

ESTATE

# ESTATE PRESERVATION PLAN

Your Legacy, Your Choice

Application Form

Prepared for:

# Estate Preservation Plan Application Form



Brokerage

Broker name

Broker code

## Cover Options

Classic Plan

Flexi Plan

Estate value R

## Inclusive Benefits

Initial Expense Benefit R

Executor Fee Benefit R

Estate Shortfall Benefit R

**Total cover** R

**A** Monthly premium R

## Optional Benefits

Monthly Expenses Benefit R

**B** Monthly Expenses Benefit premium R

Enhanced Liquidity Benefit R

**C** Enhanced Liquidity Benefit premium R

## Total Monthly Premium

**A + B + C** R

## Insured Life Details *(Main person to be covered by the policy. All policy-related correspondence will be sent to this person.)*

Are you a smoker? Y  N

Title  Gender M  F

First name(s)

Surname

Date of birth

ID number

Cell number

Alternative number

Email

Postal address

Suburb

City/town

Postal code

Occupation

Employer

Education level

Monthly income R

### *Please provide the name and contact details of your regular medical attendant*

First name(s)

Contact number

## Debit Order Account *(Payer's details - the payer owns the policy. Only personal bank accounts can be debited)*

Relationship to Insured life: Self  Spouse  Child  Sibling  Parent  Ex spouse  Other

Maintenance agreement Y  N  Payer's initial(s)   
(if not insured Life)

Account type: Cheque  Savings

Payer's First name(s)

Bank name

Payer's surname

Account number

ID number

Branch name

First debit month

Branch code

(The first debit date cannot exceed 60 days from the signature date on this form.)

Debit order date 1  15  20  22  25  26  27  28  29  Last day of the month

Initial here

### Beneficiary: Initial Expense Benefit

Title

First name(s)  Date of birth

Surname  Cell number

Relationship to insured life: Spouse  Child  Sibling  Parent  Other

### Beneficiary: Monthly Expenses Benefit

① Title  Date of birth  Allocation %

First name(s)  ID number

Surname  Cell number

Relationship to insured life: Estate  Spouse  Child  Sibling  Parent  Maintenance agreement  Other

② Title  Date of birth  Allocation %

First name(s)  ID number

Surname  Cell number

Relationship to insured life: Estate  Spouse  Child  Sibling  Parent  Maintenance agreement  Other

### Underwriting (only applicable to the Flexi Plan)

The medical questions can be answered in 2 different ways, please select the option that suits you best:  Online  Paper

### Medical Information

- On average, how much alcohol do you consume per week? (1 unit is a tot, glass of wine or beer) < 14 units  > 14 units
- Have you ever received medical advice to adjust your alcohol consumption? Y  N
- Apart from the use of marijuana, have you ever smoked, injected, inhaled or consumed any illegal drug or narcotic? Y  N
- Please indicate your HIV status: Negative  Positive  Unsure
- Are you willing to undergo an HIV test to confirm your status? Y  N
- Have you ever been treated for any serious medical condition such as, but not limited to: heart attack, stent, bypass, angioplasty, murmurs, stroke, cancer, diabetes, systemic lupus, multiple sclerosis or liver, lung or kidney complaints? Y  N
- Do you suffer from any health condition that either requires ongoing medication, or regular medical follow-ups as advised by your medical practitioner? (A medical practitioner is considered to be, but is not limited to: GP, specialist, nurse, clinic, chiropractor, occupational therapist, oncologist, psychologist, dermatologist, etc.) Y  N
- In the past 5 years, have you been hospitalised for longer than 4 consecutive days, or undergone any specialised testing where you have been informed that the results are ABNORMAL, or are you currently waiting for results of any tests or investigations? Such testing includes, but is not limited to: ECG, mammogram, pap smear, ultrasound, gastroscopy, colonoscopy, other laboratory tests Y  N
- Has any proposal for life cover ever been declined, deferred, withdrawn or accepted at special terms or rates for medical or health reasons? Y  N
- Please fill in your height and weight: Height (cm)  Weight (kg)
- Do you give Clientèle Life permission to release the reason for any change in terms to your financial advisor. Y  N

Additional notes:

## Lifetime Will and Storage Benefit

Would you like a new will?

N  Y

**If NO:**

If you have an existing will, was your will drafted by one of our preferred service providers?

Y  N

If yes,

Advise with whom the will is stored:

Code

If no:

Would you like one of our preferred service providers to validate and store your existing will?

