



# TTC

TOMBCO TOMBSTONE CLUB

Your Professional Tombstone Club

## 3 Months Waiting Period



### APPLICATION FORM

**Group Name: Tombco Tombstone Benefit Policy**

It's hereby confirmed that the person whose details appear hereunder has applied for and is a member of the 4D Group Solutions Tombstone Scheme. The full terms and conditions of the policy in terms of which the lives assured, reflected below are assured, are contained in the Master Policy, a copy is available at 4D Group Solutions Head Office.

**Plan A - Main member and spouse and 4 children.**

(Benefit tombstone value - Children 14-21 years - R8000-00 6-13 years - R5000 1-5 years - R5000-00 Still born - R3000).

Joining Fee:   Total Monthly Premium:   Main Member & Spouse - Benefit tombstone valued at R8000-00

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ Full Names: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ ID No. \_\_\_\_\_  M /  F

Address: \_\_\_\_\_

Telephone No.: Code: ( \_\_\_\_\_ ) \_\_\_\_\_ Cellular No.: \_\_\_\_\_

**Immediate Family Details:**

Spouse _____	<input type="checkbox"/> M / <input type="checkbox"/> F	Age _____	ID No. _____
Dependant No. 1 _____	<input type="checkbox"/> M / <input type="checkbox"/> F	Age _____	ID No. _____
Dependant No. 2 _____	<input type="checkbox"/> M / <input type="checkbox"/> F	Age _____	ID No. _____
Dependant No. 3 _____	<input type="checkbox"/> M / <input type="checkbox"/> F	Age _____	ID No. _____
Dependant No. 4 _____	<input type="checkbox"/> M / <input type="checkbox"/> F	Age _____	ID No. _____

**Plan B - Single member and 4 children.**

(Benefit tombstone value - Children 14-21 years - R8000-00 6-13 years - R5000 1-5 years - R5000-00 Still born - R3000).

Joining Fee:   Total Monthly Premium:   Main Member - Benefit tombstone valued at R8000-00

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ Full Names: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ ID No. \_\_\_\_\_  M /  F

Address: \_\_\_\_\_

Telephone No.: Code: ( \_\_\_\_\_ ) \_\_\_\_\_ Cellular No.: \_\_\_\_\_

**Immediate Family details:**

Dependant No. 1 _____	<input type="checkbox"/> M / <input type="checkbox"/> F	Age _____	ID No. _____
Dependant No. 2 _____	<input type="checkbox"/> M / <input type="checkbox"/> F	Age _____	ID No. _____
Dependant No. 3 _____	<input type="checkbox"/> M / <input type="checkbox"/> F	Age _____	ID No. _____
Dependant No. 4 _____	<input type="checkbox"/> M / <input type="checkbox"/> F	Age _____	ID No. _____

**Plan C - Single/Extended member (18-65 years).**

Joining Fee:   Total Monthly Premium:   Main Member - Benefit tombstone valued at R8000-00

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ Full Names: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ ID No. \_\_\_\_\_  M /  F

Address: \_\_\_\_\_

Telephone No.: Code: ( \_\_\_\_\_ ) \_\_\_\_\_ Cellular No.: \_\_\_\_\_

**Plan D - Extended member (66-80 years).**

Joining Fee:   Total Monthly Premium:   Main Member - Benefit tombstone valued at R7000-00

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ Full Names: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ ID No. \_\_\_\_\_  M /  F

Address: \_\_\_\_\_

Telephone No.: Code: ( \_\_\_\_\_ ) \_\_\_\_\_ Cellular No.: \_\_\_\_\_

SMS Acceptance:  Y /  N

Only Extended Family Members nominated at inception will enjoy cover. Cover may not exceed that of the Main member. All Extended Family Members must be covered for the same sum assured, subject to the maximum sum assured. The benefit may not be taken independently; it must be taken together with the basic Tombco Tombstone Plan.

**Terms & Conditions/Exclusions**

1. No Waiting period applicable from entry date on the Tombco Tombstone Benefit Policy.
2. No pre-existing health conditions will be penalized at claim stage.
3. Maximum Cover on the Tombstone Benefit policy is R8000-00.
4. The Tombstone Range may vary.
5. TTC does not take responsibility of Tombstone quality and lettering.
6. All policy rates will be determined on the next birthday.
7. The Tombco Tombstone Benefit does not apply to Direct Installations - Tombstone only erected after burial.
8. Delivery of Tombstone between 4 - 8 weeks.
9. 24-month waiting period applicable for death as a result of suicide.
10. The Tombco Tombstone Benefit is not redeemable for cash.
11. Transportation of Tombstone to graveyard not included.
12. Claims subject to rules and regulations of Municipal Cemetery.



**4D GROUP SOLUTIONS**

**Channel**  
1338

## Declaration by the Policyholder/Applicant

I, the undersigned, hereby declare and warrant any and all information supplied herein to be true and complete. I am aware and understand that any non-disclosure or misrepresentation of information which is material to the determination of the risk by the Underwriter may lead to the policy being declared null and void, in which case all premiums paid will be forfeited. I am certain that the product I am applying for, meets my needs and feel that I have the necessary information in order to make an informed decision in respect of the purchase thereof. I further confirm that I have been informed of the terms and conditions of this product.

Have you cancelled or do you intend to cancel any existing policy in order to take this one out

YES/NO

Did you have any uninterrupted cover for the past six (6) months

YES/NO

The financial advisor has provided me with satisfactory details of his experience and assisted me to understand and desire these benefits. I undertake to abide by the terms and conditions contained herein. The following have been explained to me in detail by the financial advisor. The benefits, premiums, commission and fees payable, disclosures and exclusions, which I understand could limit my right to a benefit in terms of the policy. I understand that there are certain costs which apply to this policy. I understand that I have the right to cancel this policy within 30 days after receipt of the policy document.

