

Section D: Your nominated beneficiary's details

Please fill in the details of your nominated beneficiary below. The nominated beneficiary is the person you choose to receive all the benefits paid out under this policy. You agree that KGA Insurance will not be liable for any claims (from you, your estate, relatives or any other person) related to the payment of these benefits to your nominated beneficiary.

Title	<input type="text"/>	Initials	<input type="text"/>	Gender	<input type="text"/>
National identification number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First name(s)	<input type="text"/>	Surname	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cell no.	<input type="text"/>	Work no.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship to policyholder	<input type="text"/>				

Section E: Benefit details

Plan	<input type="text"/>				
Age of policyholder	<input type="text"/>	Age of the spouse	<input type="text"/>	Premium	<input type="text"/>
Cover amount	R <input type="text"/>	Extended dependant premium	R <input type="text"/>	<input type="text"/>	<input type="text"/>
Total monthly premium	R <input type="text"/>	Start date	<input type="text"/>	<input type="text"/>	<input type="text"/>

Are you replacing an existing funeral policy with this policy? Yes No

Signed at

Date

Signature of main member

Section F:

New business – Individual Member (Policyholder)	
Country of Birth	<input type="text"/>
Country of Residence	<input type="text"/>
Nationality	<input type="text"/>
Source of Funds	<input type="checkbox"/> Salary <input type="checkbox"/> Pension <input type="checkbox"/> Government Grant or <input type="checkbox"/> Other: <input type="text"/>
Method of Transaction	<input type="checkbox"/> Debit Order <input type="checkbox"/> Stop Order <input type="checkbox"/> EFT or <input type="checkbox"/> Cash
Value of Transaction (monthly premium amount)	<input type="text"/>

Section G:

Entity Client (Schemes, Entities, Funds, Employer, etc.)	
Country of Registration	<input type="text"/>
Country of Operation	<input type="text"/>
Entity type	<input type="checkbox"/> Club <input type="checkbox"/> Church <input type="checkbox"/> Corporation <input type="checkbox"/> Union <input type="checkbox"/> Fund or <input type="checkbox"/> Other: <input type="text"/>
Source of Funds	<input type="checkbox"/> Revenue / Profit <input type="checkbox"/> Employee Benefit <input type="checkbox"/> Donation or <input type="checkbox"/> Other: <input type="text"/>
Method of Transaction (e.g. EFT)	<input type="text"/>
Value of Transaction (monthly premium amount)	<input type="text"/>