

Personal Details

Surname:	<input type="text"/>	First Name:	<input type="text"/>		
Date of Birth:	<input type="text"/>	Gender:	<input type="checkbox"/> M <input type="checkbox"/> F	Title:	<input type="text"/>
Residential Address:	<input type="text"/>	Marital Status:	<input type="checkbox"/> Single	<input type="checkbox"/> Widowed	<input type="checkbox"/> Divorced
	<input type="text"/>		<input type="checkbox"/> M-OCP	<input type="checkbox"/> M-ICP	<input type="checkbox"/> M-TRAD
Postal Address:	<input type="text"/>	Employer:	<input type="text"/>		
Occupation:	<input type="text"/>	Other:	<input type="text"/>		
E-Mail Address:	<input type="text"/>	Source of Income:	<input type="text"/>		
Mobile Number:	<input type="text"/>	Home Number:	<input type="text"/>	Employee No.:	<input type="text"/>
				ID #:	<input type="text"/>
				Work Number:	<input type="text"/>

Plan Choice

DIFP	DFFP	DIGFP	DFGFP	DSFFP	DSIFP
A	B	C	D*	E*	F*
E3 000	E5 000	E10 000	E20 000	E50 000	E30 000
					E40 000

*The options are not available for new policy holder above 65 years

Office Use Only (Do not complete)

Inception Date (DD/MM/YYYY):	<input type="text" value="DD/MM/YYYY"/>	Agent #:	<input type="text"/>
		Policy #:	<input type="text"/>

Plan Description

- DIFP** Dignified Individual Funeral Plan
- DFFP** Dignified Family Funeral Plan
- DIGFP** Dignified Individual Group Funeral Plan
- DFGFP** Dignified Family Group Funeral Plan
- DSFFP** Dignified Senior Family Funeral Plan
- DSIFP** Dignified Senior Individual Funeral Plan

Dependant Details

	Surname	First Name	DOB (DD/MM/YYYY) Spouse	Gender	Type	Special Condition	ID #
1							
Child(ren)							
1							
2							
3							
4							
5							
6							
Additional Spouses and Children							
1							
2							
3							
4							

Beneficiary Details

Surname:	<input type="text"/>	First Name:	<input type="text"/>
Gender:	<input type="checkbox"/> M <input type="checkbox"/> F	ID:	<input type="text"/>
Relationship to policy holder:	<input type="text"/>		
		Contact Number:	<input type="text"/>

Did you know about our double payout on accidental death?
 Ask your sales representative for more details about our additional cover options
CALL CENTER: 800 1010

Payment Details		
Payment Method:	<input type="checkbox"/> Debit Order <input type="checkbox"/> Stop Order <input type="checkbox"/> Cash <input type="checkbox"/> Group <input type="checkbox"/> Govt Payroll	Bank Account Type <input type="checkbox"/> Savings <input type="checkbox"/> Current <input type="checkbox"/> Other
Banking Details		
Bank Name:	<input type="text"/>	Branch: <input type="text"/>
Account Name:	<input type="text"/>	Account No: <input type="text"/>
ID #:	<input type="text"/>	Monthly Premium: <input type="text"/> Admin Fee: <input type="text"/>
Deduction Date:	<input type="checkbox"/> 4 <input type="checkbox"/> 19 <input type="checkbox"/> 22 <input type="checkbox"/> 24 <input type="checkbox"/> 30	Initiation Premium: <input type="text"/>
Postal Address:	<input type="text"/>	Email Address: <input type="text"/> Mobile: <input type="text"/>
<p><i>I give United Life Assurance permission to debit my account with the premium amount due on the above chosen day of the month or as soon as possible thereafter. I further authorise United Life Assurance to access my bank account for purpose of confirming premium deductions.</i></p>		
Signature:	<input type="text"/>	Date: <input type="text"/>

Terms & Conditions	
<p>Premium Guarantee. Premiums are reviewed annually with an anniversary on the 1st of January.</p> <p>Extent of Cover. Cover shall be in respect of member, spouse, up to six children (below 22 years) and any optional additions under the policy. However cover will continue for a child that is between 22-26 years should they be studying full time in registered institution and provided such proof is submitted to United Life Assurance.</p> <p>Waiting Period. The waiting period for individual is 6 (six) months and 3 months for group schemes. During this period only accidental deaths are admissible.</p> <p>Continuity Option. Upon the death of the policy holder, the surviving spouse may continue with the policy. (Terms & Conditions Apply).</p>	<p>Lapsing of policy. Should United Life Assurance, not receive premiums for a period of 12 (twelve) consecutive months the policy will be cancelled. [However if premiums are not received for a shorter period, there shall be a waiting period of 3 (three) months upon settlement of all arrear premiums.]</p> <p>Payment of Premiums. Premiums may be paid in advance to avoid non payment of claims. Premiums may be paid to United Life Assurance by Cash, Debit Order, Direct Bank Deposits at Building Society, Eswatini MTN Mobile Money (*007*1*5*3#), Eswatini Mobile Emali (*232#) or Salary Deduction. Clients paying by debit order are advised that in a case where by their preferred date of deduction falls on a weekend or public holiday, deductions will be effected on the next working day. If a debit order is unpaid a double premium deduction will be made once on the following month.</p>
<p>United Life Assurance reserves the right to change the Terms and Conditions from time to time.</p>	

Terms & Conditions	
<p><i>I, the undersigned confirm that the information supplied on this form is to the best of my knowledge correct. I, further warrant that the terms and conditions of "ULA Dignified Funeral Plan", have been clearly explained and a copy has been given to me. United Life Assurance accepts no responsibility or liability for the accuracy of the information provided or any discrepancies herein.</i></p>	
Signature of Applicant:	<input type="text"/>
Date:	<input type="text"/>

Where did you hear about the company?		
Radio <input type="checkbox"/>	Facebook <input type="checkbox"/>	Internet <input type="checkbox"/>
Newspaper <input type="checkbox"/>	WhatsApp <input type="checkbox"/>	Referred <input type="checkbox"/>
TV <input type="checkbox"/>	LinkedIn <input type="checkbox"/>	Other: _____

REMEMBER: FOR SMOOTH PROCESSING OF CLAIMS, PREMIUMS MUST BE UP TO DATE