Y  N

Code

**If YES:**

Would you like your will to be drafted by one of our preferred service providers?

Y  N

If yes,

Advise which one of our preferred service providers

Code

If no:

Whom would you like to use?

Would this provider be drafting and storing your will, or validating and storing your will ?

Draft and store  Validate and store

## Compliance Checklist

### Replacement of Financial Product/Policy

Replacement of any insurance is generally to your disadvantage because it involves duplication of the initial costs on the policy and waiting periods are re-started. Is this application to replace the whole or any part of your existing insurance with any insurer If "Yes", the representative must discuss and complete the Replacement Policy Advice Record.

Y  N

**Please indicate whether the independent intermediary disclosed the following information to you:**

1. Financial services provider / Intermediary Name and Number.
2. Whether the financial advisor of the intermediary is a registered representative, or a representative acting under supervision in terms of the Financial Advisory and Intermediary Services (FAIS) Act and for which product categories he/she is licensed to render advice and intermediary services.
3. Whether the financial advisor of the intermediary provided you with the statutory disclosure notice of the intermediary, as required in terms of the FAIS General Code of Conduct as well as proof of application and Record of Advice.
4. Clientèle Life Assurance Company Limited (Clientèle Life) is an authorised financial services provider (FSP No. 15268) and a registered Long-term insurer and has entered into a written intermediary agreement with the intermediary, in terms of the Long-term Insurance Act (LTIA), as amended to sell its products on its behalf.
5. Whether the intermediary indicated that it is acting in terms of a written mandate on behalf of Clientèle Life.
6. The intermediary and Clientèle Life hold professional indemnity insurance cover.
7. Your premium will be paid by debit order and the financial advisor is not allowed to collect monies or premiums directly from you.
8. You are providing consent for Clientèle Life to use your personal information.
9. The type of policy, cover, benefits, exclusions, cooling-off period and premium to be paid, and that the premium may vary based on the outcome of the underwriting process.
10. The intermediary receives maximum statutory regulated commission in terms of the LTIA. Subject to the overall maximum of 85% of the first year's premium.
11. The amount of commission that will be received by the intermediary/financial advisor for the sale of this policy, and whether this commission will be paid:  
Upfront in full  A portion upfront and remainder as and when  As and when
12. I understand that this form is only an application and that Clientèle Life will confirm whether the application was accepted or refused.

## Declaration and Signatures

My signature(s) below confirms my understanding and acceptance of the following as they appear in this application form.

1. Debit Order Authorisation
2. Personal Information Authorisation
3. General Declaration and Pre-existing clause (where applicable)
4. Statutory Disclosure Notice from Clientèle Life and Statutory Disclosure Notice from the Financial Advisor
5. Compliance Checklist

I declare that the information provided, whether in my own handwriting or not, is true and complete and I accept that I am limiting my right to privacy to allow assessment of the risks of any claim benefits, under any policy issued because of this application. I understand that should there be any change in health or other circumstances which could materially affect the assessment of the risk in respect of the insured life, between the date of assessment and the date of commencement of cover, I need to advise Clientèle Life. Failure to do so may invalidate my policy. I confirm that I have read and fully understand the information and the above disclosures and agree to proceed with my application on this basis.

I, the representative declare that I have requested and recorded the client responses to the Replacement of Policy and that the client is fully aware of the possible detrimental consequences of the replacement of an insurance policy.

Signature of payer \_\_\_\_\_  
(Policy owner)

Signature of insured person, \_\_\_\_\_  
if different to payer

Signature of representative/financial advisor \_\_\_\_\_

Date

# BENEFITS AVAILABLE

## Inclusive Benefits

## Optional Benefits



### Lifetime Will and Storage Benefit

A properly drafted will, by a will provider of your choice. This benefit includes a collection service, safe custody of the original will and annual reminders/reviews to maintain the relevancy of wishes expressed in the will.



### Initial Expense Benefit

Immediate cash that is payable to a nominated beneficiary within 24 hours of receipt of the death certificate and includes the Funeral Assistance Benefit.



### Executor Fee Benefit

A lump sum payable on receipt of letter of executorship to the estate. This benefit is intended to fund the costs of an executor of the client's choice to administer the winding up of the estate.



### Estate Shortfall Benefit

A lump sum payable to the estate to fund other expenses and professional fees that are incurred in the winding up of the estate. The appointed executor has the discretion to pay any liabilities in the estate with these funds.



