

**EMPLOYER / GROUP SCHEME
APPLICATION**

Re|member

SECTION A: EMPLOYER / GROUP DETAILS

Employer / Group Name																	
Registration No.						Telephone No.	(C	O	D	E)					
Contact Person						Fax No.	(C	O	D	E)					
Email Address																	
Postal Address																	
Physical Address																	
Nature of Business/Group																	

SECTION B: GROUP ELIGIBILITY DETAILS

Note: Members must be actively at work or be participating Members of the Group at the commencement date of this Policy. Where this is not the case, confirmation of Cover will be deferred until such time as the applicant is actively at work or participating in the Group.

Details of the Group

Will membership to the Scheme be compulsory for all Employees or Members ? YES NO

State the total number of Employees actively employed by the Company or Members participating in the Group?

State the total number of active Employees/Members eligible to be covered under the Scheme

State the total number of active Employees/Members that will participate under the Scheme

SECTION C: EXISTING FUNERAL SCHEME DETAILS (if applicable)

Please provide details of the group's Funeral Scheme membership over the past three (3) years.

INSURER 1	
Name of Insurer	<input type="text"/>
From	<input type="text"/> DD MM YYYY To <input type="text"/> DD MM YYYY
INSURER 2	
Name of Insurer	<input type="text"/>
From	<input type="text"/> DD MM YYYY To <input type="text"/> DD MM YYYY

Has your Company / Group ever been declined, loaded, or had exclusions applied by a Funeral Scheme? YES NO

If "YES" please provide details _____

SECTION D: BILLING METHOD

One bill for the entire Company Group OR One bill per Branch/Division

SECTION E: PAYMENT DETAILS

Payment Method	Debit Order <input type="checkbox"/>	Electronic Transfer <input type="checkbox"/>
Name of Bank	<input type="text"/>	Branch Name <input type="text"/>
Account Type	<input type="text"/>	Branch Code <input type="text"/>
Name of Account Holder	<input type="text"/>	
Account No.	<input type="text"/>	

Resolution Life is hereby authorised to draw against the above bank account the amount due in terms of this Policy, wherever it may be conducted, and similarly I/we authorise my/our bank to debit my/our account with amounts drawn against it by the Resolution Life, or to credit my/our account with amounts due to me by Resolution Life.

I/We agree to pay any bank charges relating to this Debit Order instruction. I/We further agree to advise Resolution Life in writing of any changes which may occur.

I/We acknowledge/accept that the Premiums shall be payable monthly in advance on the first working day of the month.

Authorised signatory(s)

Designation

SECTION F: COMMUNICATION

May we communicate directly with individual Members/Employees?

YES NO

If "YES" please indicate communication type:

SMS Email Mail

SECTION G: ADDITIONAL REQUIREMENTS

1) If the Policy Owner is a company the following certified copies of the documents will be required;

- CM22: Notice of Registration Office
- CM29: Contents of Registration of Directors
- Memorandum and articles of association
- Resolution from Directors appointing an authorised signatory
- Certified copy of ID for all Directors
- Proof of banking details provided (*cancelled cheque or bank statement*)

2) If the Policy Owner is a Group, please consult your FA or the Resolution Life Client Services Division who will gladly assist you with the requirements. This is as a result of variations of Group types.

SECTION H: FINANCIAL ADVISOR (FA) DETAILS

Full name of FA	<input type="text"/>	FA Code	<input type="text"/>
Name of Brokerage	<input type="text"/>	Brokerage Code	<input type="text"/>
Telephone No.	(<input type="text"/> C <input type="text"/> O <input type="text"/> D <input type="text"/> E) <input type="text"/>	Fax No.	(<input type="text"/> C <input type="text"/> O <input type="text"/> D <input type="text"/> E) <input type="text"/>

Signature of Financial Advisor _____

SECTION I: DECLARATION

- As a participating Employer/Group we hereby apply for Membership for our Employees/Members of the Resolution Life Remember Group Scheme.
- On our Employees/Members behalf, we accept:
 - The Benefits provided for in terms of the Rules of Resolution Life Remember Group Scheme.
 - The Rules of the Scheme together with any amendments from time to time.
- We warrant the correctness of the statements and information contained in this application and acknowledge that the correctness thereof and of all other documents submitted now or in the future by any officer, Members or FA or on behalf of the Employer/Group shall constitute a condition precedent to the payment of the Benefits provided for in terms of the Policy document.
- We consent to our Employees/Members and their listed dependants participating in the Policies to which this proposal relates being called upon to submit to such medical examinations and tests as Resolution Life deems necessary, during the currency of the said Policies.
- We acknowledge and accept that Resolution Life reserves the right to cancel Membership to the Scheme if any Premium is not paid on due date.
- We understand that Resolution Life assumes no liability for any Employees/Members until such time as a notice of acceptance of the risk is given by Resolution Life and payment of the first Premium has been received.
- We undertake to give Resolution Life immediate notice should any changes material to the assessment of this application occur prior to the date upon which Resolution Life grants written acceptance. This will enable Resolution Life to reconsider the terms of acceptance.
- I hereby indemnify and hold Resolution Life harmless against all demands, actions and proceedings which may be made or instituted against Resolution Life arising out of my election to use the facsimile, electronic or telephonic system in dealing with Resolution Life. Furthermore, any facsimile or electronic transmission report will not suffice as proof of receipt of the application form or any other forms unless confirmed in writing by Resolution Life.

