



Email: [admin@swibasa.co.za](mailto:admin@swibasa.co.za)

Applications can be mailed to **admin@swibaza.co.za**

Policy Number:

[illegible]

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SWIBASA PLUS 1+13 PLAN

## Code

Y	Y	Y	Y	M	M	D	D
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### Total Extended Family Premium

**Total Extended Family Premium**

## Relationship

## Date \_\_\_\_\_

Y	Y	Y	Y	M	M	D	D
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## GENERAL RULES OF THE SCHEME

### GENERAL RULES: PAYMENT BOOKS ARE NO LONGER APPLICABLE FOR THE CASH PLAN AND DYNAMIC CASH ASSISTANCE PROVIDER

#### GENERAL:

- Anyone between the ages of 18 - 84 may participate in the scheme as a Policy Holder.
- No restrictions are placed on the number of the family members joining the scheme.
- Only those persons nominated by the main Member and whose details are correctly recorded on the Membership Application and Policy Certificate are entitled to receive benefits.
- SWIBASA** must be advised of any changes to the benefits or lives assured in writing and such changes will only be effective when received and processed by **SWIBASA**.
- An application of membership received after the 7th day of a month will, if accepted, be admitted as a member of the scheme from the first day of the month following the receipt of the application and payment of the first premium. Applications received and paid for before the 7th will have cover commencing on the first of that month. Cover will commence after the stipulated waiting period has expired and all conditions are met.
- Membership under the scheme can only commence on the 1st day of the month.
- Members not legally married but living together as a family can still enjoy family benefits provided that all relevant particulars are stated on the application when membership commences. Policy Holder who don't live together at the same address won't be covered.
- Upon the death of the Main Assured the spouse has the option to continue the policy. This option must be exercised, in writing, within 60 days of the death of the Main Assured.
- All listed dependent children on a policy under the age of 21 years, and up to and including 25 years inclusive if in full time study student at an approved institution will enjoy the benefits. That also includes a stepchild, posthumous child, an illegitimate child or legally adopted child.
- SWIBASA** must be notified of any new born children within 31 days of the birth, IF NOT: 6 months waiting period will be applicable.
- Cover under the scheme is provided on a month-to-month basis, no reserves are built up and therefore premiums are payable lifelong. There are no surrender values and the policy may not be ceded. Premiums are not refundable.
- It is against the law to take out an insurance policy without the knowledge of the life assured and where there is no vested interest. No claims will be paid and no premiums will be refunded.
- The scheme is underwritten by SAFRICAN Insurance Co LTD and Administered by ThreeSixty Financial Services (FSP 51025).
- It is hereby declared that the rules and conditions of the plan are consistent with the terms and conditions of the long term insurance act or with the terms of the master policy.
- Terms and Conditions applicable to this policy are explained in this policy document. Subject to the terms of the insurance act, you have 31 days after payment of the first premium (as intended in article 48 of the act) to cancel your policy in writing. Should there be any non-compliance with the laws governing your policy.

#### WAITING (TRIAL) PERIOD:

- All new members are subject to six(6) calendar month waiting period from date of commencement or reinstatement of benefits in the event of death due to natural causes as defined on the policy. (i.e. Claims in respect of a natural death will only be considered where the date of death occurs on or after the 1st day of the 7th month from date of inception or reinstatement, provided the 7th months premium has been paid.)
- One month waiting period applies as a result of accidental death, from inception date, provided premiums are paid up to date.
- In the event of Suicide a twelve(12) months waiting period is applicable.
- When a member increases his cover under the scheme, the increased cover will be subject to the relevant waiting period, before the full cover commences.
- Your policy will lapse if not paid within two (2) calendar months.**

#### PREMIUM PAYMENT:

- Premiums are paid monthly in advance, on or before 1st day of each month.
- A grace period of thirty(30) days is permitted for the payment of premiums from the 1st of every month.
- Arrears premiums paid on or after the grace period will not be accepted and will not validate a claim.
- Premiums paid after a policy has lapsed may not be used for the new policy.
- SWIBASA** will not be held responsible for (and if) premiums are paid to unauthorized people.
- Only official printed premium payment receipts will be accepted as proof payment.
- The Premiums, conditions and benefits are guaranteed for a period of one(1) month from the inception date of the benefits and the premiums may, if necessary, be adjusted after this period by giving 30 (thirty) days notice.
- Proof of premium payments PAID into a BANK must be sent to Head Office to be updated before the premium due date. Send the BANK DEPOSIT SLIP, COPY OF YOUR ID including your POLICY NUMBER and CONTACT NUMBER to admin@swibasa.co.za. It is your responsibility to ensure that your policy is paid up to date by contacting Head Office to verify that the payment has been allocated to your policy.

Account name:	<b>SWIBASA TRADING AND PROJECTS (PTY) LTD</b>
Bank name:	<b>Standard Bank</b>
Account no:	<b>10151071428</b>
Account type:	<b>Current</b>
Branch code:	<b>051 001</b>
Branch:	<b>POLOKWANE</b>
Reference:	<b>"Policy number"</b>

#### CLAIMS:

- Claims must be submitted to **SWIBASA** within six(6) months of death of the assured.
- No claims in respect of grandchildren or foster children will be considered, unless proof of dependency has been supplied and such children are listed on the original application form.
- Only one book (cover) will be paid out. No premiums will be refunded on any other policies.
- Stillborn children who have died before the 26th week of pregnancy will not be covered.
- The beneficiary must be nominated on the original application form.
- SWIBASA** reserves the right to cancel the policy and to declare all the premiums paid by the policy forfeited if there is any evidence of or attempted submission of a financial claim, or fraud or misrepresentation.
- The Policy Holder must review beneficiaries now and then.

