

Comprehensive personal accident plan

Direct debit application form

Consultant	
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Please complete your personal details													
Title		Initials		First name									
Surname			Identity number										
Postal address				Code					Existing policy	Y	N		
Telephone no. (h)			Telephone No. (w)										
Cellphone no.			Facsimile no.										
Email address													
Company			Occupation										
Beneficiary			Identity number										

Please complete your spouse's details													
Title		Initials		First name									
Surname			Identity number										

Please select your choice of cover				
	Your cash benefit		Individual cover	Family cover
Level	Death	Disability	Monthly cost	Monthly cost
1	R 45 000	R 126 000	<input type="checkbox"/> R 39,50	<input type="checkbox"/> R 55,50
2	R 60 000	R 168 000	<input type="checkbox"/> R 48,50	<input type="checkbox"/> R 70,50
3	R 75 000	R 210 000	<input type="checkbox"/> R 57,50	<input type="checkbox"/> R 84,50
4	R 90 000	R 252 000	<input type="checkbox"/> R 65,50	<input type="checkbox"/> R 98,50
5	R 105 000	R 294 000	<input type="checkbox"/> R 74,50	<input type="checkbox"/> R 113,50
6	R 120 000	R 336 000	<input type="checkbox"/> R 83,50	<input type="checkbox"/> R 127,50
7	R 135 000	R 378 000	<input type="checkbox"/> R 92,50	<input type="checkbox"/> R 141,50
8	R 150 000	R 420 000	<input type="checkbox"/> R 101,50	<input type="checkbox"/> R 156,50

(Premiums include 14% VAT, 20% commission and a R15,00 administration fee) If you are married and you want to cover your spouse and your dependent children, you must select "your whole family" cover. If you are a single parent, you have to select individual cover.

Easy payment authority (we regret that we cannot accept cash, postal orders, cheques or credit cards)

For your convenience, payment of your Momentum Comprehensive personal accident plan premium is by monthly debit order against your bank account. Please indicate which day you would prefer your bank account to be debited (preferably the day on which your salary is deposited): of each month. If your preferred debit date falls on a weekend, we will debit your account on the Friday prior to that weekend.

Bank payments

You must sign this section so that your premiums can be deducted from your bank account. If this section is not signed, you will not be covered. I confirm that I understand the details of the policy. On receipt of my policy terms and conditions and statutory notice, I have 14 days to cancel the policy, should I change my mind. I authorise Momentum Insurance or their designated administrator to draw on my bank account (as indicated below) the monthly premium required in terms of the cover I have chosen.

Name of accountholder																					
Name of bank											Branch name										
Branch code											Account number										
Type of account	Transmission					Cheque					Savings										
Accountholder's signature	(If different to insured)										Premium payer's signature										
Date	D	D	M	M	Y	Y	Y	Y	Y	Y											

Declaration

You should receive your policy contract within 31 days from the date that you sent your application to us. However, should you not have received it by then, please call our communication centre on 0861 426 837 and we can arrange to send you a copy.

1. I am comfortable that this chosen plan satisfies my financial needs.
2. My current financial position makes it possible for me to meet the monthly contribution due on this plan.
3. I undertake to keep MI informed of changes to any banking details and my address to enable MI to communicate with me.
4. I understand that the policy contract will be issued in English.
5. The debit reference that will appear on my banking statement will be **ALEXFORBES**.
6. I accept that if no beneficiary is nominated, that any benefit payable will be paid to the first claimant with correct documentation.
7. I, the undersigned, confirm that I have read this declaration and authorisation and understand the implications.

Accountholder's signature											Date					
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Important

Please keep a copy of this application form in a safe place in case you need to claim.
Return via Fax: 0861 268 374 or Email: 4cover@momentum.co.za