



@Rest Funeral Plan, by Finbury Capital Voluntary Funeral Scheme

@Rest Funeral Plan, by Finbury CapitalOffice| +27(0)21 850 0118Email| funeral@finbury.co.za

Application form				www.atre	stfunero	ılplan.co).za
A. Principal Member Info	rmation						
Title Initia	als	Gender Full names					
Surname							
Employer name							
Sub-employer name							
Cell			rt number				
Date of birthY_Y			birth				
Country of residence							
Physical / Postal address							
		City / Towr	1		(Code	
Source of funds with the following	options:			_			
Grants - Disability / Social grant			Allowance			Salary	y / Wage
Pension replace with Policy / Fund (investment products etc) as a sugg	pay-outs jestion.	Savings / 1	Investments	(Rental,	dividends a	Passive and interest	Income income)
Business Income		Inheritance / Gifts / Donation	s/Winnings				
Important: Have you had a funeral p	policy that has been activ	ve for the past 31 days?	N				
B. Beneficiary details in t		<u> </u>			_		•
First Name	Surname	ID / Passport				Relationship	Contact
Note: Only one beneficiary above the age	of 18 years may be nominated						
	.,						
C. Immediate Family Det	ails					Ор	tion
First Name	Surname	1	ID / Passport nu	ımber			Relationship
			Y Y M M	D D			
			Y Y M M	D D			
			Y Y M M	D D			
			Y Y M M	D D			
			Y Y M M	D D			
Note: A maximum of 1spouse and 5 childr	en may be covered under the	e immediate family funeral benefit					
D. Extended Family deta	ils						
Please complete the details of your	Extended Family in the t						
First Name	Surname		sport number			Relation	nship Option
			M M D D		+		_
			M M D D				
			M M D D				
		YY	M M D D				
			M M D D				
		YY	M M D D				

Note: A maximum of 8 extended family members may be covered under the extended family member funeral benefit

E. Single Parent Fun	eral Benefit										
Please complete the details o	f your children Benefit in the table below.										
First Name	Surname	ID	/ Pa	sspc	rt n	umb	er				Relationship
		Υ	Υ	M	M	D	D				
		Υ	Υ	М	$ \boxtimes $	D	D				
		Υ	Υ	М	М	D	D				
		Υ	Υ	М	М	D	D				
		Υ	Υ	М	М	D	D				

Note: A maximum of 5 children may be covered under the single parent benefit.

F. Couple Funeral Benefit											Option	
Please complete the details of your couple E	Benefit in the table below.											
First Name	Surname	ID	/ Pa	ssp	ort n	um	ber				Relationsh	ip
		Υ	Υ	M	M	D	D					

Note: A maximum of 1partner may be covered under the couple benefit.

G. Parents - Parents-	inlaw Funeral Benefit										Option
Please complete the details of	your parents - parents-in law Benefit in the	ne table below.									
First Name	Surname	ID /	Pas	sspo	rt n	umb	er				Relationship
		Υ	Υ	M	M	D	D				
		Υ	Υ	M	M	D	D				
		Υ	Υ	M	М	D	D				
		Y	Υ	M	M	D	D				

Note: A maximum of 4 parents - parents-in law may be covered under the parents - parents-in law benefit.

H. Principal Membe											Option
Please complete the details	of your Principal Member Plus 5Benefit in th	ne table below.									
First Name	Surname	ID /	/ Pa	sspc	rt n	umb	er				Relationship
		Υ	Υ	M	M	D	D				
		Y	Υ	М	М	D	D				
		Υ	Υ	М	М	D	D				
		Y	Υ	М	М	D	D				
		Υ	Υ	М	М	D	D				

Note: A maximum of 5 dependants may be covered under the principal member plus 5 funeral benefit.

I. Principal Member	Plus 9 details													Option
Please complete the details	of your Principal Member Plus 9 Benefit in th	ne table below.												
First Name	Surname	ID	ID / Passport number											Relationshi
		Υ	Υ	М	M	D	D							
		Y	Υ	М	М	D	D							
		Υ	Υ	М	M	D	D							
		Υ	Υ	М	М	D	D							
		Υ	Υ	М	М	D	D							
		Υ	Υ	М	M	D	D							
		Υ	Υ	М	М	D	D							
		Y	Υ	М	М	D	D							
		Y	Υ	М	М	D	D							

Note: A maximum of 9 dependants may be covered under the principal member plus 9 funeral benefit.

