LEGACY FUNERAL PLAN

ENROLMENT APPLICATION FORM

POLICY NUMBER

_____

DATE

____ / ____ / _____

IMPORTANT: Please complete all sections in BLOCK LETTERS using black or blue ink. All fields marked * are compulsory. Incomplete forms may result in delays in processing your application.

SECTION 1 – PLAN SELECTION

Please select the plan that best suits your needs and tick the appropriate box.

PLAN	COVER TYPE	MONTHLY PREMIUM SELECT	
INDIVIDUAL PLAN	Individual	**R 169.00**	☐
CORE PLAN	Family (Individual + Spouse and up to 6 Children)	**R 199.00**	☐
ESSENTIAL PLAN	Family (Individual + Spouse and up to 6 Children)	**R 265.00**	☐
CLASSIC PLAN	Family (Individual + Spouse and up to 6 Children)	**R 325.00**	☐
PREMIUM PLAN	Family (Individual + Spouse and up to 6 Children)	**R 390.00**	☐

SECTION 2 – PRINCIPAL MEMBER DETAILS

Surname * | First Name(s) * | Title

ID Number * | Date of Birth * (DD/MM/YYYY) | Gender * | Nationality

☐ Male ☐ Female ☐ Other

Home Language | Marital Status * | Occupation

☐ Single ☐ Married ☐ Divorced ☐ Widowed

SECTION 3 – CONTACT DETAILS

Cell Number * | Home Number | Work Number

Email Address * | Preferred Contact Method

☐ Cell ☐ Email ☐ Post

SECTION 4 – RESIDENTIAL ADDRESS

Street Address / Stand No. *

Suburb * | City / Town *

Province * | Postal Code * | Country *

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SECTION 5 – POSTAL ADDRESS (if different from residential)

☐ Same as Residential Address (skip this section)

P.O. Box / Private Bag / Street No.

Suburb

City / Town

Province

Postal Code

SECTION 6 – LIVES ASSURED / DEPENDANTS (Plans B, C & D only)

#	Full Name	ID Number	Date of Birth	Relationship	Gender
1					
2					
3					
4					
5					
6					
7					

Complete for each life to be covered. Add an additional sheet if required.

SECTION 7 – BANKING DETAILS (FOR DEBIT ORDER)

Account Holder Name *

Bank Name *

Account Number *

Branch Code *

Account Type *

Debit Date *

☐ Cheque ☐ Savings

I authorise the deduction of the monthly premium from the above account on the selected debit date each month.

SECTION 8 – DECLARATION AND SIGNATURE

I, the undersigned, hereby declare that:

- All information provided in this form is true, accurate and complete to the best of my knowledge.
- I understand that any misrepresentation or omission of material facts may result in the cancellation of this policy.
- I have read, understood and agree to the terms and conditions of the Funeral Cover Plan.
- I consent to the processing of my personal information in accordance with POPIA and the company's Privacy Policy.
- I authorise the monthly debit order deduction as specified in Section 7 above.

Principal Member Signature *

Date * (DD/MM/YYYY)

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TERMS AND CONDITIONS – FUNERAL COVER POLICY

1. DEFINITIONS

1 "Member" means the principal person who has applied for and been accepted into the funeral plan.

1 "Covered Life" means any person listed on the enrolment schedule, including the Member, spouse, and dependants.

1 "Benefit" means the funeral services package provided upon the death of a Covered Life, as outlined in Annexure A of the selected plan.

1 "Contribution" means the monthly amount payable by the Member to maintain active membership.

1 "Waiting Period" means the period after activation during which certain benefits are not yet available.

1 "Activation Date" means the date on which the first contribution is received and membership becomes active.

1 "Service Provider" means Legacy Memorial or its appointed service partners responsible for delivering funeral services.

2. ELIGIBILITY AND COVER

2 The Member must be between 18 and 65 years of age at the time of application.

2 Spouses must be between 18 and 65 years of age. Dependent children are covered from birth up to age 21, or up to age 26 if registered as

2 - full-time students.

2 Extended family members (including parents, in-laws, and siblings) may be added under selected plans, subject to age limits and additional

2 - contributions.