### Monthly Expenses Benefit

Provides 12 monthly payments (tax free) to a maximum of 2 nominated beneficiaries. The first monthly payment is payable to a nominated beneficiary within 24 hours of receipt of the death certificate to assist with additional expenses.



### Enhanced liquidity Benefit

A lump sum payable to the estate to provide additional liquidity should the Estate Shortfall Benefit be insufficient to meet the expenses and liabilities of the estate.

## PLANS AVAILABLE

### Classic Plan



11 medical questions, no medical evidence



No waiting periods for cover



Plan selected is dependent on size of gross estate



Benefit amounts are not defined and cover amounts are distributed between the different benefits subject to stipulated minimum and maximum amounts

### Flexi Plan



No medical questions



1-year pre-existing exclusion clause



Defined benefit amounts



Plan selected is not dependent on size of gross estate

### CLASSIC ESTATE PLANS

	PLAN 1	PLAN 2
<b>INCLUSIVE BENEFITS</b>		
Initial Expense Benefit	R25,000	R25,000
Estate Shortfall Benefit	R10,000	R25,000
Executor Fee Benefit	R20,000	R50,000
<b>Total cover available</b>	<b>R55,000</b>	<b>R100,000</b>
<b>OPTIONAL BENEFITS</b>		
Monthly Expenses Benefit (amount per month x 12 months)	R7,500 pm	R15,000 pm
Enhanced Liquidity Benefit	R7,500	R20,000

### FLEXI ESTATE PLANS

Minimum qualifying estate (gross value)	0	R5,000,001	R12,500,001
<b>INCLUSIVE BENEFITS</b>			
Initial Expense Benefit	Max R50,000	Max R50,000	Max R50,000
Estate Shortfall Benefit	Balance of cover		
Executor Fee Benefit	Min R50,000	Min R200,000	Min R500,000
<b>Total cover available</b>	<b>R225,000</b>	<b>R525,000</b>	<b>R1,275,000</b>
<b>OPTIONAL BENEFITS</b>			
Monthly Expenses Benefit (amount per month x 12 months)	R25,000 pm	R25,000/ R50,000 pm	R25,000/ R50,000/ R75,000 pm
Enhanced Liquidity Benefit	R65,000	R65,000/ R175,000	R65,000/ R175,000/ R450,000

## Authorisations and Declarations

### Debit Order Authorisation

I hereby authorise Clientèle Life Assurance Company Limited (Clientèle Life) to draw against my bank account the premiums payable monthly, and I request my bank to debit my account in terms of this instruction using reasonable collection methods and tracking for however many days are necessary to draw the premium. Should Clientèle Life not be successful in obtaining the premium, I authorise them to resubmit their request to my bank at any time. I authorise Clientèle Life to debit my account up to 10 working days before my salary day except for December when the debit could be processed up to 15 working days before my salary day. This instruction will remain in force until cancelled by me. Should the relevant total premium be adjusted by Clientèle Life as a general increase/decrease in premium, or should I request Clientèle Life to increase/decrease the premium for certain reasons, I confirm that the adjusted premium may be deducted from my bank account until such time as I cancel this authorisation. Furthermore, I hereby authorise Clientèle Life to perform the necessary verification, validation and correction of the debit order details supplied by me, with my bank or other third parties, to ensure that the application form can be processed. The aforementioned debit order transactions will reflect as "Clientèle" (together with my policy number) on my bank statement.

### Personal Information Authorisation

- I hereby authorise:
  - Clientèle Life to obtain, from any person, any information which Clientèle Life may need, according to their practice, to validate and correct the application, to assess the ability of the applicant to meet this financial obligation, to assess the risks to which this proposal relates, to trace any of the third parties linked to the policy from time to time, or to assess claims in respect of contracts to which this proposal relates.
  - The person concerned to give Clientèle Life the information which Clientèle Life requests under the authorisation above and I hereby request the person to do so.
  - Clientèle Life to give to other insurers and/or any related partner companies any information obtained by Clientèle Life under this authorisation, as well as any information contained in the application form or in any document or contract to assist with, validate and draft my last will and testament to which this proposal relates or in any document to which such contract relates, in order for them to assess risks and claims, and also to give such information to the Association of Savings and Investments South Africa (ASISA).
  - ASISA to give any such information that it receives from Clientèle Life to other insurers to assess risks or claims.
  - That this information may be obtained or given at any time, even after my death and in such detail, or in such abbreviated or coded form as Clientèle Life or ASISA may, from time to time, decide.
- I understand and accept that my right to privacy may be infringed to the extent permitted by me/us in this authorisation and hereby waive such right to that extent.
- I accept that if any claims information is misplaced by a party other than Clientèle Life or an employee or employees of Clientèle Life, Clientèle Life reserves the right to indefinitely postpone the assessment of the claim until the information is forthcoming.

