



Corner Life Pty) LTD

Samancor House 7th Floor Marshall Street
Johannesburg 2001

POSTNET Suite 513 P/Bag X43 Sunninghill
2157

t +27 (0)11 334 0042 f +27 (0)86 246 1233

e info@cornerintermediaries.co.za

PROPOSAL FOR A GROUP ASSURANCE PLAN

PRINCIPLE MEMBER'S DETAILS

PROPOSER:

Name of Company / Organization /

Umbrella: _____

Scheme

Name: _____

Policy No (if existing) : _____

Physical Address _____

Code: _____

Postal Address : _____

Code: _____

Telephone No: _____

Fax No: _____

E-mail _____

Overall nature of business sector / industry _____

Location of Company / Organization (region) : _____

Type of Organization: Company CC Sole Proprietorship Partnership Trust Union Burial Society Funeral

Parlor Church Other

Registration number: _____

Name: _____

ID Number: _____

Name: _____

ID Number: _____

Name: _____

ID Number: _____

PROPOSAL FOR:

Fund placed with Corner Life as:

Direct Business

Broker Business

New Fund

Date of Commencement:/...../.....

Increased Benefits / Amendment to an existing Fund

Effective Date :/...../.....

New Participating Scheme under existing Umbrella

Scheme Transfer

BROKERAGE DETAILS:

Brokerage/ Administrator Name _____

FSP No : _____

Broker Code: _____

SCHEME CONTACT DETAILS:

Contact Person: Telephone No.: _____

Fax No.: E-mail address: _____

PREMIUM PAYMENTS:

Premium frequency:

Monthly

Annual

Contact Person responsible for payment of premiums:

Telephone No.: Fax No.: E-mail Address: _____

PARTICIPATION DETAILS:

Participation for all eligible persons will be:

Compulsory

Voluntary

This is an Employer / Employee relationship:

Yes

- No
- Members are paying the premium, wholly or in part:
- Yes
- No

Ver 1_November 2013

Members will be paid the benefits upon claiming :
 Members can cancel their participation in the policy :

- Yes
- Yes
- No
- No

Who will be eligible to participate in the proposed plan :
 Number of members covered under the plan at inception :

- Category of cover requested :
- Full Family
 - Member Only
 - Dependants Only Extended Family

BENEFIT:

Funeral cover required:

- Limited Life
- To Death

Cessation age: _____

Benefit structure applicable under the fund Principal Member : R

- Spouse : R
- Child age 14 – 21 years : R
- Child age 6 – 13 years : R
- Child age 1 – 5 years : R
- Child age 0 – 11 mths : R
- Stillborn : R

** Compulsory Extended Family Cover : R (if applicable as per quote)

- Monthly Premium Rate
- Annual Premium Rate

: R per member

ADDITIONAL BENEFITS APPLICABLE TO THIS FUND:

- Paid-up Death Benefit
- Paid-up on Disability Benefit
- Retrenchment Benefit - period:
- Accidental Death Benefit
- Memorial Benefit
- Incapacitation Benefit
- Repatriation Benefit
- Grocery Benefit
- Wider Children Benefit
- Paid-up on Retirement Benefit
- Beef Benefit
- Extended Family Cover

PARENTS / EXTENDED FAMILY BENEFITS:

- Application forms attached.
- Under age 65 Benefit R.....
- Age 65 to 74 Benefit R.....
- Age 75 to 84 Benefit R.....
- Age 85 to 94 Benefit R.....
- At R per additional person
- At R per additional person
- At R per additional person
- At R per additional person

CONDITION:

Provided that you maintain a membership at a minimum of 500 Principal Members and remain underwritten by Corner Life for a minimum term of 3 (three) years, Corner Life Insurance Company Limited (“Corner Life”) shall offer the premium quoted. The premium is subject to review on an annual basis. Standard terms and conditions apply.

Please tick the appropriate box:

I do or do not accept and agree to be subject to the condition set out above.

DECLARATION:

I / we hereby warrant that the above information is complete, true and correct, and that no other material information which may be relevant to Corner Life Insurance Company Limited’s (“Corner Life”) assessment of the Proposal has been withheld. I / We understand and agree that any willful misrepresentation in this Proposal will invalidate any benefit under the Policy and

that I / We undertake to abide by the terms and conditions of the Policy. I / We understand that until Corner Life has been provided with all the relevant documentation, and has accepted this Proposal and the first Premium, Corner Life will not assume risk.

Attached to this Proposal please receive:

- Quote, with annexed documents
- 1st Premium
- Full Membership Data
- Member applications attached

Authorised Signature: Official Designation:

Initials & Surname: Date:

Ver 1_November 2013

COMPANY STAMP

Corner Life Consultant in attendance:

For Office Use Only

Checked by Consultant: Received by Actuarial Department:/...../..... Received by Admin.:/...../.....

Policy No: Scheme No: Administrator: Issue Date:/...../.....

