



tingo life
FUNERAL & LIFE COVER

**FUNERAL AID
BENEFIT 2024**

For a life well lived.

1 CHOOSE YOUR COVER

Cover amount chosen is for you, your spouse and biological/legally adopted children. All members must be under the age of 65 and children must be under the age of 21.*

OWN FAMILY COVER (COMPULSORY)

Choose option below. Premium calculated as: (cover amount x risk premium R 2.964) + Phakama admin fee (R15) + commission (50% markup) = total premium.

COVER	R5 000	R6 000	R7 000	R8 000	R9 000	R10 000	R11 000	R12 000	R13 000	R14 000
PREMIUM	R44,73	R49,18	R53,62	R58,07	R62,51	R66,96	R71,41	R75,85	R80,30	R84,74
COVER	R15 000	R16 000	R17 000	R18 000	R19 000	R20 000	R21 000	R22 000	R23 000	R24 000
PREMIUM	R89,19	R93,64	R98,08	R102,53	R106,97	R111,42	R115,87	R120,31	R124,76	R129,20
COVER	R25 000	R26 000	R27 000	R28 000	R29 000	R30 000				
PREMIUM	R133,65	R183,10	R142,54	R146,99	R151,43	R155,88				

TOP-UP OPTION (NON-COMPULSORY)

Choose option below. Premium calculated as: cover amount x risk premium R2.964 + commission (50% markup) = total premium.

COVER	R1 000	R2 000	R3 000	R4 000	R5 000	R6 000	R7 000	R8 000	R9 000	R10 000
PREMIUM	R4,45	R8,89	R13,34	R17,78	R22,23	R26,68	R31,12	R35,57	R40,01	R44,46
COVER	R11 000	R12 000	R13 000	R14 000	R15 000	R16 000	R17 000	R18 000	R19 000	R20 000
PREMIUM	R48,91	R53,35	R57,80	R62,24	R66,69	R71,14	R75,58	R80,03	R84,47	R88,92

CONFIRM CHOSEN OPTIONS BELOW

COMPULSORY		NON-COMPULSORY	
Cover amount selected		Top-up selected	Total cover
Main premium		Top-up premium	Total premium

OWN FAMILY DETAILS

	Name	Surname	ID number or date of birth	Gender
Main				
Spouse				
Child 1				
Child 2				
Child 3				
Child 4				
Child 5				
Child 6				

WAITING PERIODS AND EXCLUSIONS:

Suicide is excluded during the first 24 months of membership.

3 month waiting period on death due to natural causes for members under the age of 65.

50% pay-out in month 4 to 6 for death due to natural causes on members under the age of 65.

6 month waiting period for members over the age of 65 for all natural causes of death.

GENERAL RULES:

* Children may only be covered under a parent's policy until the age of 21 unless they are full time students or mentally/physically disabled. Proof must be supplied each year. Students must be under the age of 26.

Claims must be logged within 6 months of the member passing away.

No extended member may be on a higher cover level than the main member.

Children are capped at a maximum cover of R10 000 (children under the age of 6 and stillborn) and R30 000 (children under the age of 14)

Premium increases happen annually in November for the entire scheme and cannot be waived. The increases are dependent on the risk premium, and admin fees.

A cover increase will automatically be included in any premium increase and will always happen in increments of R1 000.

Top-up options may only be selected if a main benefit is selected for that member.

The provisions of the policy document (as underwritten by Sanlam), trumps any discrepancy in this document/application form.

2 ADD EXTENDED SINGLE FAMILY MEMBERS UNDER THE AGE OF 65 (NON-COMPULSORY)

Cover is per person and not per family. Mark number of members on each level.

EXTENDED FAMILY MEMBERS COVER (NON-COMPULSORY)

Choose option below. Premium calculated as: (cover amount x risk premium R1.56 + commission (100% markup) = total premium

COVER	R5 000	R6 000	R7 000	R8 000	R9 000	R10 000	R11 000	R12 000	R13 000	R14 000
PREMIUM	R15,60	R18,72	R21,84	R24,96	R28,08	R31,20	R34,34	R37,44	R40,56	R43,68
COVER	R15 000	R16 000	R17 000	R18 000	R19 000	R20 000	R21 000	R22 000	R23 000	R24 000
PREMIUM	R46,80	R49,92	R53,04	R56,16	R59,28	R62,04	R65,52	R68,64	R71,76	R74,88
COVER	R25 000	R26 000	R27 000	R28 000	R29 000	R30 000				
PREMIUM	R78,00	R81,12	R84,24	R87,36	R90,48	R93,60				

CHOOSE A TOP-UP OPTION (NON-COMPULSORY)

Choose option below. Premium calculated as: cover amount x risk premium R1.56 + commission (100% markup) = total premium

COVER	R1 000	R2 000	R3 000	R4 000	R5 000	R6 000	R7 000	R8 000	R9 000	R10 000
PREMIUM	R3,10	R6,24	R9,36	R12,48	R15,60	R18,72	R21,84	R24,96	R28,08	R31,20
COVER	R11 000	R12 000	R13 000	R14 000	R15 000	R16 000	R17 000	R18 000	R19 000	R20 000
PREMIUM	R34,32	R37,44	R40,56	R43,68	R46,80	R49,92	R53,04	R56,16	R59,28	R62,40