### General Declaration

- My financial advisor has made a personal evaluation of my life insurance needs and I confirm that I have been provided with sufficient information to enable me to make an informed decision to proceed with the application.
- The information and answers given in the application are, to the best of my knowledge, true and complete, whether in my handwriting or written on my behalf.
- I am satisfied that at present I can afford the total monthly premium on the policy.
- By signing the application form I accept all the terms and conditions set out in these declarations.
- I acknowledge that, whilst the Executor Fee Benefit is payable to my estate, the purpose and intention is for the said benefit and proceeds to cover the costs associated with the services provided by a professional to assist in the winding up of my estate.**
- I acknowledge that the intermediary or their representative has no authority to bind Clientèle Life to any terms of cover, nor waive any policy exclusions, in excess of those contained in Clientèle Life's standard policy terms and conditions and I absolve Clientèle Life from all liability based on any incorrect interpretation or communication of the said terms of cover or exclusions by the intermediary or their representative.
- By signing this application form, I acknowledge that my policy document sets out the terms of cover and contains the relevant policy exclusions.  
*(If any of these are different to what you believe the intermediary or their representative told you or what is contained in this application, then please contact us urgently.)*

### Replacement of Financial Product

In the event that the Clientèle Estate Preservation Plan replaces a previously existing estate policy, the financial advisor has explained the following: the meaning of replacement; that a replacement is potentially prejudicial; the levying/deduction of a termination charge; and that where a replacement is considered the client is legally entitled to comprehensive information regarding the consequences of replacement.

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## Statutory Notice To Long-Term Insurance Policyholders

### IMPORTANT: PLEASE READ CAREFULLY. DISCLOSURE AND OTHER LEGAL REQUIREMENTS

(This notice does not form part of the Insurance Contract or any other document) As a Long-Term Insurance Policyholder, or prospective Policyholder, you have the right to the information below:

#### About the Insurer

Clientèle Life Assurance Company Limited (Clientèle Life) is an authorised financial services provider (FSP No. 15268) in terms of the Financial Advisory and Intermediary Services Act (FAIS Act), authorised to render advice and intermediary services in respect of Category I, Subcategory 1.1 (Long-term Insurance: Category A), 1.3 (Long-term Insurance: Category B1), 1.4 (Long-term Insurance: Category C), 1.20 (Long-term Insurance: Category B2), 1.21 (Long-term Insurance: Category B2-A), 1.22 (Long-term Insurance: Category B1-A). Clientèle Life is also a registered Long-term Insurer in terms of the Long-term Insurance Act ("LTIA") and the product supplier.

Registration No. 1973/016606/06

VAT No. 4230/166/979

The Insurer holds Professional indemnity insurance

Postal address: PO Box 1316, Rivonia, 2128

Physical address: Clientèle Office Park, Cnr Rivonia and Alon Roads, Morningside

#### About the Independent Intermediary/Broker

Clientèle Life has entered into a written intermediary agreement with the Independent Intermediary in terms of the Long-term Insurance Act (LTIA) to sell life policies on Clientèle Life's behalf. The independent intermediary is an authorised financial services provider in terms of the Financial Advisory and Intermediary Services Act (FAIS Act) and is authorised to render advice and intermediary services in respect of the products which it sells. These products are included in the following categories: Category I, Subcategory 1.1 (Long-term Insurance: Category A), 1.3 (Long-term Insurance: Category B1), 1.4 (Long-term Insurance: Category C), 1.20 (Long-term Insurance: B2), 1.21 Long-term Insurance: Category B2-A) and 1.22 Long-term Insurance : Category B1-A) The independent intermediary receives maximum statutory regulatory commission in terms of the LTIA. The independent intermediary holds professional indemnity insurance cover.

Please refer to the statutory disclosure notice produced separately by the Independent Intermediary when the policy is sold, for the full details of the below.

