



KOOPKRAG

Limited Registration number 1938/011150/07
Registered Financial Service Provider and Credit Provider

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Application: Group life and Funeral Insurance

CREDIT PROVIDER DETAILS

KOOPKRAG (PTY) LTD Registration number 1938/011150/07
433 RODERICKS ROAD, LYNNWOOD, PRETORIA

Registration number National Credit Regulator: NCRCP 196

Financial Service Provider number: 2763

I _____ - identity number: _____ agrees that a monthly premium may be added to my KOOPKRAG account.

13. GROUP INSURANCE: AFRICAN UNITY LIFE (ONLY FOR APPLICANTS UNDER 54 YEARS OF AGE)

13.1 The consumer agrees that a monthly premium may be added to his/her account and undertakes to pay the premium when due and for as long as he/she remains a member of KOOPKRAG.

13.2 Should the consumer die KOOPKRAG will pay the insured amount to the next of kin or to the executor of his/her estate at the registered offices of KOOPKRAG, provided that, if there is any balance due on the consumer's account at the time of his/her death, KOOPKRAG will be entitled to deduct the balance due from the insured amount and any surplus will be paid to the executor of the estate. The insured amount is determined with reference to the table set out in paragraph 13.4 below.

13.3 It is a condition of any payment made by the consumer that:

- (i) Any payment received from the consumer will firstly be appropriated to the purchase account and other premiums shall only be considered to be paid if the account is settled in full.
- (ii) If a consumer's membership is terminated in any manner whatsoever the consumer will not be entitled to any refund of premiums already paid.
- (iii) AFRICAN UNITY LIFE has the right to alter the conditions and premiums of the scheme.

13.4 TABLE – The life cover for a premium of R5,05 per month, which equals one unit, is determined as follows:

GROUP LIFE INSURANCE (R5.05 per unit)							
CONSUMER Minimum 1 unit Maximum 10 units				SUPPLEMENTARY CONSUMER Maximum 5 units			
NUMBER OF UNITS	Consumer			Supplementary consumer / Spouse			
TOTAL NUMBER OF UNITS REQUIRED				@ R5,05 PER UNIT	R		

Age of consumer / spouse as on date of death	Under 30 years of age	30-39	40-49	50-59	60-69	70 and older
Life cover in Rand per unit	R12 000	R10 000	R7 000	R4 000	R2 000	R1 000

I have read, understood and accept the terms and conditions of the abovementioned group insurance scheme.

The monthly premium amounts to R_____ as calculated above.

14. FUNERAL INSURANCE – AFRICAN UNITY LIFE (ONLY FOR APPLICANTS UNDER 60 YEARS OF AGE)

FAMILY FUNERAL POLICY

14.1 Consumers who participate in the group funeral insurance scheme and any member of their immediate family i.e. the consumer's spouse and/or any minor single children (including step and legally adopted children) qualify for this insurance cover.

14.2 *Death benefits*

On death of the participant AFRICAN UNITY LIFE will pay the cost of a funeral / cremation up to the following maximum amount or the equivalent cash amount.

OPTION	B	C	D	E	F	M	O
Standard monthly premium	R16.93	R22.13	R31.03	R44.27	R67.27	R90.06	R135.08
Cover on death of:							
Consumer, spouse and children 15 to 20 years old	R4 000	R5 000	R7 000	R10 000	R15 000	R20 000	R30 000
Children 6 to 14 years old	R2 000	R2 500	R3 500	R5 000	R7 500	R10 000	R15 000
Children under 6 years old including still born	R1 000	R1 250	R1 750	R2 500	R3 750	R5000	R7500

There is no limit to family size.

14.3 *Accident benefit*

If a participant, who is at least 14 years old, dies as a result of an accident the funeral benefits payable under the above table will be doubled. The accident benefit expires when the consumer reaches age 65.

14.4 *Disability benefit*

If the consumer is totally and permanently disabled so that he/she is prevented from following an occupation before reaching age 60, the consumer and his/her family will be entitled to a fully paid – up funeral policy. This will provide them with the same benefits on their death as would have been applicable to them under this scheme. However this does not apply to a consumer with less than one year's membership unless disability results from an accident.

FUNERAL POLICY SINGLE PERSON

14.5 *Death benefits*

On death of the consumer AFRICAN UNITY LIFE will pay the costs of a funeral / cremation up to the following maximum amount or the equivalent cash amount.

OPTION	H	I	J	K	L	N	P
Standard monthly premium	R7.60	R9.98	R14.00	R19.96	R30.27	R40.69	R60.54
Cover on the death: Single person	R4 000	R5 000	R7 000	R10 000	R15 000	R20 000	R30 000

14.6 *Accident benefit*

If the consumer dies as the result of an accident the benefit payable under the above table will be doubled. The accident benefit expires when the consumer reaches age 65.

14.7 *Disability benefit*

If the consumer is totally and permanently disabled so that he/she is prevented from following any occupation before reaching the age 60 the consumer will be entitled to a fully paid – up funeral policy. This will provide him/her with the same benefits on his/her death as would have been applicable to him/her under this scheme. However this does not apply to a consumer with less than one year's membership unless disability results from an accident.

15. GENERAL CONDITIONS OF FUNERAL INSURANCE

15.1 A consumer will only be allowed to change his/her benefit once a year in writing by choosing one of the available benefit options. The following conditions will apply;

- i) the consumer must be younger than 60 years of age on the date that the newly elected benefit category comes into effect,
- ii) the newly elected benefit category will only come into effect six months after the date of its implementation. However should the consumer die due to an accident during this six month period, the claim will be settled by the Insurer according to the newly elected benefit category,
- iii) the newly elected benefit category will only come into effect once the Insurer has accepted the consumer's personal medical declaration.

16. The premiums are payable monthly and will be, once collected from the consumer paid to AFRICAN UNITY LIFE (the Insurer) by KOOPKRAG. I have read, understood and accept the terms and conditions of the abovementioned insurance scheme.

I hereby select option _____ which amounts to a monthly premium of R _____

SIGNED AT _____ THIS _____ DAY OF _____ 20 _____

Signature Consumer

Signature Supplementary Consumer

Signature: Witness

Member number