GENRIC Life

Is this a replacement policy?	Y	N
Is this an existing policyholder?	Y	N

SELECT PRINCIPAL INSURED'S PLAN TYPE (please tick ✓) Please refer to appendix for plan cover amounts and premiums							
FAMILY		PLAN A		PLAN B		PLAN C	
SINGLE		PLAN A		PLAN B		PLAN C	

You must complete this form before you sign it. Please note, omitting to disclose information, or providing false or distorted information, at any time, either by accident or on purpose, is considered to be misrepresentation and could lead to your Policy being cancelled and all paid premiums forfeited.

STEP 1: Principal Insured (You)

'Principal Insured' means the person in whose name the Policy is issued and who, at the Entry Date, is aged between 18 (eighteen) and 65 (sixty-five), but not yet 65 (sixty-five). The Principal Insured is noted on the Policy Schedule as the Principal Insured. The Policyholder and Principal Insured will be the same person.

Title	Initials	Date of Birth	D D M M Y Y Y Y
Identity Number		Gender	M F
Full Name	Surname		
Citizenship	Country of Birth		
Postal Address			
		Code	
Email Address			
Cell Phone	Phone Number		
Occupation	Name of Employer		

STEP 2: You may cover up to one (1) Spouse

'Spouse' means a person who, at the Entry Date, is aged between 18 (eighteen) and 65 (sixty-five), but not yet 65 (sixty-five) who is married to the Principal Insured either by civil, tribal, common, or customary South African law.

Title	Initials	Date of Birth	D D M M Y Y Y Y
Identity Number		Gender	M F
Full Name	Surname		

STEP 3: You may cover up to four (4) children under the age of 21

'Child' means an unmarried person under the age of 21 (twenty-one) at the Entry Date. This includes:

- A Principal Life's biological, step or legally adopted child or a Spouse's biological, step or legally adopted child
- A stillborn child of the Principal Life, following at least 26 (twenty-six) weeks of uterine existence showing no signs of life after being delivered or surgically removed from its mother
- A child of who the Principal Life or Spouse is the permanent, primary caregiver and has been dependent on them for 12 (twelve) months or longer before the Start Date of the Policy or at the date added to the Policy
- A mentally or physically incapacitated child who is wholly dependent on the Principal Life or Spouse and who shall remain so for the remainder of his/her life and for whom there is no age limit for cover under this definition.

Date of Birth	Full Name & Surname	Relationship	Gender
D D M M Y Y Y Y			M F
D D M M Y Y Y Y			M F
D D M M Y Y Y Y			M F
D D M M Y Y Y Y			M F

STEP 4: You may cover up to two (2) additional spouses, children, or relatives as Extended Family

'Extended Family' means a relative of the Principal Insured and/or Spouse of the Principal Insured who is 65 (sixty-five) or younger at the Entry Date who is: the Principal Insured's biological Parent or Parent-in-law, Child, Nephew or Niece, Uncle or Aunt, Cousin, Grandparent, Grandchild, Brother, Brother-in-law, Sister, or Sister-in-law. This may also include additional Spouses if the Principal Insured has more than 1 (one) Spouse. A maximum of two (2) Extended Family members may be added to this Policy.

Date of Birth	Full Name & Surname	Relationship	Gender
D D M M Y Y Y Y			M F
D D M M Y Y Y Y			M F

STEP 5: Your Beneficiary

'Beneficiary' means the person listed on the policy who receive the Benefit in the event your Death. He/she must be 18 years or older. You can change your Beneficiary at any time in writing to the administrator. If the pay-out cannot be made to the beneficiary, it will be paid to your estate.

Title	Initials	Date of Birth	D D M M Y Y Y Y
Identity Number		Gender	M F

Full Name	Surname
Relationship	Contact Number

STEP 6: Debit Order Authorisation

I authorise Guardrisk Life to draw against this account all amounts due in terms of this Policy. This authorisation is to remain in force until terminated by Guardrisk Life or myself. I accept that Guardrisk Life may debit my account on a date other than that specified. If there are insufficient funds in the nominated account to meet the premium payment due, Guardrisk Life is entitled to track my account and present the instruction for payment as soon as sufficient funds are available.

