	R 20 000	R 25 000	R 30 000
<b>Premiums per Life Assured</b>	<b>R13.00</b>	<b>R26.00</b>	<b>R38.00</b>	<b>R51.00</b>	<b>R63.00</b>	<b>R76.00</b>
Mark your option with an "X"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**B2. Principal Life Assured, Spouse, and Children under the Immediate Family Benefits**

Benefit Option	Option 1	Option 2	Option 3	Option 4	Option 5	Option 6
Principal Life Assured	R 5 000	R 10 000	R 15 000	R 20 000	R 25 000	R 30 000
Spouse	R 5 000	R 10 000	R 15 000	R 20 000	R 25 000	R 30 000
Child 14-21 years*	R 5 000	R 10 000	R 15 000	R 20 000	R 25 000	R 30 000
Child 6-13 years	R 3 500	R 7 000	R 10 500	R 14 000	R 17 500	R 21 000
Child 1-5 years	R 2 500	R 5 000	R 7 500	R 10 000	R 10 000	R 10 000
Child 0-11 months	R 1 500	R 3 000	R 4 500	R 6 000	R 7 500	R 9 000
Stillborn	R 1 500	R 3 000	R 3 500	R 3 500	R 3 500	R 3 500
<b>Premiums per Family</b>	<b>R29.00</b>	<b>R57.00</b>	<b>R86.00</b>	<b>R114.00</b>	<b>R142.00</b>	<b>R171.00</b>
Mark your option with an "X"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please complete the details of your Immediate family in the table below. (A maximum of 1 spouse and 5 children may be covered.)

First Name	Surname	ID number or date of birth	Relationship
		Y Y M M D D	
		Y Y M M D D	
		Y Y M M D D	
		Y Y M M D D	
		Y Y M M D D	
		Y Y M M D D	

**NB:** \* Children over 22 may be covered under the immediate family benefit only if they are full time students until age 26.

**B3. Parents/Parents-in-law and Extended Family Benefits**

(The table below shows the monthly premiums per benefit option for the different cover amounts, from R 5 000 to R 30 000.)

Options	Age at Entry Benefit	Parents/Parents-in-law			Extended family				
		18 - 65	66 - 75	76 - 85	0 - 5	6 - 17	18 - 65	66 - 75	76 - 85*
1	R 5 000	R 21.00	R 38.00	R 80.00	R 3.00	R 3.00	R 28.00	R 59.00	R 110.00
2	R 10 000	R 42.00	R 76.00	R 159.00	R 6.00	R 6.00	R 55.00	R 118.00	R 220.00
3	R 15 000	R 63.00	R 114.00	N/A	N/A	R 8.00	R 82.00	R 177.00	N/A
4	R 20 000	R 84.00	N/A	N/A	N/A	R 11.00	R 110.00	N/A	N/A
5	R 25 000	R 105.00	N/A	N/A	N/A	R 14.00	R 137.00	N/A	N/A
6	R 30 000	R 126.00	N/A	N/A	N/A	R 16.00	R 164.00	N/A	N/A

**NB:** \* Maximum age of entry is 85 years inclusive.

**B4. Parents details**

Please complete the details of your Parents/Parents-in-law in the table below and write the option number in the column provided. (A maximum of 2 parents and 2 parents-in-law may be covered.)

First Name	Surname	Gender	ID number or date of birth										Option			
		M F	Y	Y	M	M	D	D								
		M F	Y	Y	M	M	D	D								
		M F	Y	Y	M	M	D	D								
		M F	Y	Y	M	M	D	D								

**B5. Extended family details**

Please complete the details of your Extended Family in the table below and write the option number in the column provided or your spouse and/or children if not covered under B2. (A maximum of 8 extended family members may be covered.)

First Name	Surname	Gender	ID number or date of birth										Relationship	Option		
		M F	Y	Y	M	M	D	D								
		M F	Y	Y	M	M	D	D								
		M F	Y	Y	M	M	D	D								
		M F	Y	Y	M	M	D	D								
		M F	Y	Y	M	M	D	D								
		M F	Y	Y	M	M	D	D								
		M F	Y	Y	M	M	D	D								
		M F	Y	Y	M	M	D	D								

**Extended family includes:** additional spouse, aunt, cousin, grandfather, uncle, niece, grandchild, sister, nephew, brother, children over the age of 22, grandmother of the principal Life Assured or spouse.

**C. Beneficiary details in the event of death of the Principal Life Assured**

Name	Surname	ID number or date of birth										Relationship	Contact no.		
		Y	Y	M	M	D	D								

**NB:** Only one beneficiary (18 years or older) may be nominated.

**D. Premium deduction authority**

I hereby authorise Sanlam to draw against my account with the bank mentioned below (or any other bank or branch to which I transfer my account) the premium due in respect of this policy, on the \_\_\_\_\_ (deduction date) day of each month continuing until the instruction is cancelled by me. All such withdrawals from my bank account by Sanlam shall be treated as though they have been signed by me personally. I understand that the withdrawals hereby authorised will be processed by any other collection service applicable and that details of each withdrawal will be printed on my bank statement or applicable voucher. I agree to pay any bank charges or collection fees relating to this debit order or deduction instruction.

This authority may be cancelled by me giving Sanlam 30 (thirty) days' notice in writing, sent by prepaid registered post. I understand that I shall not be entitled to any refund amounts which have been withdrawn while this authority was in force if such amounts were legally owing to Sanlam Receipt of this instruction by Sanlam shall be regarded as receipt thereof by my bank or premium payment facilitator (whichever it is, or will be).