J. Principal Member Plus 13 of Please complete the details of your Principal Please Complete the Details of Your Please Complete the Please Complete the Details of Your Please Complete t		lus 13 Benefit in the t	able below.											Option
First Name	Surname			/ Pa	asspo	ort n	uml	oer						Relationship
			Υ	Υ	M	M	D	D					\top	
			Y	Υ	М	М	D	D						
			Y	Υ	М	M	D	D						
			Y	Υ	М	M	D	D						
			Υ	Υ	М	М	D	D						
			Υ	Υ	M	М	D	D						
			Y	Υ	М	М	D	D						
			Υ	Υ	M	M	D	D					_	
			Υ	Υ	M	M	D	D					+	
			Υ	Υ	M	M	D	D					+	
			Y	Υ	M	M	D	D					+	
			Y	Υ	М	M	D	D					+	
John A maximum of 12 dependents may be	vered under the	principal member alice	3 funeral basefit	Υ	M	M	D	D						
lote: A maximum of 13 dependants may be cov	erea unaer the	pinicipal member plus 1	o iuneral benefit.											
K. Premium deduction autho	rity													
Persal	Cash		ebit Total premi	um	ь									
rersar I hereby authorize @Rest Funeral Plan, b			•			mei	ntio	ned l	nelow (or ar	ny oth	ner ha	enk or	hranch to
which I transfer my account) the premiu														
cancelled by me. All such withdrawals fr by me personally. I understand that the applicable and that details of each with fees relating to this debit order or dedu	drawal will be	printed on my bank	neral Plan, by Fin I be processed by statement or app	bury the lical	Cap ACI ole v	oital, B Ma ouch	sha igne ner. I	all be tic T Lagre	treate ape Se ee to p	d as rvice, ay ar	thoug or ar ny bar	gh the ny oth nk cha	y hav ier co arges	e been signed llection servic or collection
3			ury Canital 31 (thi	rtv c	ne)	davs	' no	tice i	in writii	na se	ent hy	, ema	ail nrei	naid registere
This authority may be cancelled by me- post. I understand that I shall not be ent legally owing to @Rest Funeral Plan, by thereof by my bank or premium payme	itled to any re Finbury Capita nt facilitator (\	fund amounts which il. Receipt of this inst whichever it is, or wil	have been withd ruction by @Rest be). I am respon	rawi Fun sible	n wh eral	ile t Plan ensu	his a , by re th	utho Finb nat n	ority wa ury Ca ny mor	as in	force shall premi	if suc be re ium is	h am garde paid	ounts were d as receipt
Name of account holder			Email											
ID/Passport number														
Source of funds/Income				side	nce									
Occupation			Country of bi	rth										
Name of bank			With effect fr	om)	YY	Υ	/ M	M /	D [
Branch name			Branch code					Υ	ΥΥ	Υ /	M	1 / 1	D D	
Account number			Deduction da	te _				Υ	YY	Υ /	M	M /	D D	
Account type Current (Cheque)	Savin	gs Transmissio	on Other (Pl	ease	e spe	ecify)	_							
									,	ΥΥ	ΥΥ	′ / N	/ M	/ D D
Signature of Principal Membe	:r	Signat	ure of Premium P	ayer	-							Dat	e	
L. Declaration of acceptance	(Please read	d and understand th	e summary of co	ver	bene	efits	on t	he t	erms a	nd co	onditi	ons)		
I herewith apply to participate in the @ information and supporting documents and correct. I understand that any fals	Rest Funeral Pl	lan, by Finbury Capita	al in accordance was the above	with	its 1	Term	s an	d Co	ndition	ns. I u	inders	stand ndwri	that f	the above
and correct. I understand that any fals and I undertake to abide by the Terms a	e/incorrect inf	formation or misstates of the policy.	ement in the appl	icati	ion v	vill ir	ivali	date	any cl	aim c	r ber	nefit u	ınder	the policy
@Rest Funeral Plan, by Finbury Capital, s	shall not be lial	ble for any amount u												
understand that @Rest Funeral Plan, by Funeral Plan, by Finbury Capital , have be	, ,	-				•			•				•	
to 90 days from the original specified da	ite, @Rest Fun	neral Plan, by Finbury	Capital has the ri	ight	to a	djust	t the	dat	e of iss	sue of	this	policy	y acco	rdingly.
The policyholder may cancel the policy to remember that cancellation normally	at any time by leads to loss o	y giving 1(one) day's of valuable benefits a	written notice to	@R oided	est F	une ere r	ral P	lan, ible.	by Finb	oury (Capita	ıl . It i	s impo	ortant
By signing this form; I give @Rest Funerawatch lists, as required by law, and to in														
I understand that, in terms of the law, @														
details are on any sanction lists. I ackno	wledge that I i	have read and under	stood this declara	tion										
									ΥΥ	Y Y	/ M	I M	/ D	D

NB: Please send a completed form to funeral@finbury.co.za

Signature of Principal Member

Date

M. Protection of Personal Information ("POPIA") Declaration

@Rest Funeral Plan, by Finbury Capital, will process and protect your personal information as required by all relevant laws including the Protection of Personal Information Act, 4 of 2013 (POPIA). Such personal information may include, but not be limited to, your current wellness, medical history, finances and other details required by the application form / agreement.