2 All Covered Lives must be declared at the time of enrolment. No undeclared person will qualify for benefits.

2 Additional members may only be added during approved enrolment periods or as determined by the Service Provider.

2 Acceptance into the funeral plan is subject to approval by the Service Provider.

3. WAITING PERIODS

3 A waiting period of six (6) months applies to all natural causes of death from the commencement date.

3 No waiting period applies to accidental death, provided the accident occurs after the commencement date.

3 Where a policy lapses and is subsequently reinstated, a new waiting period applies from the reinstatement date.

3 If the policyholder can provide proof of prior funeral cover with no break in cover exceeding 90 days, waiting periods may be waived at the Insurer's discretion.

3 A waiting period of six (9) months applies to all suicidal causes of death from the commencement date.

4. PREMIUM PAYMENT

4 Premiums are payable monthly in advance via debit order on the date selected by the coverholder or by EFT, banking details will be provided and at selected Stores as provided by Legacy.

4 All payments are to be made no later than the 7th of every month, failing which payment shall be deemed not received.

4 If a debit order is returned unpaid or payment not received, The Cover holder will be afforded an opportunity to make the payment within that month or Legacy will re-raise the debit once within the same month. Two consecutive failed payments will result in payment not received for that month.

4 Once payment has been made proof of payment must be emailed to: accounts@legacymemorial.co.za

4 After (3) Failed payments in (3) consecutive months the cover will be deemed as lapsed.

4 Cover Holder will be notified on every failed payment and notified on the possibility of the cover lapsing prior.

4 A cover suspended for non-payment will be reinstated only upon payment of all outstanding premiums. Reinstatement is not guaranteed.

4 Premiums may be reviewed annually. The Insurer will provide 31 days' written notice of any premium adjustment.

4 The coverholder is responsible for ensuring sufficient funds are available on the debit date.

5. CLAIMS PROCEDURE

5 Claims must be submitted as soon as possible within 24 hours of the death.

5 The following documents are required for all claims: (a) completed claim form; (b) certified copy of death certificate; (c) certified copy of the deceased's identity document; (d) certified copy of the claimant's identity document; (e) proof of relationship to the deceased.

5 Additional documentation may be requested by Legacy to assess the claim.

5 Valid claims will be paid within 48 hours of receipt of all required documentation.

5 Legacy reserves the right to investigate any claim and may appoint an assessor or investigator.

6. EXCLUSIONS

6 No benefit shall be made available in respect of death directly or indirectly caused by: (a) suicide or intentional self-inflicted injury within the first 9 months of cover.;

6 No benefit shall be made avilable in respect of participation in unlawful activities, war, invasion, acts of foreign enemies, hostilities, civil war, rebellion or revolution; (d) nuclear reaction, radiation or radioactive contamination.

6 Death resulting from pre-existing conditions is excluded during the waiting period.

6 No benefit is payable if the policy is not in force at the time of death.

7. CANCELLATION AND LAPSE

7 The policyholder may cancel this policy at any time by providing 31 days' written notice to the Insurer.

7 The Insurer may cancel this policy upon 31 days' written notice for any material misrepresentation, non-disclosure or non-payment of premiums.

7 No refund of premiums is payable upon cancellation except where the policy is cancelled within the 31-day cooling-off period from inception.

7 The 31-day cooling-off period commences on the date the policy schedule is delivered to the policyholder.

8. GENERAL PROVISIONS

8 This policy is governed by the laws of the Republic of South Africa.

8 The Insurer is a licensed short-term insurer regulated by the Prudential Authority and the Financial Sector Conduct Authority (FSCA).

8 Disputes must first be referred to the Insurer's internal complaints process. Unresolved disputes may be escalated to the Ombudsman for Short-Term Insurance.

8 The policyholder consents to the collection, use and storage of personal information by the Insurer for purposes of administering this policy, in accordance with the Protection of Personal Information Act, 4 of 2013 (POPIA).

8 This policy, together with the policy schedule and any endorsements, constitutes the entire agreement between the parties.

8 No variation, amendment or endorsement of this policy shall be valid unless agreed in writing by an authorised representative of the Insurer.

8 If any provision of these terms is found to be invalid or unenforceable, the remaining provisions shall continue in full force and effect.

9. CONTACT AND COMPLAINTS

9 For policy enquiries, claims or complaints contact us at: Tel: 078 587 5536 I Email: info@legacymemorial.co.za I Web: www.legacymemorial.co.za

9 Ombudsman for Short-Term Insurance: Tel: 0860 726 890 I Email: info@osti.co.za I Web: www.osti.co.za

9 Financial Sector Conduct Authority (FSCA): Tel: 0800 110 443 I Web: www.fsca.co.za