

IMPORTANT DISCLOSURES

- This Funeral Cover product is: Underwritten by Structured Risk Solutions (Pty) Ltd (FSP No. 50618)
- Administered by: iLendMoney (Pty) Ltd (FSP No. 53616)
- Distributed by: Glenova Group, an Authorised Representative of iLendMoney (Pty) Ltd
- Sponsor Bank: Standard Bank of South Africa Limited

This application is issued in accordance with the Financial Advisory and Intermediary Services Act (FAIS), the Long-term Insurance Act, and applicable Policyholder Protection Rules. Terms and conditions apply.

FOR OFFICE USE ONLY

Application No
Policy No
Agent Name/Code
Commencement Date
EasyPay Number

A. DETAILS OF PRINCIPAL INSURED (MAIN MEMBER)

Title Name Surname
ID Number / Passport Date of Birth Gender ☐ Male ☐ Female
Marital Status Occupation Employer
Cell Number Email Address
Residential Address
 Postal Code
Postal Address (if different)
 Postal Code

B. SPOUSE / DEPENDANTS / NOMINATED FAMILY MEMBERS / EXTENDED FAMILY

Full Name	ID Number / DOB	Gender	Relationship	Student (Y/N)

C. SELECT YOUR FUNERAL COVER

Plan Type

- ☐ Individual Cover ☐ Main Member + Spouse ☐ Single Parent ☐ Family Cover ☐ Traditional Family Plan
☐ Extended Family Cover

Cover Amount

- ☐ R1 500 ☐ R3 000 ☐ R5 000 ☐ R8 000 ☐ R10 000 ☐ R12 500 ☐ R15 000 ☐ R18 000 ☐ R20 000
☐ R25 000 ☐ R30 000

Age Category

- ☐ 18 – 64 ☐ 65 – 74 ☐ 75 – 84

Total Monthly Premium

Your Cover Includes

- Funeral Cover • Whole-of-Life Cover • No Medical Examination Required • Claims Processed within 48 Hours* • Extended Family Cover Available • Personal Service • Cover from R1 500 to R30 000
(*Subject to receipt of all required documents.)

D. BENEFICIARY NOMINATION

In the event of my death, I nominate the following beneficiary(ies):

Full Name	Relationship	ID Number	% Allocation

E. BANKING DETAILS AND DEBIT ORDER AUTHORISATION

Account Holder Name

Bank Name

Account Number

Branch Code

Account Type:☐ Cheque☐ Savings

Preferred Debit Date:☐ 1st☐ 7th☐ 15th☐ 25th

AUTHORISATION

I hereby authorise iLendMoney (Pty) Ltd, acting on behalf of the insurer and administrator, to debit my bank account with the applicable monthly premium. I acknowledge that:

- The debit order will be processed in accordance with the rules of the Payments Association of South Africa (PASA)
- The obligation to ensure sufficient funds remains my responsibility
- This authority will remain in force until cancelled by written notice

F. DECLARATION BY THE POLICYHOLDER

I hereby declare that all information provided in this application is true, complete, and accurate to the best of my knowledge. I acknowledge that I have read and understood the applicable waiting periods, product rules, and policy terms and conditions. I consent to the collection, processing, and use of my personal information in accordance with the Protection of Personal Information Act (POPIA) for the purposes of administering this application and the policy. I further authorise Glenova Group, iLendMoney (Pty) Ltd, and the underwriter, Structured Risk Solutions (Pty) Ltd, to process this application and any information required to provide and administer the funeral cover.

Signature of Policyholder

Date

IMPORTANT POLICY INFORMATION

- 6-month waiting period for natural death
- No waiting period for accidental death
- Suicide exclusion of 12 months
- Maximum entry age 84
- Whole-of-life cover
- Premiums payable monthly
- Terms and Conditions apply

SUBMIT FORM

REGULATORY AND COMPLIANCE INFORMATION

Glenova Funeral Cover is underwritten by Structured Risk Solutions (Pty) Ltd (FSP No. 50618). Glenova Group is an authorised representative of iLendMoney (Pty) Ltd (FSP No. 53616). Glenova Group provides intermediary and distribution services in accordance with applicable South African financial services legislation. Terms and conditions apply.

CONTACT DETAILS

Administrator iLendMoney (Pty) Ltd 34 Baard Street Extension 09 Carletonville	Insurer Structured Risk Solutions (Pty) Ltd Email: info@structured.co.za Website: www.structured.co.za Phone: 010 085 7770 Physical Address: Building 3, Country Club Estate, Woodlands Drive Woodmead, Johannesburg, 2191	Authorised Representative Glenova Group Email: info@glenovatransact.co.za Website: www.glenovatransact.co.za Phone: 066 002 2683 Physical Address: 25 Melle & Jorissen Street Nzunza House Building, Braamfontein Johannesburg, 2000
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