The provision of information required by this application form / agreement is mandatory and Sanlam Life may not provide the products or services without this information.

We shall process your personal information (and may share with our service providers, data bureaus and business units and companies which are part of the @Rest Funeral Plan, by Finbury Capital to:

- conclude and administer this application, which may include underwriting;
- · allow for the collection of payments;
- assess, process claims and to process any mandatory checks;
- comply with all legal and regulatory requirements, including industry codes of conduct;
- prevent loss, fraud;
- share with intermediaries appointed as official intermediaries or who have your written approval so that they can provide you with financial advice and / or intermediary services;
- administer your membership to a loyalty / rewards / wellness or benefit program;
- share with external benefit providers which are not part of the @Rest Funeral Plan, by Finbury Capital Group to provide you with benefits which stem from your membership to a loyalty / rewards / wellness or benefit programme;
- share with bureaus to enhance and enrich our understanding of our customer base;
- execute the @Rest Funeral Plan, by Finbury Capital strategic initiatives:
- share information with other entities in the @Rest Funeral Plan, by Finbury Capital, so that we can market our financial products and services which we deem similar, with the aim of offering you the opportunity to take up some of the financial products to fulfil your needs, provided that you have not objected to receiving such marketina:
- conduct market research from time to time via email, telephone, or other means (for example, invite you to events);
- share your personal information with third parties if there is a legitimate reason to do so; and / or
- include further purposes compatible with the above. Further
 processing and storage may require that we send your personal
 information to service providers outside of the Republic of South
 Africa on @Rest Funeral Plan, by Finbury Capital behalf. Unless we
 have a binding agreement with the service provider which
 ensures that it effectively adheres to the principles for processing
 of information in accordance with POPIA, we will not send your
 personal information to a country that does not have substantially
 similar laws to that of the Republic of South Africa which provide
 for the protection of personal information.
- Prior to giving @Rest Funeral Plan, by Finbury Capital a minor child's personal information, I understand that @Rest Funeral Plan, by Finbury Capital may require additional information to confirm that I am authorised to provide the child's information. By providing the personal information, I consent to @Rest Funeral Plan, by Finbury Capital collecting and processing the child's information in my capacity as the child's guardian or competent person.

For information on how to:

- access or request a copy of your personal information processed by us.
- ask for an update and / or correction of your personal information.

By completing and submitting this application form / agreement, vou:

- agree that @Rest Funeral Plan, by Finbury Capital (including its various business divisions) may process your personal information for direct marketing purposes, including by contacting you telephonically to market financial products and services to you with the aim of affording you an opportunity to taking up some of the financial products to fulfil your needs;
- consent to @Rest Funeral Plan, by Finbury Capital sharing your contact details with other companies which are part of the @Rest Funeral Plan, by Finbury Capital, for purposes of direct marketing and contacting you telephonically to market financial products and services to you;
- consent to the storage of personal information in line with applicable legislation and internal policies. Records may be retained for periods in excess of prescribed periods for historical, statistical, research purposes.
- @Rest Funeral Plan, by Finbury Capital, will implement necessary safeguarding measures to protect the integrity and confidentiality of data stored.

Opting-out of direct marketing:

 Due to you being a client of @Rest Funeral Plan, by Finbury Capital, we may provide you with information (incl. marketing information) about our similar financial products and other services, which may include text messages, emails, and the like. Should you not wish to receive marketing or advertising information from us, please contact @Rest Funeral Plan, by Finbury Capital Customer Care Centre at: 021 850 0118 to Optout. Where you choose to exercise your right to opt out of direct marketing, please allow up to 21 days for SDM to effect that change.

Objection from processing your personal information:

- You may withdraw your consent to sharing of contact details and any other personal information with @Rest Funeral Plan, by Finbury Capital at any time by contacting @Rest Funeral Plan, by Finbury Capital Customer Care Centre on email on info@finbury.co.za.
- Should you wish to object / withdraw from @Rest Funeral Plan, by Finbury Capital, processing your personal information, please note that cover in terms of the Policy may terminate as the processing of the personal information is material to servicing the Policy. Once I withdraw my consent, I understand that @Rest Funeral Plan, by Finbury Capital is still obliged under applicable legislation to keep the information for at least 5 years after termination of the business relationship between @Rest Funeral Plan, by Finbury Capital and myself.

Y Y Y Y / M M / D