



FAMILY HEART

FINANCIAL SERVICES

For more information:
WhatsApp: +27 69976 3585
Email: info@familyheartfs.co.za
Gauteng & Mpumalanga
NCRCP21382

FSP Licence Approved - Underwritten by Assupol

Option _____ Entry Date _____

Details of Principal Insured: (Minimum age 18 years, no age restriction)

Surname _____ Name _____

ID Type: ☐ RSA ☐ Other ID | Passport No

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 Age _____

Please indicate your preferred method of communication ☐ SMS ☐ Post ☐ Email _____

Contact details

Cell: _____ Home: _____ Work: _____

Email Address: _____

Postal Address _____

Residential Address _____

Details of Extended family

Full names and surname	ID Number	Relationship

Beneficiary details: The beneficiary below will receive the benefit when the Principal Insured dies

Name & Surname:	ID Number:
Contact number:	
Email address:	

Product selection and Monthly Premium

Product options		Cover amount	Premium
18 - 64			
65 - 74 years			
75 - 89 years			
		Total premium per month	

☐ Debit order ☐ Cash ☐ Stop order

Persal No. _____

I/We hereby authorize you to issue and deliver payment instructions to your Banker for collection against my/our above-mentioned account at my/our above-mentioned Bank (or any other Bank r branch to which I/We may transfer my/our account) on condition that the sum of such payment instructions will never exceed my/our obligations as agreed to in the Agreement and commencing n and continuing until this Authority and Mandate is terminated by me/us by giving you notice in writing of not less than 20 ordinary working days, and sent by prepaid registered post or delivered o our address as indicated above. The individual payment instruction so authorized to be issued must be issued and delivered monthly. In the event that payment day falls on a Sunday, or recogni d South African public holiday, the payment day will automatically be the very next ordinary business day. Furthermore, if there are insufficient funds in my account to meet the obligation, you e entitled to re-present the instruction for payment as soon as sufficient funds are available in my account. Payment instructions due in December may be debited against my account on _____

I/We understand that the withdrawals hereby authorized will be processed through a computerized system provided by South African Banks. I also understand that details of each withdrawal wil be printed on my Bank Statement or on an accompanying voucher. Such must contain a number, which must be included in the said payment instruction and if provided to me should enable m to identify the Agreement.

B. Debit Order Mandate

I/We acknowledge that all payment instructions issued by you shall be treated by my/our abovementioned Bank as if the instructions have been issued by me/us personally.

C. Cancellation

I/We agree that although this Authority and Mandate may be cancelled by me/us, such cancellation will not cancel the Agreement. I/We shall not be entitled to any refund or amounts which you have withdrawn while this Authority was in force if such amounts were legally owed to you.

Signed at _____ on this _____ Day of _____ 20 _____

Signature of Account holder _____

Please provide your correct Bank account number

Branch code:

Type of account	Cheque		
	Savings		
	Transmission		

Debit order amount to be deducted monthly on the date indicated above

Debit Dates: ☐ 1st ☐ 3rd ☐ 15th ☐ 22nd ☐ 25th ☐ 27th ☐ 30th

Principal insured Declaration

I hereby apply for the benefits contained in this member application form and I declare that I have not withheld any material information. I accept this member application. I further declare that:

- ☐ The information supplied on this member application form is true, complete, accurate and correct
- ☐ I consent to the processing of my personal information, including the sharing of information for purposes of implementing and maintaining this policy The benefits, terms and conditions of this policy have been explained to me and that I understand and accept them
- ☐ The monthly premium is affordable and that I can afford to pay for this policy
- ☐ My bank details are correct for the deduction of my monthly premium via debit order (if applicable)
- ☐ I understand and accept the terms and conditions of any add-on product that I have selected
- ☐ I can request to see a copy of the Master Policy that is held by the Policyholder (scheme owner)
- ☐ I will receive a participation certificate, containing a summary of my policy terms and conditions.
- ☐ I understand and accept the contents of this declaration with my signature below.

FSCA Contact details

Website: www.fsca.co.za	Email: info@fsca.co.za	Telephone: 080 020 3722 012 428 8000	Fax: 012 346 6941
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Principal Siganture _____

Date completed and signed _____

Entry date of policy _____



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TERMS AND CONDITIONS FOR FUNERAL PARLOURS

1. Waiting Periods

Waiting period for new member will be as follows depending on the cause of death.

Natural Death - 6 months

Suicide - 12 months

Accidental death¹ - No waiting period after payment of the first premium

Existing members whose policies were issued with a waiting period of less than the above waiting periods will have to wait until they have reached or served the respective waiting periods before benefits can be payable.

2. Adding new groups and or members

New members will complete the application forms and their cover will start on the first day of the month subsequent to the acceptance of the cover or policy by the underwriter.

All original application forms must be sent through to Alphasure for record keeping. These application forms must be sent to Alphasure at least 10 days before the first day of the month in which their cover will commence. The cover for new members will only commence upon acceptance by the underwriter and receipt of application forms by Alphasure. All new members will be subject to the waiting periods in 3. Above.

On onboarding of the group, the group must provide evidence of consent from members of the group that cover is being moved to the new underwriter. In the cases, where the new cover is the same or better than the previous cover, a notice must be given to main members of the group. Alphasure in conjunction with the underwriter will issue confirmation of cover to each member of the group before or on commencement of cover.

