

## Policyholder

ID                      Title  Initials  Gender  male  female  
Surname  First names

## Your Spouse & Children

First names and surname	ID
1) <input type="text"/>	<input type="text"/>
2) <input type="text"/>	<input type="text"/>
3) <input type="text"/>	<input type="text"/>
4) <input type="text"/>	<input type="text"/>
5) <input type="text"/>	<input type="text"/>
6) <input type="text"/>	<input type="text"/>

## Your Extended

First names and surname	ID
1) <input type="text"/>	<input type="text"/>
2) <input type="text"/>	<input type="text"/>
3) <input type="text"/>	<input type="text"/>
4) <input type="text"/>	<input type="text"/>

## Beneficiary

Date of Birth           Title  Initials  Gender  male  female  
Surname  First names

## Product Plan Option

### Plan A

<input checked="" type="checkbox"/>	Cover	Premium
Single (18 - 65 years)	<input type="text"/>	R
1+5 (0 - 65 years)	<input type="text"/>	R
SHIPSTER ASSURANCE	<input checked="" type="checkbox"/> Included	R

### Plan B

<input checked="" type="checkbox"/>	Cover	Premium
Family (18 - 65 years)	<input type="text"/>	R
SHIPSTER ASSURANCE	<input checked="" type="checkbox"/> Included	R

### Plan C

<input checked="" type="checkbox"/>	Cover	Premium
Extended (0 - 17 years)	<input type="text"/>	R
Extended (18 - 65 years)	<input type="text"/>	R
Extended (66 - 75 years)	<input type="text"/>	R
Extended (76 - 85 years)	<input type="text"/>	R
Extended (86 - 100 years)	<input type="text"/>	R
SHIPSTER ASSURANCE	<input checked="" type="checkbox"/> Included	R

## Collection Instruction

Place of work  Cell   
Salary Payment Date - example the 25th  Interval  Monthly  Quarterly  Recurring transactions: continue indefinitely until cancelled by debtor?   
First payment date            Payment date thereafter

The individual payment instructions so authorised to be issued must be issued and delivered monthly on the first day of every month. In the event that the payment day falls on a Sunday, or recognised South African public holiday, the payment day will automatically be the very next ordinary business day.

## How your monthly premium will be paid

I, the premium-payer, will pay the premium monthly by  stop order  bank debit order  
The total monthly premium when the policy begins will be R

### Payment by stop order

I authorise my employer to deduct the premiums from my salary and to pay it to Umbrella Creation.

Premium deduction source  Employment sector

My employee number:

I have read, understand and agree with the above authorisation regarding payment stop order.

Policyholder Signature

Date

### Payment by bank debit order

### Authorisation

ID             Title  Initials  Gender

Surname  First names

Address for correspondence to you                      Postal code

I authorise Umbrella Creation to draw the premiums from my bank account. If the premium changes for any reason in terms of the policy, or by agreement between Umbrella Creation and the policyholder, Umbrella Creation likewise may draw the premium from my bank account. In the event that the payment day falls on a Sunday, or recognised South African public holiday, the payment day will automatically be either the preceding or very next business day. Within the yearly calendar month of December (annually) the number of tracking days will be adjusted to 21 working days or less. If the policy ends, the authorisation also ends. I may cancel, amend or replace this authorisation by written notice to Umbrella Creation. I accept that Umbrella Creation must receive the notice not later than 31 days before the month from which the cancellation, amendment or replacement is to apply. Abbreviated name as it will appear on your bank statement will be UMBRELA. If there are insufficient funds in my 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. An annual premium increase of minimum 5% will be implemented 1st November. Premium collections for December (annually) will take effect from 15 December, with 21 tracking days. Stratool user ID: 9371

I/We understand that the withdrawals hereby authorised will be processed through a computerised system provided by the South African Banks. I also understand that details of each withdrawal will be printed on my bank statement. Such should enable me to identify the: Mandate: I/We acknowledge that all payment instructions issued by you shall be treated by my/our abovementioned Bank as if the instructions have been issued by me/us personally. Cancellation: I/We agree that although this Authority and Mandate may be cancelled by me/us, such cancellation will not cancel the Agreement. I/We shall not be entitled to any refund of amounts which you have withdrawn while this Authority was in force, if such amounts were legally owing to you. Assignment: I/We acknowledge that this Authority may be ceded or assigned to a third party if the Agreement is also ceded or assigned to that third party, but in the absence of such assignment of the Agreement, this Authority and Mandate cannot be assigned to any third party.

Name of bank  Branch  Branch code

Account number  Type of account

I have read, understand and agree with the above authorisation regarding payment by bank debit order.

Policyholder Signature

Date

### Your declaration as the client

I declare that all information given in this form is complete and correct and that I received a signed copy. I am satisfied that I understand everything I need to know about the policy and that I will be able to pay the premiums.

I am replacing this policy:

I declare that I am aware of the fact that:

- a full analysis could not be undertaken and that there may thus be limitations on the appropriateness of the information.
- I must clearly consider whether the information on its own is appropriate considering my objectives, financial situation and needs.

I, the client, declare that:

- the adviser provided me with his practice's details (FSP Disclosure)
- I did not sign the application form while any part of it was not completed yet:
- I am aware of the fact that I take full responsibility for all the information provided in the application form

Policyholder Signature

Date

### My declaration as the intermediary

Province  Staff Code  Initials  Surname  ID

I checked that this acceptance form has been properly completed and signed. I discussed it and the policy provisions on the back of it with the client. I have or will not give money or anything of value to the client or a life insured as an inducement to take out this policy, and explained to the client the implications of replacing insurance. I informed the client that I, for my assistance with the policy, will get a commission from Umbrella Creation as and when the premiums are paid.

### Umbrella Creation DISCLOSURE

Umbrella Creation is a authorised financial service provider. Registration no 2014/256681/07 that holds a category 1 Financial Services Provider License with FSP number 45750. The license authorises us to provide financial services in respect of -Long-Term Insurance Category A and Long Term Insurance Category B. Umbrella Creation has a contract with African Unity Life. The business has not earned more than 30% commission from one product supplier within the past 12 months. We do not hold more than 10% shares in any product provider. We are not an associated company of any life assured or product provider. We earn our income from commission/fees and value added service fees (non-financial services provided) on the products purchased by our clients. We have professional indemnity & fidelity cover to the amount of R1 million. We have a conflict of interest Policy available on request. If you wish to obtain more information in that regard, please request to see our gift register. Our business address is, 15 Barne Street, Westdene, Bloemfontein, 9301. Our contact details are as follows: Office number +27 (0) 78 4 600 600, Fax number 086 580 9164, E-mail address: info@umbrellacreation.co.za. As a client, should you feel that your rights have been prejudiced, or you have been aggrieved in any way you have the right to lodge a complaint. A copy of the complaints process is available upon request. Our compliance practice is Moonstone Compliance (Pty) Ltd, represented by Rikus van Pletzen, Postal Address: P.O Box 1221, Die Boord, Stellenbosch, 7613, Physical Address: 1st Floor, Valencia centre, Piet Relief Street, Stellenbosch, 7600, Tel 021 883 8000/ Fax Number: 0866 151 122. Umbrella Creation has been accredited and exposed to relevant legal and technical information. We place emphasis on the continuing development of Umbrella Creation through regular training in services, products and skills.

Intermediary Signature

Date