I am responsible to ensure that my monthly premium is paid.

Monthly premium _____	With effect from _____
Name of account holder _____	Name of bank _____
Branch name _____	Branch code _____
Account number _____	Deduction date _____
Account type <input type="checkbox"/> Current (Cheque)	<input type="checkbox"/> Savings

Signature of Principal Life Assured

Y Y Y Y / M M / D D  
Date

**E. Declaration of acceptance**

I herewith apply to participate in the NFMW Funeral Cover Extender product in accordance with its Terms and Conditions. I understand that the above information and supporting documents shall be the basis of the Contract. I declare the above information, whether in my own handwriting or not, is true and correct. I understand that any false/incorrect information misstatement in the application will invalidate any claim or benefit under the policy and I undertake to abide by the Terms and Conditions of the policy.

Sanlam Developing Markets Limited shall not be liable for any amount until it has accepted this application and has received the first premium. I understand that Sanlam Developing Markets Limited has the right to defer a claim under this policy until all requirements, as specified by Sanlam Developing Markets Limited, have been met. If the premium of this policy is paid by an approved stop order, and the first deduction is received, up to 90 days from the original specified date. Sanlam Developing Markets Limited has the right to adjust the date of issue of this policy accordingly.

The policyholder may cancel the policy at any time by giving 30 days written notice to Sanlam Developing Markets Limited. It is important to remember that cancellation normally leads to loss of valuable benefits and should be avoided where possible.

Sanlam Developing Markets Limited undertakes to treat all information supplied by the policyholder and relating to the member's benefits, strictly confidential. Sanlam Developing Markets Limited undertakes not to divulge to any party, not signatory to this policy, any such information supplied by the member and relating to the member's benefits, without prior written consent of the policyholder.

I acknowledge that I have read and understood this declaration.

Signature of Principal Life Assured

Y Y Y Y / M M / D D  
Date

Once the application form has been completed and signed, please email this to [gbgapnewbusiness@sanlamsky.co.za](mailto:gbgapnewbusiness@sanlamsky.co.za)

## F. Protection of Personal Information Declaration

The Protection of Personal Information Act (POPIA) requires Sanlam Developing Markets Limited (SDM) to inform you how we use, disclose, and destroy personal information we obtain from you. SDM is committed to protecting your privacy and will ensure that your personal information is used appropriately, transparently, securely, and according to applicable law. SDM undertakes not to divulge to any party not signatory to this Policy, any information you supplied and relating to your Benefits without your prior written consent, unless required by law.

### By signing this declaration, I consent to the following:

- My personal information may be collected, processed, recorded, used for purposes of concluding and administering this policy and must be safeguarded during the rendering of financial services to me by SDM.
- SDM will use my personal information only for the purposes for which it was collected and agreed to with me.
- SDM may add to my personal information, information received from other product providers and third parties to offer a more comprehensive and appropriate service to me.
- SDM may verify, share, and disclose my personal information to their product providers and third parties whose services or products they use to adequately and appropriately render financial services to me.
- SDM may also disclose my information where it has a duty or a right to disclose in terms of applicable legislation, the law or where it may be necessary to protect its rights.
- SDM may use my personal information for historical, statistical and research purposes;
- SDM will adequately protect my personal information to avoid unauthorized access and use of my personal information.

### Furthermore, I understand that:

- I have the right to access my personal information.
- I have the right to ask SDM to update, correct or delete my personal information.
- Once I object to SDM processing my personal information, SDM may no longer process my personal information, unless to conclude outstanding business. If I object to SDM processing my personal information, cover in terms of the Policy may terminate as the processing of the personal information is material to servicing the Policy.
- Should I wish to withdraw my consent to process my personal information, I must do so in writing. You can contact SDM on 0860 222 556 or on GBGAPServicing@sanlamsky.co.za and request the information you would like or to withdraw your consent.
- Once I withdraw my consent, I understand that SDM is still obliged under other legislation to keep the information for at least 5 years after termination of the relationship between SDM and myself.
- Prior to giving SDM a minor child's personal information, I understand that SDM may require additional information to confirm that I am authorised to provide the child's information. By providing the personal information, I consent to SDM collecting and processing the child's information in my capacity as the child's competent person.
- We may send your personal information to service providers outside the Republic of South Africa for storage or further processing on SDM's behalf. We will ask your consent before we send your information to a country that does not have information protection legislation similar to that of the Republic of South Africa.
- Our complete privacy policy is available on [www.sanlam.co.za](http://www.sanlam.co.za) and at a branch nearest to you.
- We may 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.
- We may also collect your personal information from other insurers, service providers, law enforcement agencies and other providers, which may assist in saving cost and combating fraud.

\*Sanlam Group includes all the companies and businesses, whether corporate or unincorporated, that comprises the Sanlam Group or is under the direct or indirect control of Sanlam Limited and includes its representatives. See [www.sanlam.co.za](http://www.sanlam.co.za) for more information.

- Due to you being a client of SDM, we may provide you with information about our financial products and other services, which may include text messages, emails, and the like.

- I give my consent to receive direct marketing from SDM

 Y  N

I acknowledge that I have read and understood this declaration.

\_\_\_\_\_  
Signature of Policyholder

\_\_\_\_\_  
Date