DUCOME FUNERAL AID PLAN 2024.

COVER OPTIONS EXPLANATION AND GENERAL RULES

STEP 1:

Select main member cover. (Compulsory)

Main cover amount				Top-Up	
A	B	C	D	Option 1	Option 2
R 9 000	R 15 000	R 20 000	R 25 000	R 9 000	R 14 000
Premium					
R 71.16 p.m	R 95.26 p.m	R 113.68 p.m	R 133.1 p.m	R 46.16 p.m	R 66.58 p.m

- Add your spouse: Same sex, common law and customary marriages are included.
- Add your children: Biological or legally adopted children of you or your spouse.

STEP 2:

Select extended individual member cover for persons under 65. (Non-compulsory)

Main cover amount				Top-Up	
A	B	C	D	Option 1	
R 9 000	R 15 000	R 20 000	R 25 000	R 9 000	
Premium					
R 39.24 p.m	R 57.4 p.m	R 72.2 p.m	R 87 p.m	R 37.24 p.m	

- Members must be under 65 and be dependent on you.
- Parents, older children or other family members.

STEP 3:

Select extended individual member cover for persons between 65 and 74. (Non-compulsory)

Main cover amount					
A	B	C	D	E	
R 7 000	R 10 000	R 15 000	R 20 000	R 23 000	
Premium					
R 83.82 p.m	R 103.6 p.m	R 135.9 p.m	R 167.2 p.m	R 186.98 p.m	

- Members must be at least 65, but not yet 75 to be added.

STEP 4:

Select extended family cover. (Non-compulsory)

Main cover amount				Top-Up	
A	B	C	D	Option 1	
R 9 000	R 15 000	R 20 000	R 25 000	R 9 000	
Premium					
R 78.16 p.m	R 101.26 p.m	R 121.68 p.m	R 141.1 p.m	R 47.16 p.m	

- This cover is for a whole family and is not per person. Add member, spouse and children.

Please see page 2 for a detailed breakdown of the costs and other important information.

WAITING PERIODS AND EXCLUSIONS

- Suicide is excluded during the first 24 months of membership.
- No claims for members under 65 will be accepted for death due to natural causes in the first 3 months of membership.
- The insured amount is limited to 50 % for all natural causes of death from month 4 to 6 for members under 65.
- No claims for extended members between 65 and 75 will be accepted for death due to natural causes in the first 6 months of membership.
- All members have to be under the age of 65 when they join, except for Extended members on the 65 – 74 plan.

GENERAL RULES

1. Children must be insured on their own once they are older than 21 unless they are full time students and under the age of 26 (with proof) or physically or mentally incapacitated (with proof).
2. Claims must be logged within 6 months of the date of death.
3. A copy of the ID document must be attached to this application form for all the members that are to be insured under this policy.
4. In the event of any discrepancy between this document and the policy as underwritten by Sanlam, the provisions of the Policy will prevail.
5. A premium increase will happen towards the end of each year. These increases are based on the total cost of risk, marketing and admin for the entire group and isn't fixed on any percentage, but will always be kept as low as possible.
6. No Extended member may be on a higher option than the main member.
7. Top-Up cover may only be taken if the live(s) are covered under a main policy option.

CONTACT DETAILS			
NEW APPLICATIONS	DUCOME BROKERS	0861 broker (276 537)	funeral@ducome.co.za
EXISTING POLICY QUERIES AND CLAIMS	PHAKAMA	012 348 8310	

Please retain this page for future reference.

The funeral benefits are currently underwritten by Sanlam Developing Markets Limited. Sanlam Developing Markets is an authorised financial services provider with FSP number 11231. Ducome Brokers (Pty) Ltd is a registered financial services provider with FSP number 11894. Ducome Brokers markets the funeral aid benefit. Phakama Administration Services (Pty) Ltd is a registered financial services provider with FSP number 1473. Phakama administrates the funeral aid benefit.

