

Membership Application

Membership Number		Agent Name	
		Branch Name	
Membership Plan		Benefit	

1. Main Member	
Surname	Full Names
I.D Number	Date of Birth

2. Spouse	
Surname	Full Names
I.D Number	Date of Birth

Residential Address	Postal Address

Tel. Number	Work Tel. Number	CELL
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Children and Extended Details					
	Name and Surname	I.D Number	Benefit	Relation	Contribution
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

Total Monthly Membership Contribution	R
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Beneficiary Details			
Names and Surname	I.D Number	Relation	

Debit Order Details Account: PIONEERFNL – A full authorisation mandate needs to be completed to facilitate a debit order											
Account Name	Account Type	Account Number									
Name of Bank	Branch Name	Branch Code									
Commencement Date	Debit my account on the following day of each month	1st		7th		15th		30th		31st	

I declare that the information supplied above is to the best of my knowledge true, complete and correct. I hereby authorize PIONEERFNL to draw against my account, the contribution payable under the above Plan from time to time and I request my bank to debit my account in terms of this order. This request will remain in force until cancelled by me in writing. I hereby irrevocably authorize Pioneer Funeral Administrators and/or its agents to obtain at any verifications of my account details from my bank. I confirm that the "RULES, TERMS AND CONDITIONS" stated on the reverse side of this page has been explained to me and I accept them as part of this membership agreement.

Account Holder Signature	Main Member Signature	Date
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GENERAL TERMS AND CONDITIONS OF MEMBERSHIP

- a) Maximum age at entry for Single and Family Plan is 64 years.
- b) Maximum age at entry for Extended Family (1+ Plans only) is 74 years. Up to 4 (four) additional Extended members may be added for a premium at a maximum entry age of 84.
- c) Unmarried mentally impaired as well as permanently and totally physically disabled children are covered on the family plan until their death for as long as the premium is paid monthly.
- d) Children aged 21 or older will be covered up to age 25 if they are studying full-time at a recognized school or tertiary institution.
- e) The Pioneer Cash Plan provides for cash benefit to be paid in settlement of a death claim of a Member or his/her nominated Spouse. No age limit at date of entry.
- f) Contributions are payable monthly in advance in full, to ensure membership for the month. Cover is afforded on a month to month basis.
- g) This cover is provided to all members recorded on the monthly schedule.
- h) No reserves are built up on these plans, therefore contributions are payable lifelong.
- i) There are no surrender values when cover ceases.
- j) Cover will cease automatically upon the non-payment of contribution and the membership will lapse.
- k) Membership application forms must be fully and accurately completed.
- l) Should it come to the attention of Pioneer Funeral Administrators that any of the information provided in this document is not accurate, membership under this application may be cancelled and no claims under this plan will be considered for payment.

WAITING PERIODS

- a) A six (6) month waiting period will apply for members up to the age of 64. After the receipt of the seventh (7th) contribution, in the seventh (7th) month, the full benefit will apply.
- b) For accidental death, no waiting period will apply provided the first premium has been received.
- c) For suicide, a waiting period of Twelve (12) calendar months from Entry Date or Reinstatement Date where applicable will apply
- d) For Death, due to natural or unnatural causes (other than accident/suicide) a waiting period of six (6) calendar months from Entry Date or reinstatement date where applicable will apply.

CLAIMS

- a) Claims must be lodged within six (6) months of date of death. Failure to submit the claim within this time, may render the claim null and void.
- b) Pioneer Funeral Administrators reserves the right to request a BI -1663 or a medical certificate.

OTHER INFORMATION

Cooling off Period:

A member has the right to cancel the membership within thirty (30) days after receipt of the membership documentation. Cancellation must be in writing.

Complaints

If you feel that Pioneer Funeral Administrators or any of its agents has in any way not complied with the policy protection rules, please contact the compliance office at (012) 542 4307

All contributions inclusive of commission.

DECLARATION OF UNDERSTANDING

- a) I hereby confirm that the agent has provided me with satisfactory details of his relevant experience and assisted me in completing the application form and in understanding all the terms and conditions as stipulated in this document.
- b) The benefits of this membership have been explained to me in detail and I understand and desire such benefits.
- c) The monthly contribution as indicated is affordable within my current monthly budget.
- d) Full membership underwriting details and terms and conditions as well as complete commission and admin fee breakdown available on membership certificate/membership acceptance letter.
- e) Membership certificate/membership acceptance letter available at your nearest office or contact our Head office for more information.
- f) **I accept and understand the contents of this declaration.**

This membership is administrated by: *Pioneer Funeral Administrators an Authorised Financial Services Provider FSP No. 41507.*

This membership is underwritten by: *African Unity Life Limited a registered Life Insurer and an Authorised Financial Services Provider, FSP No. 8447*

Physical Address

11/1 Iris Street, Heatherdale, Akasia, 0118

Postal Address

P.O Box 58308, Karenpark, Pretoria, 0118

Tel: (012) 542 4307

Fax: (012) 542 3059

Cc 2010/036984/23

info@pioneerfuneral.co.za

www.pioneerfuneral.co.za/admin



Post Office
We deliver, whatever it takes.



**Pioneer
Funeral
Administrators**

Account Holders Signature

Main Member Signature

Date