



SMART FUNERAL PLAN

Planning with care,
honoring with dignity.

Authorized Financial
Service Provider FSP
No. 55595

SMART Funeral Plan (Pty) Ltd is
an authorised FSP (No: 55595)
under the FAIS Act, 2002.

ADMINISTRATED BY WEALTHTREE

Head Office:

Office 0501, Central Towers 286
Pretorius Street Pretoria
info@smartfin24.co.za
www.smartfin24.co.za
Tel: 012 386 0017
Cell/WhatsApp: 083 950 3298

SMART FUNERAL PLAN APPLICATION FORM

1. Personal Details of Main Member:

Title:											Surname:										
Full Names:																					
ID Number:																					
Date of Birth:	Y	Y	Y	Y	M	M	D	D													
Address:											City:										
Province:											Code:										
Email Address:											Cell Number:										

2. Details of Members to be Covered:

*Spouse, children and extended family – list every person to be covered on this policy

Packages: ☐ Single Member ☐ Family Cover ☐ 9 Extended Members ☐ Groceries ☐ Catering

Member	Full names and surname	Relationship	ID Number
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			

3. Signature of principal member:

SIGNATURE _____ ON THIS _____ DAY OF _____ 20 _____.

4. Beneficiary Details – Funeral Plan:

The benefit that the underwriter pays to the nominated Beneficiary will always be a Rand value, - irrespective of the description of the product benefits laid out by the Funeral Parlour.
The Policy Holder will receive the cash value of this policy from the underwriter.

In the case where, I, the Main Member of the Policy should pass away and the benefit should be paid to one of my family members from the insurer, the nominated beneficiary will be:

Name and Surname	Relationship	ID Number

Contact number:

5. Premium Calculation:

Cover: Total Monthly Premium R

6. General Information:

- The policy takes effect on the first day of the month after receipt of the application, acceptance of the risk and the receipt of the first premium by the underwriter, this day will be known as the "entry date" or "commencement date".

7. Premiums

- The premium is payable monthly in advance to SMART FUNERAL PLAN.
- The premiums, conditions and benefits are guaranteed for 1 month from the inception date, and thereafter the premium and benefits can be revised and adjusted by the insurer in order to keep the scheme actuarially sound. SMART FUNERAL PLAN will notify the members in advance of any premium adjustments at the last available address or cellphone number, as notified by the client.
- A grace period of 15 days is permitted for the payment of premiums. If the premium is not paid within this period, the policy will lapse and no benefits will be payable, subject to the provisions of the Long-term Insurance Act.
- No premiums will be refunded, should the policy be canceled or lapse due to non-payment of premium or should a claim be repudiated.
- The admin fee is the difference between the Group Premium and the underwriter Risk Premium, as indicated above in Rand value.

8. Claim Procedure

- In the event of a claim, the underwriter will pay the benefit to the nominated beneficiary.
- Claims must be reported to the underwriter within 6 months of the death of the assured.
- Claims are submitted to SMART FUNERAL PLAN, who will be responsible to submit the claim to the insurer for approval.
- The insurer reserves the right to cancel the policy and to declare all premiums paid by the member in terms of the policy forfeited, if there is any evidence of or attempted submission of a fictional claim, fraud or misrepresentation.
- Claims must be accompanied by the following:
 - An official or certified copy of the original death certificate
 - Certified copies of the deceased and beneficiary's ID documents
 - SAPA report in the event of death due to unnatural causes
 - BI-1663
 - Claim forms obtainable from SMART FUNERAL PLAN
 - Certified copy of the Main Member and claimant's ID document (if the claimant is not the Main Member)
 - Membership Certificate or original application form