Source of Funds to pay premiums:		Salary	Other:	

Name of Bank	Account Number											

Branch Code	Account Type		Cheque		Savings		Transmission

Branch Name	Account holder Name

Please debit the amount of:	R	on the			of each month

STEP 8: Marketing Consent

I hereby give consent to Guardrisk Life and GENRIC Life to send me any relevant information relating to:

Any benefits listed on this Policy?	Y	N
Any new or existing product options?	Y	N

STEP 9: Informed Consent in terms of the Protection of Personal Information Act 4, of 2013 (POPIA)

Your privacy is of utmost importance to Us. We will take the necessary measures to ensure that any and all information, including Personal Information (as defined in the Protection of Personal Information Act 4 of 2013) provided by You or which is collected from You is processed in accordance with the provisions of the Protection of Personal Information Act 4 of 2013 and further, is stored in a safe and secure manner. You hereby agree to give honest, accurate and up-to-date Personal Information and to maintain and update such information when necessary.

You accept that your Personal Information collected by Us may be used for the following reasons:

- to establish and verify Your identity in terms of the Applicable Laws;
- to enable Us to fulfil Our obligations in terms of this Policy;
- to enable Us to take the necessary measures to prevent any suspicious or fraudulent activity in terms of the Applicable Laws; and
- reporting to the relevant Regulatory Authority/Body, in terms of the Applicable Laws.

We may share Your information for further processing with the following third parties, which third parties have an obligation to keep Your Personal Information secure and confidential:

- Payment processing service providers, merchants, banks and other persons that assist with the processing of Your payment instructions;
- Law enforcement and fraud prevention agencies and other persons tasked with the prevention and prosecution of crime;
- Regulatory authorities, industry ombudsmen, governmental departments, local and international tax authorities, and other persons that We, in accordance with the Applicable Laws, are required to share Your Personal Information with;
- Credit Bureaus;
- Our service providers, agents and sub-contractors that We have contracted with to offer and provide products and services to any Policyholder in respect of this Policy; and
- Persons to whom We cede Our rights or delegate Our authority to in terms of this Policy.

You acknowledge that any Personal Information supplied to Us in terms of this Policy is provided according to the Applicable Laws. Unless consented to by Yourself, We will not sell, exchange, transfer, rent or otherwise make available Your Personal Information (such as name, address, email address, telephone or fax number) to any other parties and You indemnify Us from any claims resulting from disclosures made with Your consent. You understand that if We have utilised your Personal Information contrary to the Applicable Laws, You have the right to lodge a complaint with Guardrisk Life within 10 (ten) Days. Should Guardrisk Life not resolve the complaint to Your satisfaction, You have the right to escalate the complaint to the Information Regulator.

STEP 10: Your Declaration

I confirm that I am the Policyholder of the application. I further confirm that I have read and understood this application form and all related documents for the application. I declare that the statements and responses provided by me and all documentation that I have signed or will sign in relation to the application is true and complete.

I agree that this application and declaration, together with all relevant documents that have been or will be signed by me or any additional parties in terms of this application, shall form part of the contract between Guardrisk Life Limited and myself. If any information is withheld or incorrect, I understand that the benefits will be cancelled from the inception date of the Policy and all premiums that have been paid to Guardrisk Life Limited will be forfeited. Where I am married in community of property, I declare that I have the written consent of my spouse to make this application.

I agree that should Guardrisk Life Limited accept this application, the acceptance will be conditional upon there having been no change to the facts on which the acceptance was based. I agree that any changes to the health or risk status of the Insured Life will be communicated to Guardrisk Life Limited in writing before it accepts this Policy, and failure to do so may result in the rejection of any future claims.

Policyholder (Principal Insured) Signature:

Date	D	D	M	M	Y	Y	Y	Y

EMAIL THE COMPLETED APPLICATION FORM AND SUPPORTING DOCUMENTATION TO: info@genric.life.co.za

Supporting Documentation Checklist

The following supporting documentation must accompany your application form (please tick if included):	✓
Certified Copy of ID of Principal Insured	
If applicable, Certified Copy of ID of Spouse	
If applicable, Certified Copy of ID or Birth Certificate of each Child added	
If applicable, Certified Copy of ID or Birth Certificate of each Extended Family member added	
Fully completed Replacement Advice Record where there is an intention for this Policy to replace an existing policy	

For completion by the Financial Adviser

I hereby declare that I have explained the benefits and obligations arising from this application to the applicant and that they fully understand the consequences of any incorrect information provided in this application.

I hereby declare the completed application was signed with no blank spaces in the presence of the applicant, by the applicant.