Broker name and number, registration number, postal address, physical address, telephone number, compliance telephone number, details of insurer, details of financial services that the representative of the broker has been approved for in terms of its license to render advice and intermediary services. Whether the relevant representative is rendering financial services under supervision. Whether the broker holds professional indemnity insurance. Nature and extent of benefits, when they are realisable or payable. Restrictions, limitations, exclusions, or penalties for early termination. Charges, fees and investment component (if applicable). Commission, consideration, fees and charges payable. Cooling-off rights. The legal status and relationship with Insurer.

- Nature and extent of benefits, when they are realisable or payable: Refer to the policy booklet and the policy wording.
- Restrictions, limitations, exclusions, or penalties for early termination: Refer to the policy booklet and the policy wording.
- Charges, fees and investment component: Refer to the policy booklet and the policy wording.
- Commission, consideration, fees and charges payable: Refer to the policy booklet and the policy wording. The independent intermediary does not directly or indirectly hold more than 10% of the Insurer's shares, or has any equivalent substantial financial interest in the Insurer. The independent intermediary has not received more than 30% of its total remuneration during the preceding 12 months from the insurer. Please refer to the independent intermediary's disclosure notice.
- Cooling-off rights: A 31-day cooling-off period applies.

#### Details of complaints procedure and services department of Clientèle Life:

1. For any policy queries or additional information, or the details of the public officer, or should you wish to lodge a complaint please contact the National Contact Centre on 011 320 3000, Fax 011 320 3133 or email services@clientele.co.za. Website: www.clientele.co.za.
2. In the event that your complaint is not satisfactorily resolved, then you may refer the complaint to the Office of the Independent Arbitrator at complaintsarbitrator@clientele.co.za. The Independent Arbitrator has the independence and authority to overturn the initial findings and will only consider cases having previously gone through step (1).
3. In the unlikely event that you are still not satisfied with the decision then you can forward your complaint to the FAIS Ombud on 012 470 9080 and/or the voluntary Ombudsman for Long-term Insurance on 021 657 5000. You can also contact the Registrar of Long-term insurance on 012 428 8000.

#### Details of compliance department of Clientèle Life

Clientèle Life has an active Compliance Department. The Head of Compliance and the Department can be contacted on 011 320 3000.

#### Details of claims procedure and department of Clientèle Life

Procedures for the submission of claims are detailed in your policy and are important. If you have any difficulty in determining the correct procedures, please contact the Claims Department on 011 320 3000.

#### Extent and nature of premium obligations

Your policy document reflects the premiums payable, the due date of payment and the frequency of payment (e.g. monthly or annually). If the premium is paid by debit order, it may only be in favour of the insurer and may not be transferred without your approval.

#### Consequences of non-payment of premiums

The due date for the payment is reflected on your policy schedule. Your payment should be made on or before the due date reflected to avoid the cancellation of the policy.

#### Warning

Do not sign any blank or partially complete application forms. Complete all forms in ink. Keep all documents you receive. Make notes of what is said to you. Do not be pressured into buying the product, make this decision on your own. Incorrect, or full non-disclosure of relevant information may impact any claims arising from your contract of insurance.

#### Matters of importance

1. We must give you 31 days' notice in writing of our intention to cancel your debit order.
2. We must give you reasons in writing for the rejection of any claim submitted by you.
3. You are entitled to a copy of your policy free of charge.

#### Conflict of interest

Clientèle Life has considered the conflict of interest provisions in terms of the FAIS Act 37 of 2002 and has not identified any actual or potential conflicts of interest, either ownership interest, financial interest, third-party relationships, associates or distribution channels as defined. A conflict of interest management policy is available to clients upon request.

#### Waiver of Rights

The General Code of Conduct stipulates that no financial services provider may request or induce in any manner a client to waive any right or benefit conferred on the client by/or in terms of any provisions of the Code, or recognise, accept or act on any such waiver by a client. Any such waiver is null and void.

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# ESTATE

**For more information and policy terms and conditions, contact us on 011 320 3332.**

**Alternatively, email us at [estate@clientele.co.za](mailto:estate@clientele.co.za).**

This booklet and its contents do not constitute financial advice. Terms & conditions apply.



**Clientèle**  
ESTATE

Long-term insurance policies are underwritten and administered by Clientèle Life Assurance Company Limited, an authorised financial services provider and registered insurer: FSP 15268. Premiums escalate by 5% annually.

Short-term insurance policies are underwritten and administered by Clientèle General Insurance Limited, an authorised financial services provider and registered insurer: FSP 34655. This is a monthly renewable policy with premiums and legal benefits escalating by 10% annually.