



Comprehensive family funeral cover with unique value added benefits!

SINGLE membership

MAHALA TIER:		SILVER	SILVER	GOLD
Funeral Cover:		R10 000	R20 000	R30 000
Current age	18 - 64 yrs	R88	R135	R170
	65 - 74 yrs	R150	-	-

Add ADDITIONAL DEPENDANTS?

Funeral Cover:		R5 000	R10 000	R20 000	+	BENEFITS
Current age	0 - 64 yrs	R26.00	R51.50	R102.50	+	R27.00
	65 - 74 yrs	R47.50	R94.50	R188.50	+	R51.00
	75 - 84 yrs	R80.50	R161.00		+	R89.00

- Six (6) Month waiting period for death due to natural causes applies for Member, Immediate Family and Additional Dependants.
- The cover for an Additional Dependant may not be greater than the cover of the member.
- Upon a dependent child turning 21, the child will automatically be upgraded to the corresponding Additional Dependant age category and additional premium will be applicable.
- The cover level for an additional dependent under the age of 21, may not exceed the corresponding cover for the member's children under the Family Funeral Benefit.

FAMILY membership

MAHALA TIER:		SILVER	SILVER	GOLD	GOLD
Funeral Cover:		R10 000	R20 000	R30 000	R50 000**
Member	18 - 64 yrs	R10 000	R20 000	R30 000	R50 000
Partner	18 - 64 yrs	R10 000	R20 000	R30 000	R50 000
Child	14 - 20 yrs	R10 000	R20 000	R30 000	R50 000
	Child 6 - 13 yrs	R5 000	R10 000	R15 000	R25 000
	Child 0 - 5 yrs	R2 500	R5 000	R7 500	R10 000*
	Stillborn	R1 250	R2 500	R3 750	R6 250
Monthly Premium		R95	R150	R215	R310

- * Any benefit payable in respect of a child is subject to statutory limitations: Children less than 6 (six) years R10000 (ten thousand rand); Children 6 (six) to (including) 13 (thirteen) years R30000 (thirty thousand rand).
- **Any benefit in excess of the Assistance Business Benefit limitations according to the Long Term Insurance Act, is provided as multiple assistance policies, unless specified otherwise.

Included BENEFITS for SINGLE & FAMILY membership

3 DAY VEHICLE ACCESS BENEFIT™



R250 AIRTIME BENEFIT



BODY REPATRIATION



These benefits are also available to all Additional Dependants at an additional fee, see Additional Dependant rate table for fees.

VALUE BOOSTER

VALUE BOOSTER PACKAGE IS NOT AVAILABLE TO ADDITIONAL DEPENDANTS

R3000

LOCAL BUTCHERY BENEFIT



R1500

SCHOOL UNIFORM BENEFIT



R750

ELECTROSURE BENEFIT



R750

VEGGIE BENEFIT



24/7

LEGAL & MEDICAL ADVICE LINE

only R79.95 per month

To apply, phone 084 196 FREE (3733)

Standard Call rates apply



THE BEST
THE BEST Funeral Society

Hollard.

1. PERSONAL DETAILS: (Only Members residing in RSA will be eligible for cover)

Loyalty No: (For Official Use Only)

ID Number No:	Title : Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Prof <input type="checkbox"/> Dr <input type="checkbox"/>				
Surname:	Full Name:				
Date of Birth: YY MM DAY	Preferred Name:				
Cell Phone:	Maiden Name:				
Email address (if applicable):	Province:	Marital Status:			
Tel No: (H)	Tel No: (W)	Language:			

2. ADDRESS:

Residential Address:	Postal Address:
Postal Code:	Postal Code:

3. PARTNER & DEPENDENT CHILDREN

	Name & Surname	Gender	ID No:	Date of Birth
Partner		M <input type="checkbox"/> F <input type="checkbox"/>		
1		M <input type="checkbox"/> F <input type="checkbox"/>		
2		M <input type="checkbox"/> F <input type="checkbox"/>		
3		M <input type="checkbox"/> F <input type="checkbox"/>		
4		M <input type="checkbox"/> F <input type="checkbox"/>		
5		M <input type="checkbox"/> F <input type="checkbox"/>		