EXTENDED MEMBER DETAILS

	Name	Surname	ID/Date of birth	Gender	Fill in your options		Top-up cover	
Mem 1					Main cover option		Top-up cover option	
					Premium		Premium	
Mem 2					Main cover option		Top-up cover option	
					Premium		Premium	
Mem 3					Main cover option		Top-up cover option	
					Premium		Premium	
Mem 4					Main cover option		Top-up cover option	
					Premium		Premium	
Mem 5					Main cover option		Top-up cover option	
					Premium		Premium	
Mem 6					Main cover option		Top-up cover option	
					Premium		Premium	
Mem 7					Main cover option		Top-up cover option	
					Premium		Premium	
Mem 8					Main cover option		Top-up cover option	
					Premium		Premium	
					Total Main cover		Total Top-up cover	
					Total premium		Total premium	

3 ADD EXTENDED SINGLE FAMILY MEMBERS AGE 65 TO AGE 74 (NON-COMPULSORY)

Cover is per person and not per family. Mark number of members on each level.

Choose option below. Premium calculated as: risk premium R5.46 + commission (50% markup) = total premium.

COVER	R5 000	R6 000	R7 000	R8 000	R9 000	R10 000	R11 000	R12 000	R13 000	R14 000
PREMIUM	R40,95	R49,14	R57,33	R65,52	R73,71	R81,90	R90,09	R98,28	R106,47	R114,66
COVER	R15 000	R16 000	R17 000	R18 000	R19 000	R20 000	R21 000	R22 000	R23 000	R24 000
PREMIUM	R122,85	R131,04	R139,23	R147,42	R155,61	R163,80	R171,99	R180,18	R188,37	R196,56
COVER	R25 000	R26 000	R27 000	R28 000	R29 000	R30 000				
PREMIUM	R204,75	R212,94	R221,13	R229,32	R237,51	R245,70				

EXTENDED MEMBER OVER THE AGE OF 65 DETAILS.

	Name	Surname	ID/Date of birth	Gender	Fill in your options	
Mem 1					Main cover option	
					Premium	
Mem 2					Main cover option	
					Premium	
Mem 3					Main cover option	
					Premium	
Mem 4					Main cover option	
					Premium	
Mem 5					Main cover option	
					Premium	
Mem 6					Main cover option	
					Premium	
Mem 7					Main cover option	
					Premium	
Mem 8					Main cover option	
					Premium	
					Total Main cover	
					Total premium	

4 CHOOSE YOUR "EXTENDED FAMILY" COVER AMOUNT (NON-COMPULSORY)

Cover is per family not per person. Members must be under the age of 65.

EXTENDED FAMILY MEMBERS COVER AMOUNT (NON-COMPULSORY)

Choose option below. Premium calculated as: (cover amount x risk premium R 2.964 + commission (100% markup).

COVER	R5 000	R6 000	R7 000	R8 000	R9 000	R10 000	R11 000	R12 000	R13 000	R14 000
PREMIUM	R29,64	R35,57	R41,50	R47,42	R53,35	R59,28	R65,21	R71,14	R77,06	R82,99
COVER	R15 000	R16 000	R17 000	R18 000	R19 000	R20 000	R21 000	R22 000	R23 000	R24 000
PREMIUM	R88,92	R94,85	R100,78	R106,70	R112,63	R118,56	R124,49	R130,42	R136,34	R142,27
COVER	R25 000	R26 000	R27 000	R28 000	R29 000	R30 000				
PREMIUM	R148,20	R154,13	R160,06	R165,98	R171,91	R177,84				

CHOOSE A TOP-UP OPTION (NON-COMPULSORY)

Choose option below. Premium calculated as: cover amount x risk premium R 2.964 + commission (100% markup).

COVER	R1 000	R2 000	R3 000	R4 000	R5 000	R6 000	R7 000	R8 000	R9 000	R10 000
PREMIUM	R5,93	R11,86	R17,78	R23,71	R29,64	R35,57	R41,50	R47,42	R53,35	R59,28
COVER	R11 000	R12 000	R13 000	R14 000	R15 000	R16 000	R17 000	R18 000	R19 000	R20 000
PREMIUM	R65,21	R71,14	R77,06	R82,99	R88,92	R94,85	R100,78	R106,70	R112,63	R118,56

EXTENDED FAMILY DETAILS

	Name	Surname	ID number or date of birth	Gender
Main				
Spouse				
Child 1				
Child 2				
Child 3				
Child 4				
Child 5				
Child 6				

FILL IN CHOSEN OPTIONS BELOW

NON-COMPULSORY		NON-COMPULSORY	
Cover amount selected		Top-up selected	Total cover
Main premium		Top-up premium	Total premium

5 CALCULATE THE TOTAL PREMIUM

	Own family	Extended member	Extended member over 65	Extended family	Total premium
Sub-total for each group					

6 MAIN MEMBER DETAILS AND DECLARATION

I (full name)					
apply for membership, with a total contribution (total monthly premium as calculated above)					R
Postal address					
Tel (home)		Tel (work)		Mobile	
E-mail					
Beneficiary details: should you fail to nominate a beneficiary the benefit will be paid to your estate.					
Full name		Relation		ID number	
Signature of main member		Date		Place	

7 DEBIT ORDER MANDATE

Name of bank		Account number	
Account type		Branch code	
Name of account		Date of 1 st deduction	

I hereby authorise Phakama on behalf of Ducome Brokers/Tingo Life 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.

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