



Familyheart is an Authorised Financial Services Provider (FSP54738), Administered by Anayasure Underwriting Managers and a Registered Credit Provider (NCRCP2138)

Tick the appropriate box

Branch Name: _____

Principal Member's Details

Date of birth:

ID no:

Contact no:

Email address:

Extended Family details

[illegible]

BENEFICIARY NOMINATION:

I hereby nominate the following person/s, who is/are my dependant/s or nominee/s for any benefits due to be paid from the scheme in the event of my death.

Surname	Name	Relationship	ID number	Contact number

Debit Order Mandate:

A debit order mandate is attached herewith to be completed and submitted back with this application form. Note to ensure sufficient funds on the selection date to avoid disruption of cover and possible lapse of policy.

DECLARATION:

I declare to the best of my knowledge and belief that the particulars given above are true and correct. I understand and agree that any willful misrepresentation in this application will invalidate any benefit under this Policy and that I undertake to abide by the terms and conditions of the Policy. The underwriter or Family heart Grocery Scheme shall not be liable for any amount until it has accepted this application and first premium.

****NB: If the participant is over the age limit when joining, the claim will be repudiated and premiums refunded.**

Principal member's signature

Date

For Office Use only

Referer names: _____

Advisor names: _____

Signed & verified by advisor: _____

Advisor signature: _____

Ref no: _____

Policy Terms and Conditions applicable to this policy:

- Maximum entry age for the Principal Member is 74 years.
- 6 (six) month waiting period applies.
- Policy lapse if two premiums missed and if reinstatement occur full waiting period as above apply.
- To claim please complete claim form that can be requested by calling Grocery Scheme and submit claim as directed on claim form.

Family Heart Financial Services

WhatsApp: +27 69 967 3585

Email: info@familyheartfs.co.za

Gauteng & Mpumalanga

FSP No: FSP54738

NCR Registered: NCRCP21382

FSP License Approved - Underwritten by Assupol

Birth of a Child or Addition of members

- An addition of lives application form detailing out the new lives to be insured must be submitted to Family Heart Grocery Scheme for processing.

Divorce of a Principal Member

- Upon removal of a spouse the policy will convert to a single parent or individual or remain the same if spouse is replaced.

Insurable interest

Please note that all persons insured under the policy must be related to the principal member and/ or policy payer, and the principal member and /or policy payer must have an insurable interest in all insured persons under the policy.

Exclusions

All Benefits will not be paid if death is directly or indirectly caused by or attributable to:
Terrorism or war (whether declared or not).
Radioactive contamination, whether directly or indirectly.
Suicide will not be covered during the first 2 (two) years of membership.
Unnatural causes of death will not be paid before finishing the waiting period

Premium payment

Premiums are payable by the Policyholder monthly in advance and at the Premium Rate as specified in the Schedule.
Premiums are paid in advance and should be received before or on the 7th of every month, premiums received after this date will be allocated to the following month.

Grace period

After the first premium is paid, a Grace Period of 1 (one) month will be allowed for the payment of future premiums.
The Plan will remain in force during the Grace Period. If the arrear premium and the premium due for that month is not paid by the end of the Grace period, the Plan will lapse and the 6 (six) month waiting period will apply on any reinstatement.

Cooling off period

The policyholder has a 30 (thirty) day cooling off period from receipt of the policy to examine the policy.
Provided that no death or claim has taken place in this period, should the policyholder not to take up the policy, she or he must inform Family Heart Grocery Scheme in writing of heror his intention not to accept.
All premiums already paid shall be refunded, less the cost of any risk cover.

Cancellation

After the 30 day cooling off period has ended, the policyholder, Family Heart Grocery Scheme or the underwriter reserves the right to cancel this Policy at any time after giving the other party 3 (three) months written notice of such intention.

Revision

The underwriter reserves the right to do a revision on the Plan at any point in time.
A notification of 31 days will be given to the Policyholder after revision, to accept and pay the revised premium rates.
Revision of the Burial Society Umbrella will take place annually each January. In the event that the current underwriter revised rates be too high Family Heart Grocery Scheme may see an alternative underwriter with same or revised benefits and options negotiated with all policy holders. Should a change of underwriter be resorted to written communication will be sent to all members.

Fraudulent claims

If any fraudulent claim is made against this Policy, Family Heart Grocery Scheme or the underwriter will be under no further obligation whatsoever to pay this claim, and shall, at its own discretion, be entitled to cancel the Policy with immediate effect without any refund of paid premiums.

Summary claims procedure

In the event of a death, a Claim Notification Form must be requested from Family Heart Grocery Scheme, and submitted together with the relevant supporting documents. Failure to do so within the stipulated notification period will result in the benefit being forfeited.

Policy document

The policyholder is entitled to be provided, upon request, with a copy of the Policy.

Product selection and Monthly Premium			
Product options		Cover amount	Premium
18 - 64			
65 - 74 years			
		Total premium per month	



FAMILY HEART

FINANCIAL SERVICES

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

Familyheart is an Authorised Financial Services Provider
(FSP54738), Administered by Anayasure Underwriting
Managers and a Registered Credit Provider (NCRCP2138)

Family Heart Grocery Scheme

Authority and Mandate for payments Instruction: Electronic and Written Mandates

Given by (name of Accountholder): _____ Type of Account: ☐ Current (cheque) ☐ Savings ☐ Transmission
Address: _____ Amount: _____
Bank: _____ Debit Dates: ☐ 1st ☐ 3rd ☐ 15th ☐ 22nd ☐ 25th ☐ 27th ☐ 30th
Branch and Code: _____ Contact Number: _____
Account Number: _____

Abbreviated Name as Registered with the Bank: **Family Heart Grocery Scheme**

This signed Authority and Mandate refers to our contract dated _____ ("the Agreement").
I/We hereby authorize you to issue and deliver payment instructions to your Banker for collection against my/our abovementioned account at my/our above-mentioned Bank (or any other bank or 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 on _____ 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 to your address as indicated above.

The individual payment instructions so authorized to be issued must be issued and delivered as follows: **monthly**.

In the event that the payment day falls on a Sunday, or recognized South African public holiday, the payment day will automatically be the preceding ordinary business day.

Payment Instructions due in December may be debited against my account on _____ (day of month)
I / We understand that the withdrawals hereby authorized will be processed through a computerized system provided by the South African Banks and I also understand that details of each withdrawal will be printed on my bank statement. Each transaction will contain a number, which must be included in the said payment instruction and if provided to you should enable you to identify the Agreement. A payment reference is added to this form before the issuing of any payment instruction.

Mandate

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

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 of amounts which you have withdrawn while this Authority was in force, if such amounts were legally owing to you.

Assignment

I/We acknowledge that this Authority may be ceded or assigned to a third party if the Agreement is also ceded or assigned to that third party, but in the absence of such assignment of the Agreement, this Authority and Mandate cannot be assigned to any third party.

Signed at _____ on this _____ day of _____ (month) _____ (year).

Signature as used for operating on the account

Assisted by _____ Signed _____

Agreement reference number is _____