

FUNERAL COVER AMENDMENT FORM

1. Main member details

Surname		First name(s)	
ID/Policy number		Cell number	

2. Change type

<input type="checkbox"/> Cover Upgrade / Downgrade	<input type="checkbox"/> Adding / Removing or Updating particulars of Extended family
<input type="checkbox"/> Updating particulars of Main member	<input type="checkbox"/> Updating particulars of Nominated Beneficiary
<input type="checkbox"/> Updating particulars of Immediate family members	<input type="checkbox"/> Changing / Updating payment details

3. Cover Upgrade / Downgrade (Please select your new cover option). Age refers to age next birthday

Plan options	Option 1 <input type="checkbox"/>	Option 2 <input type="checkbox"/>	Option 3 <input type="checkbox"/>	Option 4 <input type="checkbox"/>
Cover amount	R10 000	R20 000	R30 000	R10 000
Premiums				
Family Unit (Member + Spouse + 6 children)	R60.00	R90.00	R120.00	R150.00
Extended family cover options (Maximum of 10 family members)				

Options	Age at Entry Benefit	Parents/In-law, Grandparents & Immediate			Other Extended family		
		0 - 64	65 - 74	75 - 84	0 - 64	65 - 74	75 - 79
1	R10 000	R35.00	R70.00	R90.00	R35.00	R120.00	R170.00
2	R20 000	R70.00	R140.00	R180.00	R70.00	R -	R -
3	R30 000	R105.00	R210.00	R270.00	R105.00	R -	R -
4	R10 000	R35.00	R70.00	R90.00	R35.00	R120.00	R170.00

4. Change of Main member details

Title		Initials		Surname	
First names					Gender M <input type="checkbox"/> F <input type="checkbox"/>
Identity number					
Residential address					Postal code
Postal address					Postal code
Telephone home				Cell	
Telephone work				Email	
Preferred method of communication Tel <input type="checkbox"/> Cell <input type="checkbox"/> Email <input type="checkbox"/> Post <input type="checkbox"/>					

5. Adding / Removing or Updating of Immediate family details

A maximum of 1 (one) spouse and 6 (six) children may be covered. (Only biological, adopted or step children)

Name and Surname	ID number	Add / Remove	Relationship

6. Adding / Removing or Updating of Extended family details				
Name and Surname	ID number	Relationship	Add/Remove/Upgrade	Option

7. Change of Beneficiary details					
Title		Initials		Surname	
First names			Relationship		
Identity number			Cell		
Residential address				Postal code	

8. Amended total amount payable calculation summary		
Current premium	Amended premium	Total new premium

9. Debit Order Authority				
Given by (name of the Account holder):				
Residential address:				
ID No. (Account holder)				
Bank name		Debit order type	Debicheck Terminal <input type="checkbox"/>	Debicheck Web <input type="checkbox"/>
Branch name		Debit order date	1 <input type="checkbox"/> 7 <input type="checkbox"/> 15 <input type="checkbox"/> 20 <input type="checkbox"/> 25 <input type="checkbox"/>	Last day <input type="checkbox"/>
Branch code		Account number		
Type of Account	<input type="checkbox"/> Savings <input type="checkbox"/> Cheque <input type="checkbox"/> Other	Amount		
<p>I hereby authorize RFA Funeral Services (Pty) Ltd to commence a debit order withdrawal from my account on the date selected, commencing on _____ and monthly thereafter, for the total premium applicable for the cover selected. In the event that the withdrawal day falls on a Saturday, Sunday or recognized South African public holiday, the withdrawal day will automatically be the very next ordinary business day. Further, if there are insufficient funds in the nominated account to meet the obligation, you are entitled to track my account for 4 consecutive days and re-present the instruction for withdrawal. If for whatever reason it is not honoured, 2 (two) withdrawal runs will be submitted the next month. In the event of this run being dishonored, the policy will lapse.</p>				

Signature of Account holder

Date

Signature of Main member

Date