4. ADDITIONAL DEPENDANTS (Only Additional Dependants residing in RSA will be eligible for cover)

	Name & Surname	Cover	Relationship	ID No:	Value Added Benefits?	Premium
1		R			Tick if you would like to add the Additional Dependant Value Added Benefits per Additional Dependant. YES <input type="checkbox"/> NO <input type="checkbox"/>	R
2		R			YES <input type="checkbox"/> NO <input type="checkbox"/>	R
3		R			YES <input type="checkbox"/> NO <input type="checkbox"/>	R
4		R			See reverse for pricing regarding Additional Dependant Benefits. YES <input type="checkbox"/> NO <input type="checkbox"/>	R
5		R			YES <input type="checkbox"/> NO <input type="checkbox"/>	R

5. MONTHLY FEES Tick Appropriate Option

Single Membership Funeral Plan:	R10 000 <input type="checkbox"/>	R20 000 <input type="checkbox"/>	R30 000 <input type="checkbox"/>	R <input type="checkbox"/>	
Family Membership Funeral Plan:	R10 000 <input type="checkbox"/>	R20 000 <input type="checkbox"/>	R30 000 <input type="checkbox"/>	R50 000 <input type="checkbox"/>	R <input type="checkbox"/>
Additional Dependants Fee:	R <input type="checkbox"/>				
Value Booster (Optional):	YES! (R79.95) <input type="checkbox"/>	No Thanks <input type="checkbox"/>	R <input type="checkbox"/>		
Premiums received for insured people who do not meet the entry criteria will be refunded and no benefits will be payable for that insured person.					
Total Monthly Fee:				R <input type="checkbox"/>	

6. NOMINATED BENEFICIARY: In the event of my death I nominate the following person to receive the proceeds of any benefit payable in terms of this policy or to authorise and arrange my funeral.

Full Name:	Surname:
ID Number:	Beneficiary Relationship:
Date of Birth: YY MM DAY	

7. DEBIT ORDER AUTHORISATION & DECLARATION:

Account Type: Cheque <input type="checkbox"/> Savings <input type="checkbox"/> Transmission <input type="checkbox"/>	Name of Bank:	Branch Code:
Account Number:	Branch:	Day of Deduction: 1st <input type="checkbox"/> 16th <input type="checkbox"/> 26th <input type="checkbox"/> 28th <input type="checkbox"/>
Account Holder:		

I authorise THE BEST Funeral Society or its assignee to debit my bank account at the abovementioned bank with the amount indicated above (Debit order fee included). Arrears will be collected by double debit. Should that double debit collection fail, the policy and ALL service benefits will automatically lapse and be forfeited.

I, the undersigned, hereby declare and warrant any and all information supplied herein, to be true and complete. I am aware, and understand, any non-disclosure or misrepresentation of information which is material to the determination of the risk by Hollard may lead to the policy being declared null and void, in which case all premiums/fees paid will be forfeited. I understand that no analysis has been undertaken of my financial needs or position, and that no advice or representation has been given to me with regards to this product. I have selected the benefit package based on my evaluation of my needs. I am quite certain that the product which I am applying for, meets my needs and feel that I have all the necessary information in order to make an informed decision in respect of the purchase thereof.

I consent to the disclosure of the personal information provided by me or on my behalf to Hollard PROVIDED such information is disclosed ONLY to relevant third parties (e.g. Mahala Loyalty for the loyalty benefits, Legal & Medical Advice Line or other third parties as may be appointed from time to time) for purposes of verification or conclusion of necessary obligations under this contract/policy. This consent clause will survive termination of the policy.

You are allowed multiple funeral plans across all Hollard products, however a maximum benefit for an insured person must not exceed R60 000.00. Terms and Conditions applicable to this policy, are explained in your policy certificate. Subject to the conditions of the Long-term Insurance Act, you have 30 days after receipt of the summary of the policy, to cancel your policy by notifying THE BEST Funeral Society in writing. Should there be any non-compliance with the laws governing your policy, email compliance@tbfs.co.za or alternatively fax to (011) 836 8573.

Please Note: This is an application for insurance cover only. There IS NO GUARANTEED OR IMMEDIATE ACCEPTANCE of your application - terms & conditions apply. TBFS will on behalf of the insurer, send you a printed policy certificate confirming the details of the policy and insured people. Should you not receive your policy certificate within 60 days, please contact our offices on 0860 101 003.

Account Holder Signature: X	Main Member Signature: X	Date:
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I, (*agent name and surname) have complied with the wording of the script during my conversation with the above client and I verify that all the details captured on this form are an accurate reflection of the call.

Agent Name & Surname*:	Call Centre Voice Log Number:
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