I further declare that I have explained the meaning and implication of the replacement question to the applicant and that the client is fully aware of the possible detrimental consequences of the replacement of an insurance policy. I have also explained the meaning of replacement; that a replacement is potentially prejudicial; the levying/deduction of a termination charge; and that when a replacement is considered, the applicant is legally entitled to comprehensive information regarding the consequences of a replacement.

I confirm that I have identified the Policyholders, life insureds, premium payer and cessionary (where applicable) and verified their details for this contract.

Advisory Full Name																
Brokerage Name																
Advisor ID Number														Gender	M	F
FSP Number																
Email Address																
Cell Phone										Phone Number						

Advisor Signature:

Date D D M M Y Y Y Y

For completion by the Administrator: FICA Confirmation

Is the Policyholder:		
- on a sanctioned list?	Y	N
- a Domestic Prominent Influential Person (DPIP)?	Y	N
- a Foreign Prominent Public Official (FPPO)?	Y	N

Underwriter

Guardrisk Life Limited

Licensed Life Insurer and Authorised Financial Services Provider (FSP: 76)

GUARDRISK TAILORED RISK SOLUTIONS

Tower 2, The MARC, 129 Rivonia Rd, Sandton, 2196
PO Box 786015, Sandton, 2146
Telephone: 011 669 1000
Email: info@guardrisk.co.za

Administrator
GENRIC Life (Pty) Ltd

Authorised Financial Services Provider (FSP: 50920)

GENRIC Life

Irene Link Precinct, 7 Impala Avenue, Centurion, 0157
PO Box 1115, Bromhof, 2154
Telephone: 0681 44 44 62
Email: info@genric.life.co.za

APPENDIX: PLAN OPTIONS AND MONTHLY PREMIUMS

Individual & Family plan cover amounts and total monthly premium:

	PLAN A		PLAN B		PLAN C	
	Family	Single	Family	Single	Family	Single
Principal Insured (You) 18 to 65 years	R10 000	R10 000	R20 000	R20 000	R30 000	R30 000
Spouse (add up to 1) 18 to 65 years	R10 000		R20 000		R30 000	
Children (add up to 4)						
18 to 21 years	R10 000		R20 000		R30 000	
14 to 17 years	R5 000		R10 000		R15 000	
6 to 13 years	R2 500		R5 000		R7 500	
Birth to 5 years	R1 250		R2 500		R3 750	
Stillborn	R300		R600		R900	
Policy's Total Monthly Premium Based on Principal Life's Age next birthday at entry for either a Family or Single Policy.						
< 50 years	R50.00	R25.00	R100.00	R50.00	R150.00	R75.00
51 to 55 years	R63.00	R32.00	R126.00	R64.00	R189.00	R97.00
56 to 60 years	R86.00	R45.00	R172.00	R90.00	R258.00	R136.00
61 to 65 years	R122.00	R66.00	R245.00	R132.00	R367.00	R198.00

Family Plans are permitted to add up to 2 (two) Extended Family Members to their selected plan option i.e., Extended Family members are automatically added to either Plan A, Plan B, or Plan C, based on which plan was selected with the Principal Insured. The table below contains the cover amounts and premium amounts payable for each Extended Family members added to the policy:

	PLAN A		PLAN B		PLAN C	
Extended Family (add up to 2)	Cover	Monthly Premium	Cover	Monthly Premium	Cover	Monthly Premium
61 to 65 years	R10 000	R66.00	R20 000	R132.00	R30 000	R198.00
56 to 60 years	R10 000	R45.00	R20 000	R90.00	R30 000	R136.00
51 to 55 years	R10 000	R32.00	R20 000	R64.00	R30 000	R97.00
45 to 50 years	R10 000	R25.00	R20 000	R50.00	R30 000	R75.00
22 to 44 years	R10 000	R18.00	R20 000	R37.00	R30 000	R55.00
18 to 21 years	R10 000	R6.00	R20 000	R12.00	R30 000	R18.00
14 to 17 years	R5 000	R6.00	R10 000	R12.00	R15 000	R18.00
6 to 13 years	R2 500	R6.00	R5 000	R12.00	R7 500	R18.00
Birth to 5 years	R1 250	R6.00	R2 500	R12.00	R3 750	R18.00

WAITING PERIODS:	
Natural Death	6 months
Accidental Death	0 months (after receipt of first premium)
Suicide	12 months

Breakdown of Premium: Binder Fee – 10%, Intermediary Commission – 18%

Premium Increases: Premiums are guaranteed for the first 12 months and renewable annually with a 31-day notification to the Policyholder before any change takes effect.