STATUTORY NOTICE TO LONG-TERM INSURANCE POLICY HOLDERS

IMPORTANT– PLEASE READ CAREFULLY DISCLOSURE AND OTHER LEGAL REQUIREMENTS

As a long-term insurance policy holder, or prospective policy holder, you have the right to the following information:

<p>1. The intermediary (insurance broker or representative) dealing with you must, at the earliest opportunity, disclose:</p> <p>(a) Name, physical and postal address and telephone number. (b) Legal capacity: whether independent or representing an insurer or brokerage. (c) Concise details of relevant experience (d) Insurance products that may be sold. (e) Insurers whose products may be marketed. (f) Indemnity cover help – Yes/No. (g) Shareholdings in insurers if 10% or more. (h) Name of insurers from which the intermediary received 30% or more of total commission and remuneration during the past calendar year.</p> <p>(The intermediary must be able to produce proof of contractual relationship with and accreditation by the insurers concerned).</p>	<p>2. Your right to know the impact of the decision you elect to make:</p> <p>(a) The intermediary or insurer dealing with you must inform you of: • The premium you may be paying. • The nature and extent of benefits you may receive. (b) If the benefits are linked to the performance of certain assets: • How much of the premium will go towards the benefits? • To what portfolio will your benefits be linked? (c) The possible impact of this purchase on your finances. (d) The possible impact of this purchase on your other policies (affordability). (e) The possible impact of this purchase on your investment portfolio (affordability). (f) The flexibility of changes you make to the proposed contract. (g) The contract terms of the product you intend to purchase.</p> <p>(It is very important that you feel quite sure that the product or transaction meets your needs and that you feel you have all the information you need to make a decision).</p>
<p>3. Your right when being advised to replace an existing policy: You may not be advised to cancel a policy to enable you to purchase a new policy or amend an existing policy, unless:</p> <p>(a) The intermediary identifies the policy as a replacement policy. (b) The implications of cancellation of the policy are disclosed to you such as: • The influence on your benefits under the old policy. • The additional costs incurred with the replacement. (c) The insurer, which issued the original policy, will contact you. You are advised to discuss the matter with its representative.</p>	<p>4. Your right to be informed by the insurer: The insurer will forward you documentation confirming policy details as discussed in paragraph 2 of this Notice, which will also include:</p> <p>(a) The name of the insurer. (b) The product being purchased. (c) The cost in Rands of the transaction and specifically: • The loadings, if any. • The initial expense, and • The amount of commission and other remuneration being paid to the intermediary. (d) In the case of policies with an investment element, the ongoing expense and any other fees or charges payable. (e) The summary in terms of section 48 of the Long-Term Insurance Act 1998. (f) The contract number and address of the complaints and compliance officers of the insurer.</p> <p>(The insurer may disclose the above information on a generic basis with additional policy holder specific disclosure).</p>
<p>5. Your right to cancel the transaction:</p> <p>In most cases, you have a right to cancel a policy within 30 days after receipt of the summary contemplated in section 48 from the insurer.</p> <p>The same applies to certain changes you make to a policy. The insurer is obliged to confirm to you whether you have this right and explain how to exercise it.</p> <p>Please bear in mind that you may not exercise if you have already claimed under the policy or if the event, which the policy insures you against, has already happened.</p> <p>If the policy has an investment component, you will carry an investment loss.</p>	<p>6. Important Warning:</p> <ul style="list-style-type: none"> • It is very important that you are quite sure that the product or transaction meets your needs and that you feel you have all the information you need before making a decision. • It is recommended that you discuss with the intermediary or insurer the possible impact of the proposed transaction on your finances, your other policies or your broader investment portfolio. You should also ask for any information about the flexibility of the proposed policy. • Where paper forms are required, it is advisable to sign them only once they are fully completed. Feel free to make notes regarding verbal information and ask for written information or copies of documents. • Remember that you may contact either the Long-Term insurance Ombudsman or the Registrar of Long-Term Insurance, whose details are set out below, if you have any concerns regarding a product sold to you or advice given to you.
<p>7. Particulars of the Long-Term Insurance Ombudsman:</p> <p>Long-Term Insurance Ombudsman Private Bag X45 Claremont 7735</p> <p>Tel: (021) 657 5000 Fax: (021) 674 0951</p>	<p>8. Particulars of the Registrar of Long-Term Insurance</p> <p>Financial Services Board PO Box 35655 Menlo Park 0102</p> <p>Tel: (012) 428 8000 Fax: (012) 347 0221</p>

This does not form part of the insurance contract