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DETAILED BREAKDOWN OF THE **OWN FAMILY** BENEFIT (All members must be under 65)						
Insured person	A	B	C	D	**Add top-up R 9 000**	**Add top-up R 14 000**
Main Member	R 9 000	R 15 000	R 20 000	R 25 000	R 9 000	R 14 000
Spouse	R 9 000	R 15 000	R 20 000	R 25 000	R 9 000	R 14 000
Child 14 – 21	R 9 000	R 15 000	R 20 000	R 25 000	R 9 000	R 14 000
Child 6 – 13	R 4 500	R 7 500	R 10 000	R 12 500	R 4 500	R 7 000
Child 1 – 5	R 2 250	R 3 750	R 5 000	R 6 250	R 2 250	R 3 500
Child 0 – 11 months and stillborn	R 2 250	R 3 750	R 5 000	R 6 250	R 2 250	R 3 500
Risk premium	R 26.68	R 44.46	R 59.28	R 74.1	R 26.68	R 41.5
Admin fee	R 15	R 15	R 15	R 15	R 0	R 0
Client fee	R 29.48	R 35.8	R 39.4	R 44	R 19.48	R 25.08
Premium	**R 71.16**	**R 95.26**	**R 113.68**	**R 133.1**	**R 46.16**	**R 66.58**

DETAILED BREAKDOWN OF THE **INDIVIDUAL EXTENDED MEMBER UNDER 65** BENEFIT						
Insured person	A	B	C	D	**Add top-up R 9 000**	
Extended Member	R 9 000	R 15 000	R 20 000	R 25 000	R 9 000	
Risk premium	R 14.4	R 23.4	R 31.2	R 39	R 14.4	
Client fee	R 25.2	R 34	R 41	R 48	R 23.2	
Premium	**R 39.24**	**R 57.4**	**R 72.2**	**R 87**	**R 37.24**	

DETAILED BREAKDOWN OF THE **INDIVIDUAL EXTENDED MEMBER 65 - 74** BENEFIT						
Insured person	A	B	C	D	E	
Extended Member	R 7 000	R 10 000	R 15 000	R 20 000	R 23 000	
Risk premium	R 38.22	R 54.6	R 81.9	R 109.2	R 125.58	
Client fee	R 45.6	R 49	R 54	R 58	R 61.4	
Premium	**R 83.82**	**R 103.6**	**R 135.9**	**R 167.2**	**R 186.98**	

DETAILED BREAKDOWN OF THE **EXTENDED FAMILY** BENEFIT (All members must be under 65)						
Insured person	A	B	C	D	**Add top-up R 9 000**	
Main Extended Family Member	R 9 000	R 15 000	R 20 000	R 25 000	R 9 000	
Spouse	R 9 000	R 15 000	R 20 000	R 25 000	R 9 000	
Child 14 – 21	R 9 000	R 15 000	R 20 000	R 25 000	R 9 000	
Child 6 – 13	R 4 500	R 7 500	R 10 000	R 12 500	R 4 500	
Child 1 – 5	R 2 250	R 3 750	R 5 000	R 6 250	R 2 250	
Child 0 – 11 months and stillborn	R 2 250	R 3 750	R 5 000	R 6 250	R 2 250	
Risk premium	R 26.68	R 44.46	R 59.28	R 74.1	R 26.68	
Client fee	R 51.48	R 56.8	R 62.4	R 67	R 20.48	
Premium	**R 78.16**	**R 101.26**	**R 121.68**	**R 141.1**	**R 47.16**	

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"Ducome brokers and Phakama Administration Services undertake to treat all information supplied by the policyholder and relating to the policyholder's benefits, strictly confidential. Ducome and Phakama undertake not to divulge to any party not signatory to this policy, any information supplied by the policyholder and relating to the policyholder's benefits without prior written consent of the policyholder."

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DUCOME FUNERAL AID PLAN 2024.

Ducome
expert financial innovators

PLEASE SELECT THE PLAN YOU WISH TO BE ON (COMPULSORY)						
PLAN	A	B	C	D	**Add top-up R 9 000**	**Add top-up R 14 000**
MEMBER	R 9 000	R 15 000	R 20 000	R 25 000	R 9 000	R 14 000
PREMIUM PER MONTH	R 71.16	R 95.26	R 113.68	R 133.1	R 46.16	R 66.58
MARK WITH X						

OWN FAMILY DETAILS (all members must be under 65)			
	SURNAME AND NAMES	ID NUMBER	GENDER
MEMBER			
SPOUSE			
CHILD			
CHILD			
CHILD			
CHILD			
CHILD			
CHILD			

