

## HUB FINANCIAL SERVICES FUNERAL PLAN APPLICATION FORM

### YOUR PERSONAL DETAILS

Hub Account Card Number:

Expiry Date:

SA ID Number

Title:  Mr  Mrs  Miss  Ms  Dr  Other  Please specify

Surname:

First Name(s):

Date of Birth:

#### CONTACT DETAILS:

Area Dial Code:    Home Telephone number:

Area Dial Code:    Work Telephone number:

Cell phone number:

Email address:

#### Residential Address:

Street/Unit/Stand number:

Street name:

Suburb:

City:  Postal Code:

#### Postal Address:

Box/Bag

Suburb:  Postal Code:

Marital Status:  Single  Divorced  Widowed

Married in COP (complete spouses details)

Married out of COP in accrual system

Married out of COP excluding Accrual system

Custom/Tribal Law  Separated  Foreign Law

Gender:  Male  Female

### APPLICANT'S CHILDRENS' DETAILS

Name:

ID Number

Name:

ID Number

Name:

ID Number

Name:

ID Number

Name:

ID Number

Name:

ID Number

### APPLICANT'S SPOUSE'S DETAILS (If married)

Name:

ID Number

### APPLICANT'S PARENTS' DETAILS

Father's Name

ID Number

Mother's Name

ID Number

### FUNERAL BENEFIT SELECTION

Please select 1 of the 4 options for the funeral benefit you wish to apply for and include if you also wish to apply for the parent option as well:

#### LEVEL OF BENEFIT COVER

INDIVIDUAL	OPTION 1	OPTION 2
Monthly Premium	R 25	R 12
Main member under 65 years	R 10 000	R 5000

FAMILY	OPTION 3	OPTION 4
Monthly Premium	R 45	R 25
Main member under 65 years	R 10 000	R 5000
Spouse under 65 years	R 10 000	R 5 000
Children		
14-21 years	R 10 000	R 5 000
1-13 years	R 5 000	R 2 500
00-12 months	R 1 500	R 750

#### PARENTS

Under 72 years (maximum 2 parents)	R 5 000
Monthly Premium per parent	R 40

Please place a tick in the selected Option Box

### BENEFICIARY INFORMATION

Name

ID Number

SIGNATURE OF BENEFICIARY

### DECLARATION AND AGREEMENT

I hereby confirm that to the best of my knowledge and belief, the abovementioned particulars are true and correct.

SIGNATURE OF ACCOUNT HOLDER

DATE OF SIGNATURE

Please note that completion of this form does not constitute acceptance of the insurance proposal by the Insurer. Confirmation of this acceptance and a policy document will be mailed to the account address provided by you within 30 days of your application form being received.

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