#### CLAIM PROCEDURE:

- The specific benefit will be paid to the estate of the member, or to the beneficiary at the death of the life assured.
- Claims must be submitted to **SWIBASA** within six(6) months of the death of the assured.
- Claims must be accompanied by the following:
  - Claim forms, obtainable from **SWIBASA**.
  - Policyholder certificate of assurance.
  - Certified copy of the original death certificate.
  - Certified copy of the deceased's ID document.
  - BI 1663 – can be obtained from doctor or funeral undertaker.
  - Police statement, in case of death due to unnatural causes.
  - Certified copy of the Beneficiary's ID document.
  - Bank statement not older than 3 months of the beneficiary for deposit of benefit.
  - Still Birth - Medical certificate required.
  - BAKWADIBA** and or the underwriter may request additional documentation.

#### DEBIT ORDER AUTHORITY:

I/We hereby authorise **SWIBASA** to issue and deliver payment instructions from my Banker for collection against my mentioned account at my mentioned Bank (or any other bank or branch to which I may transfer my account) on condition that the sum of such payment instructions will never exceed my obligations as agreed to in the Agreement and commencing on given date and continuing until this Authority and Mandate is terminated by me by giving you notice in writing of not less than 20 ordinary working days, and sent by prepaid registered post or delivered to your address as indicated above.  
I/We understand that the withdrawals hereby authorized will be processed through a computerized system provided by the South African Banks and I also understand that details of each withdrawal will be printed on my bank statement. Each transaction will contain a number, which must be included in the said payment instruction and if provided to you should enable you to identify the Agreement. A payment reference is added to this form before the issuing of any payment instruction.

#### Mandate

I/We acknowledge that all payment instructions issued by you shall be treated by my/our above-mentioned Bank as if the instructions have been issued by me/us personally.

#### Cancellation

I/We agree that although this Authority and Mandate may be cancelled by me/us, such cancellation will not cancel the Agreement. I/We 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.

#### Assignment

I/We 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.

#### Deduction Days

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.

#### POPI PRIVACY POLICY STATEMENT:

Respecting and protecting your Personal Information is very important to us. It is also a Constitutional right, legal, and good business practice requirement, which we regard highly.

In line with the requirements of the Protection of Personal Information Act, 4 of 2013 (the Act), we:

- Accept joint responsibility and accountability to responsibly manage and protect your Personal Information when providing you with Funeral Arrangement and ad hoc services in this regard;
- Undertake to collect and access your Personal Information directly from you or from a third party with your prior and written approval while respecting your right to withdraw your consent for the processing of your Personal Information;
- Undertake to only collect and process Personal Information that is necessary for us to arrange a dignified funeral for your loved one and to assist with ad hoc services in this regard;
- Undertake not to share your Personal Information with any third party, unless we are required to do so in the normal course of our business, allowing us to provide you with the services required
- Undertake to be open and transparent regarding the Personal Information being collected, the reason for and manner of collection of such information;
- Undertake to safeguard and protect your Personal Information in our possession through the necessary technological and operations processes;
- Undertake to update and correct your Personal Information kept on file; and

We need to gather, process, and store your Personal Information for the following reasons:

- To arrange a dignified funeral for your loved one and to assist with ad hoc services in this regard
- For audit and record-keeping purposes; and
- In connection with possible requirements by the Information Regulator or other Government agencies allowed by law, legal proceedings, or court rulings.

Any additional information or concerns can be found and raised with the Information Regulator, who can be contacted as shared below.

Website: <https://www.justice.gov.za/inforg/>  
Tel: 012 406 4818 / E-mail: [inforg@justice.gov.za](mailto:inforg@justice.gov.za)

#### HEAD OFFICE ADMINISTRATION AND CLAIMS CONTACT DETAILS (TOP OF PAGE 1 OF THE APPLICATION BOOK FORM)

Signature: .....

Date: .....

<b>Swibasa Financial Services</b> is a juristic representative of <b>ThreeSixty Financial Services (Pty) Ltd</b> (FSP 51025) the product provider <b>Safrican Insurance</b> (FSP 15123)
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**Enquiries or complaints, which are not resolved  
to your satisfaction, may be referred to:**

Ombudsman for Long-term insurance,  
PO BOX 45007, CLAREMONT, 7735  
Registrar of Long-term insurance, Financial Services Conduct Authority,  
P O Box 35655, MENLO PARK, 0102



## ACCEPTANCE OF TERMS AND CONDITIONS

I declare that I have read and understood the terms and conditions attached to this Policy, and understand their meaning and effect, and undertake to abide and to be bound by the terms and conditions of the Policy.

#### SIGNATURE OF POLICY HOLDER

DATE



**Swibasa**  
Financial Services

Shop No. 12 & 18, Vahlavi Complex,  
Erf 22A, Giyani

Tel: 010 023 4866

Email: admin@swibasa.co.za

Policy Number:

## Addendum - Annexure A

### Risk Rating information required of principal member of policy

Country of Birth:

Country of Residence:

Nationality:

Source of Funds:

☐ Salary ☐ Pension ☐ Government Grant or ☐ Other \_\_\_\_\_

Method of Transaction:

☐ Debit Order ☐ Stop Order ☐ EFT ☐ Cash

Value of Transaction:  
(monthly premium amount)

Relationship to Client:  
(eg, Policyholder, Policy Payer, Applicant)