ADD YOUR INDIVIDUAL EXTENDED MEMBERS UNDER 65 (OPTIONAL)					
PLAN	A	B	C	D	**Add top-up R 9 000**
MEMBER	R 9 000	R 15 000	R 20 000	R 25 000	R 9 000
PREMIUM PER MONTH	R 39.24	R 57.4	R 72.2	R 87	R 37.24

INDIVIDUAL EXTENDED MEMBERS DETAILS (all members must be under 65)							
			Mark your option with an X for each member				
GENDER	SURNAME AND NAMES	ID NUMBER	A	B	C	D	**Top-up**
TOTAL NUMBER OF EACH OPTION							
TOTAL PREMIUM PER GROUP							

ADD YOUR INDIVIDUAL EXTENDED MEMBERS THAT ARE BETWEEN 65 AND 74 (OPTIONAL)					
PLAN	A	B	C	D	E
MEMBER	R 7 000	R 10 000	R 15 000	R 20 000	R 23 000
PREMIUM PER MONTH	R 83.82	R 103.6	R 135.9	R 167.2	R 186.98

INDIVIDUAL EXTENDED MEMBERS DETAILS (all members must be older than 65 and younger than 75)							
			Mark your option with an X for each member				
GENDER	SURNAME AND NAMES	ID NUMBER	A	B	C	D	E
TOTAL NUMBER OF EACH OPTION							
TOTAL PREMIUM PER GROUP							

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ADD YOUR EXTENDED FAMILY MEMBERS UNDER 65 (OPTIONAL)						
PLAN	A	B	C	D	**Add top-up R 9 000**	
MEMBER	R 9 000	R 15 000	R 20 000	R 25 000	R 9 000	
PREMIUM PER MONTH	R 78.16	R 101.26	R 121.68	R 141.1	R 47.16	
MARK WITH X						

EXTENDED FAMILY DETAILS (all members must be under 65)			
	SURNAME AND NAMES	ID NUMBER	GENDER
MEMBER			
SPOUSE			
CHILD			
CHILD			
CHILD			
CHILD			
CHILD			
CHILD			

Total premium calculator

Carry over the total premiums from each benefit and add them up in the bottom row.

Own family	Premium	Extended under 65	Premium	Extended over 65	Premium	Extended family	Premium	**Total Premium**
A		A		A		A		
B		B		B		B		
C		C		C		C		
D		D		D		D		
Top-up 9		Top-up 9		E		Top-up 9		
Top-up 14								
Total		+		+		+		=

MAIN MEMBERS DECLARATION

I (name) ,apply for membership with a total contribution of R

Postal Address:

Tel Home( ) Tel Work( ) Tel Cell( )

E-mail:

Beneficiary details (Should you fail to nominate a beneficiary the benefit will be paid to your estate)

Name:
Relation:
ID number:

Signature of main member Date / / 20

DEBIT ORDER AUTHORITY:

Name of Bank:_____ Branch Code:_____ Account type: Cheque ☐ Savings ☐ Transmission ☐

Account Number: _____ Name of Accountholder: _____

I hereby authorise Phakama on behalf of **Ducome Brokers** to commence a debit order withdrawal from my account on the _____ day of the month (add appropriate date of the month), and monthly thereafter for the premium applicable for the cover selected. I understand that the debit order will be run on the date selected. If for any reason it is not honoured, two withdrawal runs will be done the next month. In the event of this second run being dishonoured, the policy will lapse. I understand it is required that this signed document reaches Phakama offices 10 working days prior to the selected deduction date, if not, the deduction will only qualify for the following calendar month's deductions. In the event that the payment day falls on a Sunday, or recognised South African public holiday, the payment day will automatically be the preceding ordinary business day. Should the relevant premium rate be adjusted by the Institution as a result of an inflation related increase in subscription/premium/payment rate, I confirm that the adjusted premium rate may be deducted. I agree that although this Authority and Mandate may be cancelled by me, such cancellation will not cancel the Agreement. I 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. I 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.

The User Abbreviated Name as Registered with the Bank will reflect as follows on your bank account: ***Ducome*** followed by your policy / membership number.

Signature of Account Holder_____. Date:_____.

*I declare to the best of my knowledge and belief that the particulars given by me herein are true and correct. *I am satisfied that the plan chosen by me suits my needs.
*I am able to afford the monthly contributions of the plan chosen by me. *I have read and understood the Summary of the Terms and Conditions.

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