9. Complaints Procedure	
1. Disclosure of interest with regard to the policy (eg. Disclose whether the person lodging the complaint is the beneficiary, main member, spouse, dependent or extended member on the policy) 2. Please have the following information available when contacting SMART FUNERAL PLANS: * Policy number * Identity number * Nature of enquiry 3. Complaints which are not resolved to your satisfaction may be referred to the FAIS Ombud tel: 012 762 5000 / Sharecall: 086 066 3274 / email: info@faisombud.co.za and Ombud for Long-term Insurance on tel: 012 762 5000 / Sharecall: 086 066 3274 / email: info@faisombud.co.za or the Registrar of Long-term Insurance.	
10. Right to Cancel	
We understand that personal needs and requirements change over time, and you may, after reflection decide to cancel your policy. After insurer has accepted your application for assurance, you may, if you so decide, instruct SMART FUNERAL PLAN to cancel the policy. SMART FUNERAL PLAN will then notify the insurer. You must submit this instruction in writing to SMART FUNERAL PLAN, within 30 days after receipt of the certificate. You may only submit such cancellation instruction if no benefit has yet been paid or claimed or the insured event has not yet occurred. The insurer may deduct the cost of any risk cover you enjoyed under the policy before cancelled. No premiums will be refunded to the policyholder as the policyholder enjoyed risk cover during the period before the policy was cancelled.	
11. Declaration by the Policyholder/Applicant:	
I, the undersigned, hereby declare and warrant any and all information supplied herein to be true and complete. I am aware and understand that any non-disclosure or misrepresentation of information which is material to the determination of the risk by the underwriter may lead to the policy being declared null and void; in which case all premium paid will be forfeited. I am certain that the product I am applying for meets my needs and feel that I have the necessary information in order to make an informed decision in respect of the purchase thereto. I further confirm that I have been informed of the terms and conditions of this product. The SMART FUNERAL PLAN advisor has provided me with satisfactory details of his experience and assisted me to understand and desire these benefits. I undertake to abide by the terms and conditions contained herein. The following have been explained to me in detail by the SMART FUNERAL PLAN Scheme advisor: the benefits, admin fees payable, disclosures and exclusions, which I understand could limit my right to a benefit in terms of the policy. I understand that there are certain costs which apply to this policy. I understand that I have the right to cancel this policy within 30 days after receipt of the policy document.	
Have you cancelled or do you intend to cancel any existing policy in order to take out this one?	☐ Yes ☐ No
I have chosen a Funeral Benefit on the attached benefit schedule, which suits my needs. I have signed the attached schedule that will form part of this application form: I declare to the best of my knowledge and belief that the particulars given by me herein are true and correct	
• I am satisfied that the plan chosen by me best suits my needs.	☐ Yes ☐ No
• I am able to afford the monthly premium of the plan chosen by me.	☐ Yes ☐ No
• I have read and understand the Summary of the Terms and Conditions on the reverse side hereof.	☐ Yes ☐ No
• I give permission for SMS notifications from SMART FUNERAL PLAN.	☐ Yes ☐ No
• I authorize the underwriter to pay the cash value of my benefit to the nominated Beneficiary	☐ Yes ☐ No
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 also understand that I / we cannot reclaim amounts, which have been withdrawn from my / our account (paid) in terms of this authority and mandate if such amounts were legally owing to Smart Funeral Plan administrators.	
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.	
SIGNED AT _____ ON THIS _____ DAY OF _____ 20 _____.	
SIGNATURE(S) AS USED FOR OPERATING ON THE ACCOUNT. SIGNATURE OF PRINCIPAL MEMBER : _____	
12. Debit Order Authorisation and Mandate (Netcash):	
I/We hereby authorise Netcash (Pty) Ltd to issue and deliver payment instructions to your banker for collection against my/our abovementioned account at my/our abovementioned bank on condition that the sum of such payment instructions will not differ from my/our obligations as agreed to in the Contract Reference Number.	
The individual payment instructions so authorised must be issued and delivered on the date when the obligation in terms of the Agreement is due and the amount of each individual payment instruction may not differ as agreed to in terms of the Agreement.	
The payment instructions so authorised to be issued must carry the Contract Reference Number, included in the said payment instructions, and must be provided to identify the specific contract. The said Contract Reference Number should be added to this form in section E before the issuing of any payment instruction and communicated directly after having been completed.	
I/we agree that the first payment instruction will be issued and delivered on _____ (date) and thereafter regularly on the _____ of each month.	
If however, the date of the payment instruction falls on a non-processing day (weekend or public holiday) I agree that the payment instruction may be debited against my account on the following business day; or subsequent payment instructions will continue to be delivered in terms of this authority until the obligations in terms of the Agreement have been paid or until this authority is cancelled by me/us by giving you notice in writing of not less than the interval (as indicated in the previous clause) and sent by prepaid registered post or delivered to your address indicated above.	
B. MANDATE I/we acknowledge that all payment instructions issued by you will be treated by my/our abovementioned bank as if the instructions had 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 also understand that I/we cannot reclaim amounts, which have been withdrawn from my/our account (paid) in terms of this authority and mandate if such amounts were legally owing to you.	
D. 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.	
Signed _____ on this _____ day of _____ 20 _____	
_____ ASSISTED BY	_____ CAPACITY
FOR OFFICE USE – Bank Account Detail	
Bank Name:	
Branch Name and Town:	
Branch Number:	
Account Number:	
Type of Account:	☐ Current (cheque) / ☐ Savings / ☐ Transmission
Date:	
SMART Funeral Plan (Pty) Ltd FSP No. 55595 Reg No. 2023/834045/07 Office 0501, Central Towers, 286 Pretorius Street, Pretoria, 0002 Tel: 012 386 0017 WhatsApp: 083 350 9832 Email: info@smartfin24.co.za Website: www.smartfin24.co.za	