3. Collection and payment of premiums

The group undertake to utilise the administration system that will provided by Alphasure and or the underwriter.

All premium collections, cancellation and or amendments shall be registered on the provided administration system, with a corresponding confirmation of the transaction to be provided to the client where relevant. Alphasure and or the underwriter will confirm same via electronic confirmation to the client.

Premiums for all members of the group are due on the first day of the month on which cover is provided (i.e. premiums are payable in advance) and will be debited from the bank account of the group provided.

For compulsory groups, should premiums not be paid on the first day of the month, the group will be given a 15-day grace period, after which cover will automatically lapse and no benefits will be payable. Communication of non-payment will be sent to the Group within the 15- days grace period.

For voluntary groups, in terms of policy provision of each member, the payment of premium for a member policy is payable monthly, before the end of every month for the month in which the premium is due. The premium we receive in a particular month provides cover for that month.

Alphasure and or the underwriter will send a bordereau indicating members who made payment and those who did not make payment by the 10th day following the month in which the premium was due. Should the 10th day falls on a none business day, the bordereau will be sent on the next business day.

A debit order instruction will be issued for the 15th against the group nominated account as per the signed debit order mandate in annexure B for the payment of the premium due and collected by the group. The group is obligated and accepts obligation to pay over all premiums collected from members of the group to the underwriter.

In the event where a member has not paid the premium due and has failed to pay the premium due by the 15th day following the month on which the premium was due, the member policy will end automatically. A notification will be sent to the member for non-payment of premium and termination of benefit respectively.

In the event of a member paying within the 15th day following the month on which the premium was due, an updated bordereau will be sent on the 15th and a follow-on debit order instruction will be issued for the 20th.

Failure by the group to adhere to terms and condition stipulated above will result in the cancellation of the group. Alphasure and or the underwriter, reserves the right to send debit order instructions for all premiums paid by members on any day following the receipt of the premium by the group from members of the group.

For groups that lapse, historical premiums paid to the underwriter during the period where the group had cover will not be refundable as the group enjoyed cover during the period.

¹ Accidental death is death caused by an incident that causes harm to the body of the life insured from outside the life insured, which harm excludes any sickness – and which incident and harm the life insured did not intend and reasonably could not have foreseen. The incident must be the direct and only cause of death, and death must happen within 30 days after the incident.

4. Beneficiaries

Each member shall nominate a beneficiary to whom the benefits will be paid. Any change of beneficiary shall be notified in writing to Alphasure as soon as possible.

A beneficiary shall be a natural or juristic person. A natural person must be 18 years and older and shall not be under any list of sanctioned people, according to South African Law (in terms of section 25 of the POCDATARA (Protection of Constitutional Democracy Against Terrorist and Related Activities Act, 2004 Act No. 33 of 2004).

Should a beneficiary be found to be on the sanctioned list the benefits shall be withheld until an alternate beneficiary is appointed by the relevant court, and this may delay payment of claims.

5. Members Data

The member data should include the following field at minimum for each life insured:

- First name,
- Surname,
- Date of birth,
- Gender,
- Relationship to main member,
- Policy number,
- ID number,
- Monthly premium,
- Sum assured or cover amount,
- Source of funds,
- Payment method,
- Employment status,
- Inception date.
- Cell number
- Email address (essential)
- Name of beneficiary
- ID number of beneficiary

We may request any additional data field to enable us to comply with internal policies and legislative requirements.

A list of existing members of the groups is attached as Annexure A

6. Claims

Valid claims shall be process and finalised within 48 hours of submission of all supporting documents. Should the claim processing take longer than 48 hours, the claimant will be informed about the delay.

On the happening of a claimable event the beneficiary shall follow the following process to submit their claim:

- a. Go to the nearest Incub8/Alphasure (Assupol) office and complete the claim form, demonstrating their relationship to the deceased.
- b. Provide the following documents to accompany the claim form if available, or make necessary arrangements to obtain them:
 - i. Original or certified copy of the identification document of the deceased
 - ii. Original or certified copy of the birth certificate of children under 18 years of age if they do not have an identity document.
 - iii. Original or certified copy of the deceased's death certificate issued by Home Affairs.
 - iv. Proof of marriage or partnership if the deceased is a spouse of the main member.
 - v. Proof of banking details of the beneficiary
 - vi. Certified copy of a police report if death is due to accident or crime.

7. When policy benefits will not be paid

Any misrepresentation or nondisclosure of a material fact or the inclusion of incorrect information could result in the cancellation of your cover or could result in your claim being declined. A benefit will also not be paid if the life insured's death is caused or accelerated, directly or indirectly, by - war, civil commotion, or terrorist activity, or if the life insured dies while committing a criminal activity.

8. Existing claims

At the inception of a new group all existing and outstanding claims occurring before inception will be excluded.

9. Complaints

We strive to provide excellent service, but should there be any dissatisfaction with any aspect of our service to you please contact info@alphasure.co.za or call 010 001 3568.

If you are not satisfied with the resolution of your complaint you may further contact complaints@assupol.co.za or call 087 230 5669

If you are still dissatisfied with the resolution you may then contact the National Financial Ombudsman at info@nfosa.co.za or call them on 012 470 9080 or visit their offices at 110 Oxford Rd, Houghton Estate, Johannesburg Gauteng 2198 or at Claremont Central Building 6th Floor 6 Vineyard Road, Claremont, Western Cape 7700