



EXECUTOR ASSISTANCE

Contact Accelerera - Tel : 0861101318 / Cell - WhatsApp : 0765711834 / Email : wills@accelera.co.za / Website : www.accelera.co.za

Is this a new member application or an amendment to an existing policy?	NEW	AMENDMENT
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MAIN MEMBER DETAILS (PREMIUM PAYER)

Surname		Initials	
Unit		Rank	
Contact Numbers	[C]	[WhatsApp]	
E-mail Address			

BENEFITS: Assistance to appointed Executor + R5000 Death Benefit + Emergency Transport Services

Option 1: Main member ONLY Executors Assist + all included benefits to dependants and spouse	R 60.00	R
Option 2: Main member & Spouse Executors Assist + all included benefits to dependants and spouse (Joint Will)	R 80.00	R
Extended Family (26yrs – 75yrs) – Only Emergency Transport Services R 5.00 For 2 members (up to 4 for R10.00)	R 5.00	R

TOTAL PREMIUM DUE PER MONTH R

MAIN MEMBER'S BENEFICIARY OF R5000 BRIDGING CAPITAL:

ID Nr:

Surname: Name:

Relationship to member: Contact Number:

SPOUSE/PARTNER -	Surname	Initials	Spouse/Partner ID Number

DEPENDENTS UNDER 26YRS -	Surname	Initials	Dependants' ID Number
1			
2			
3			
4			
5			
6			
7			
8			
(Extended)			
(Extended)			
(Extended)			
(Extended)			



I, the undersigned, (Initials & Surname) with

ID nr:..... and Force nr:....., hereby

state the following:

STOP ORDER REQUEST: INSURANCE

I authorize the Accountant of the DEPARTMENT OF DEFENCE to continuously deduct R from the month of20..... from my salary and to remit it to **AFRICAN UNITY LIFE LTD** (Reg No 2003/016142/06), **INSTITUTION CODE: 0292**, until such time as I cancel this authorization in writing or substitute it with a new authorization. Should the relevant premium be adjusted by the Company / Institution, I confirm that such increases may be deducted from my salary until such time as I cancel or replace this authorization in writing.

In the event of the deduction not being viable from my salary due to the deduction not being affordable, then:

BANK DEBIT ORDER INSTRUCTION

I authorize **AFRICAN UNITY LIFE LTD** (Reg No 2003/016142/06) to debit my bank account continuously for the amount of R..... on theday ("payment day") of each and every month commencing from the month of20..... under the abbreviated name as registered with the bank: **AFRICA UNI**. If the payment day falls on a Saturday, Sunday or recognized South African public holiday, the payment 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 and re-present the instruction for payment as soon as sufficient funds are available in my account.

I acknowledge that the same bank account and terms and conditions, as signed for on the Debit Oder Mandate (Page 3 of this agreement), for the drafting of the Last will and Testament, will be applicable for this debit order deduction for the Executors Assistance Package, as underwritten by African Unity Life Ltd (Reg No 2003/016142/06).

TERMS AND CONDITIONS/DECLARATION BY MAIN MEMBER

- I declare that I am under the age of 65 years and that I am actively employed at the time of taking out this policy
- I acknowledge & accept that my premium will be adjusted automatically every year by 10% on the anniversary date and my benefit by 5% under the condition that the policy may only increase seven times in the lifespan of the policy.
- I understand that if I choose to add up to 4 extended family members, that such extended family members only enjoy the benefits of the emergency transport services and not the death benefits. I also declare that they must be blood-related members of either myself or my spouse in order to qualify
- I accept that with this authorisation I am reducing my right to privacy. However, to assess the insurance risks, and to consider claims for benefits I authorise African Unity Insurance/or the appointed underwriter, to obtain from any person whom I hereby permit and request to give any information which they may need and to share with any other insured that information, and any information in this application or any related sources at any time (even after my death)
- My signature confirms my acceptance of this policy and its benefits, terms and conditions and permits Accelera, as my primary service provider, to decide where to underwrite the insurance section of the package, without my written consent, seeing that the essence of the product is the Assistance to the Executor.
- ACCELERERA IS A JURISTIC REPRESENTATIVE UNDER AFRICAN UNITY LIFE LTD, A REGISTERED FINANCIAL SERVICES PROVIDER: FSP NO 8447
- I lastly understand and acknowledge that the comprehensive Terms and Conditions/Policy Wording, will be forwarded to me within 7 (SEVEN) working days, failing receipt thereof, I will contact Accelera on 0861101318 or wills@accelera.co.za to forward such Terms and Conditions.

Signed at on this day of.....20.....

Member Signature :