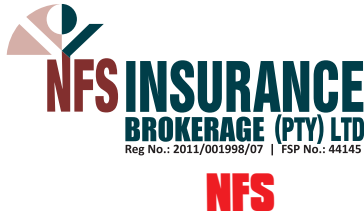


**Method of Payment**

Bank Stop Order       Bank Debit Oder

Persal       Salary Deduction



Underwritten By



Policy Number

Inception Date

**PRODUCT NAME**

Platinum Plan     Gold Plan     Senior Gold Plan     Farm Worker Plan

PRINCIPAL MEMBER

Title

Surname

First Name

ID Number

Date of birth

Street Address :

Code :

Cell Number

Work Number

Home Number

Fax Number

Email Address

Postal Address

Postal Code

Premium Calculation	MONTHLY <input type="checkbox"/>	BI-ANNUAL <input type="checkbox"/>	ANNUAL <input type="checkbox"/>
Main Member Premium	R <input type="text"/>	R <input type="text"/>	R <input type="text"/>
Additional Members	R <input type="text"/>	R <input type="text"/>	R <input type="text"/>
Total Premium Due	R <input type="text"/>	R <input type="text"/>	R <input type="text"/>

DEPENDANTS

Surname	Relationship	Date of Birth or ID Number	Additional Fees
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Extended Family**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

FARM WORKER PLAN

Surname	First Name	Relationship	Date of Birth or ID Number	Additional Fees
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Extended Family**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



Underwritten By



PREMIUM AUTHORISATION

**Premium collection details (the Premium Payer must be the Owner of the policy)**

I authorise MS Life Assurance Company Limited, or their appointed administrator, to draw against my bank account (wherever it may be) all amounts due under the contract to be issued in terms of this application, on the date MS Life deems suitable. Should the relevant premium be adjusted by the insurer, or should I request MS Life to decrease/increase the premium for certain reasons, I confirm that the adjusted amount due may be drawn against my account. This request is to remain in force until cancelled by me in writing.

Bank	<input type="text"/>	Name of Employer	<input type="text"/>
Branch	<input type="text"/>	Department in which you work	<input type="text"/>
Account Number	<input type="text"/>		<input type="text"/>
Branch Code	<input type="text"/>	Salary number	<input type="text"/>
Account Type	<input type="text"/>	<b>NB: for debit order, please provide</b>	
Full Name in which account operates	<input type="text"/>	Premium payer ID	<input type="text"/>
Tel / Cell	<input type="text"/>	Tel for Premium prayer :	<input type="text"/>
Date Salary paid	<input type="text"/>	Premium payer Address:	<input type="text"/>
Signature of account holder:	<input type="text"/>	Signature of policy owner:	<input type="text"/>
Date	<input type="text"/>	Date	<input type="text"/>

Agent's Full Name	<input type="text"/>	Member's Signature	<input type="text"/>
Agent's Signature	<input type="text"/>	Date Signed	<input type="text"/>
Date Signed	<input type="text"/>	Authorised by	<input type="text"/>
		Signature	<input type="text"/>
		Date Signed	<input type="text"/>

BENEFICIARY

Surname	First Names	ID Number / Date of Birth	%	Relationship to Owner
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**CLAIM DOCUMENTS REQUIRED**

- Death certificate.
- ID documents of Claimant and Deceased.
- Certified copy of Marriage Certificate / Proof of Relationship, if applicable.
- If payment is to be made to a Funeral Parlour, please provide copy of Funeral Parlour invoice.
- Proof of Claimant's Bank Account (Copy of cancelled cheque/bank statement/salary slip).
- Form DHA1663-Notification of Death Form and Burial Order from the Undertaker.
- Stillborn Death: Letter required from doctor confirming how many weeks pregnant when baby was born & reasons for death. Unnatural Death:
- Require police report, accident report, driver's license (if MVA & driver of vehicle), & post mortem report.
- If the required documentation is not clear, MS Life reserves the right to call for original documentation and any additional documents required.