Signature \_\_\_\_\_

Main Member / Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

## Declaration by the Financial Advisor (To Be Completed by the Agent)

We hereby confirm that I/We are registered and accredited through the Financial Services Board and I/We confirm and acknowledge the following: that I/We am/are fully conversant with the contents of FAIS and FICA and that the identity of the applicant/policyholder had been established and verified by me/us, and that I/We have the necessary internal rules and procedures in place as determined and prescribed by the Financial Intelligence Center Act of 2001. I have explained the consequences of replacing existing insurance policies to the applicant/policyholder and should this be a replacement of insurance, I/We will ensure that the Replacement Advice Record is duly completed and forwarded to the relevant parties. All information contained in this application form was obtained from the applicant and completed in his/her presence. I have explained that the policy is subject to certain terms and conditions, disclosures, exclusions and costs. I feel that this policy currently meets the financial needs of the applicant/policyholder on information supplied to me by the applicant/policy holder. I/We hereby confirm that I/We are registered and accredited through 4D Group Solutions with the FSB under FSP number 14854.

Name of Agent	Agent Number	Signature	Date
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### General Information

The agent should produce proof of competency to market the product.  
This policy is available to members of the 4D Group Solutions Tombstone Benefit Scheme.  
You may not be advised by your agent to cancel a policy to purchase a new policy unless the agent informs you of the negative consequences of replacing an insurance policy.  
No medical examination is required for you to become a member.  
4D Group Solutions, the Administrator and the Broker of this Scheme has an agreement with Channel Life Limited, who is a duly authorized and registered financial services provider with FSP number 19243, to underwrite this product. Channel Life is situated at Grosvenor Corner, 195 Jan Smuts Avenue, Rosebank 2196. Correspondence can be mailed to P.O. Box 1273, Parklands 2121.  
Commissions and costs : First premium as well as 22.5% (excluding VAT) of the premiums thereafter.  
A policy fee is included in the premium of the underwriter and administrator.  
The policy takes effect on the first day of the month after receipt of the application, acceptance of the risk, and receipt of the first premium by 4D Group Solutions, this day will be known as the 'effective date'.  
A period of grace of 15 days is permitted for the payment of premiums. If the premium is not paid within this period, the policy will lapse and no benefits will be payable, subject to the provisions of the Long-term Insurance Act.  
Withdrawal of the premium authorization will not be valid for the term of notice of cancellation until the policy is effectively cancelled.  
Should this policy lapse for any reason, it may be reinstated within 3 months, subject to such conditions as stipulated by Channel Life and the reinstatement of the full waiting period as from the date of reinstatement will be applicable.  
No premiums will be refunded, should the policy be cancelled or a claim repudiated.  
The terms and conditions of this plan are consistent with the provisions of the Long-term Insurance Act, the Financial Advisory and Intermediary Services Act and with the terms and conditions of the master policy.

### Premiums

The premium is payable monthly in advance to **Tombco Tombstone Club**.  
The premium, conditions and benefits are guaranteed for 1 month from the inception date and thereafter the premium and sum assured can be revised and adjusted by 4D Group Solutions in order to keep the scheme actuarially sound. 4D Group Solutions will notify the group in advance of any premium adjustments and the member will be notified in advance by the joined group at the last available address.

### Cover

Cover ceases at the death of the main member /if the main member is no longer a scheme member.  
Or when a dependent child reaches 21 years (provided that such child who is older than 21, who has attained the age of 25 or younger and is a dependent, full-time student, shall be covered) or if the premium is not received with the period of grace.  
After the death of the main member, the spouse of main member has the option to continue with benefits without a new waiting period, however a new policy number will be issued on the life of the applicant.  
The member will be covered as long as premiums are paid.  
The maximum age at entry for main members and Extended Family Members are 85 years.  
A maximum of 1 spouse and 4 dependant children may be covered.  
The following relatives may be covered under the Extended Family Tombstone Benefit Plan: Grandparents, parents, parents-in-law, additional spouses, brothers, sisters, uncles, aunts, nephews, nieces, grandchildren and the main member's children who are 21 and above and who are not dependent, full-time students.

### Claims Procedures

In the event of a claim, the specified benefit will be paid to the nominated beneficiary (in most cases the Funeral Parlor or group associated with) or the estate of the member. Claims must be reported to Tombco/4d Group Solutions within 6 months of the death of the assured. Claims are to be submitted to 4D Group Solutions Funeral Scheme.

4D Group Solutions reserves the right to cancel the policy and to declare all premiums paid by the member in terms of the policy forfeited if there is any evidence of or attempted submission of a fictional claim, fraud or misrepresentation.

Claims must be accompanied by the following:

- An official or certified copy of the original death certificate.
- Claim form obtainable for 4D Group Solutions.
- Certified copies of the deceased and beneficiary's ID documents.
- Policyholder certificate of assurance.
- SAPS statement, in the event of death due to unnatural causes.
- Bank details and permission from the beneficiary for the deposit of the benefit due.
- 4D Group Solutions may request a medical report.

### Complaints Procedures

Disclosure of interest with regard to the policy.

Please have the following information handy when contacting 4D Group Solutions:

- Policy Number
- Identity Number
- Nature of enquiry

Your complaints may also be directed to 4D Group Solutions compliance officer, Germa Beukes. The contact details are as follows:

germa@tenfour.co.za  
Tel: 012 991 9600  
Fax: 011 507 6136

Complaints which are not resolved to your satisfaction may be referred to the Ombudsman for Long-term Insurance or the Registrar of Long-term Insurance.