APPLICATION FOR A FUNERAL COVER

POLICY NUMBER(for office use only)	R

Tick the appropriate policy

Titanium ☐   Platinum ☐   Gold ☐   Silver ☐   Silver Plus ☐

Policy Application Date ____/____/____

Principal Member's Details

Surname:	First Names:	Staff Number:	
Date Of Birth:	Identity Number:	Marital Status:	Telephone:
Physical Address:			Code:
Postal Address:			Code:

Spouse's Details

Surname:	First Names:	Identity Number:	Date Of Birth

Dependants

Name and Surname:	Identity Number/Date Of Birth

Beneficiary Information

I hereby nominate the following person for any benefits due to be paid in the event of my death.

Surname:	First Names:	Identity Number:	Date Of Birth

Payment Option	
Tick the appropriate payment option Debit Order ☐ Cash ☐	
Name Of Bank:	Account No:
Name Of Account Holder:	Branch Code:
Branch:	Account Type: Cheque ☐ Savings ☐

I hereby authorise ALL AGES LIFE to commence debit order withdrawal from my account on the: _____ day of the month; thereafter monthly for the premium applicable for the cover selected. I grant this authority on condition that, should I decide to cancel the policy within 30 days of signing the application, by advising ALL AGES LIFE of my intent to cancel in writing any amount debited within 30 days towards the Funeral Benefit plan will be refunded in full. I understand that the debit order will be run on the date selected. In the event of this run being dishonoured, the policy will lapse, subject to the grace period as stipulated under the terms and conditions in the contract. I understand that this signed document is required in the ALL AGES LIFE office 10 working days prior to the elected deduction date, if not; the deduction will only be instituted in the following calendar month.

Declaration

I declare that the particulars provided above are true and correct to the best of my knowledge. I understand and agree that any wilful 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. ALL AGES LIFE shall not be liable for any amount until it has accepted this application form completed and the first premium.

_____   _____

Principal Member's Signature   Premium Payer's Signature

_____   _____

Date   Date