



**ALTERNATIVE BENEFICIARIES** (In the event of all beneficiaries mentioned on page 1 pass away simultaneously)

Surname:	Full Names:	Relationship:	Under 18 yr's		Percentage %
			Yes	No	
1.					
2.					
3.					
4.					

**LEGACIES:** (Specific assets to specific beneficiaries)
**EXECUTOR** (Responsible for administration of the Estate. Have to be older than 18yrs) (Compulsory field and nominate 2 options)

Surname:	Full Names:	Relationship:
1.		
2.		

**GUARDIANS** (Only if biological children are under 18 yrs) (Nominate 2 options and should NOT be the other biological parent)

Surname:	Full Names:	Relationship:
1.		
2.		

**TRUSTEES** (Oversees funds for minor children/beneficiaries) (Nominate 2 options)

Surname:	Full Names:	Relationship:
1.		
2.		

**TRUST AGE** (The age at which your children/beneficiaries will be financially responsible)  Trust termination age

**SPECIAL WISHES:**  Semi-Military Funeral **OR**  Private Funeral **AND**  Burial **OR**  Cremation

Where to be buried: \_\_\_\_\_

Other wishes: \_\_\_\_\_

**1.COMPREHENSIVE PACKAGE (additional application)**

**R900,00 once off drafting fee plus R60,00/R80,00 pm Assistance package.**

Executors Assistance (MONTHLY FEE)	Option 1	Option 2
Option 1 - Main Member / Option 2 - Joint Will	R 60.00	R 80.00
Will Drafting (ONCE OFF FEE)	SIGN	
1 Month	R 900.00	
2 Months	R 450.00	
3 Months	R 300.00	
Joint Will	FREE	

**2.CLASSIC PACKAGE**

**Once off drafting fee of WILL ONLY**

PERIOD	FEE	SIGN
1 Month	<b>R 2 000.00</b>	
2 Months	R 1 000.00	
3 Months	R 666.67	
4 Months	R 500.00	
* Add: Joint Will	R 500.00	

*\*Direct payment option available on request*

**BANK DETAILS FOR ONCE OFF FEE:**

Bank: \_\_\_\_\_ Account nr: \_\_\_\_\_ Type of Account: \_\_\_\_\_

Signature for permission to obtain Banking Details: \_\_\_\_\_

**(NB:Should your debit order payment default, a default fee of R50.00 may be charged and your premium may be deducted via Stop Order.)**

**Authorization:**

I hereby authorize Accelera(Pty) Ltd to deduct from my bank account, the amount of R\_\_\_\_\_ per month, for \_\_\_\_\_ months on the  15th  30th .

Assistance premium will be deducted from salary as per additional application by African Unity and has a minimum period of 12 months.

**APPLICANT SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_