

LEGACY PROTECTION PLAN™ APPLICATION



Plan Number:

New application

Plan amendment

CUSTOMER INFORMATION

SECTION A: PERSONAL DETAILS

Title & full names:

Identity number:

Cell number:

Email address:

Will language:

English

Afrikaans

Monthly income:

R Higher of own or spouse

Smoking status:

Smoking

Non-smoking

Highest education:

WILL INFORMATION

SECTION A: WILL INFORMATION CAPTURE

The Will information will be captured electronically only:

Yes

No

If yes, then the sections below with regards to the Will do not need to be completed.

SECTION B: DISTRIBUTION OF YOUR ESTATE

Who do you want to inherit your general Estate?

For example: 50% to my Children, James and Tammy Smith, and 50% to my Spouse, Mary Smith, failing which, 100% to my Children.

Please provide the names, relationship(s), and year of birth(s) of your Beneficiaries

Is there something specific you want to leave to someone, other than your general Estate?

For example: Life insurance payable to my Estate; or my primary residence; or my jewellery and to whom.

If so, please specify in detail

SECTION C: LAST WISHES

Other wishes:

Cremated

Buried

Living Will

If you have any other wishes or special notes, please specify below in the space provided.

SECTION D: ORGAN DONOR REGISTRATION

Do you wish to be an Organ Donor? Yes No

Have you been registered before? Yes No

If yes to both questions above, I confirm that I understand what it means to be an organ donor and I have registered by my own free will. I am aware that more information can be obtained from the Organ Donor Foundation's website www.odf.org.za or their toll-free telephone line 0800 22 66 11.

Next of kin details:

Full name: Relationship:

Telephone number: Cellular number:

SECTION E: QUESTIONS FOR MINOR CHILDREN (Only answer if applicable)

A Testamentary Trust is strongly recommended if you have minor Children. Please complete the relevant questions below:

Please indicate the age of your Children at which time the Trust must terminate.

In addition to Capital Legacy, we strongly recommend a personal Co-Trustee. Please provide name(s) and relationship(s).

Co-Trustee name: Relationship:

Co-Trustee name: Relationship:

In the event of both natural Guardians being deceased; please provide full name(s) and relationship(s) of Guardians for your minor Children.

Guardian name: Relationship:

Guardian name: Relationship:

SECTION F: EXECUTOR NOMINATION

Do you wish Capital Legacy to be your Executor If no, please provide alternate Executor details below Yes No

Do you wish to have another Executor If yes, please complete the details below. Note: This is required if MyProfessional™ is applicable. Yes No

Other Executor names: Relationship:

Other Executor names: Relationship:

SECTION G: TESTAMENTARY DRAFTING NOTES

LEGACY PROTECTION PLAN™ INDEMNITY PLAN BENEFIT OPTIONS

Indemnity Plan™ Options and Benefits	Initial Waiting Period (in months)	Maximum Indemnity Benefit™	Fee Indemnity Percentage	Integrated Benefits				Medical Information Required
				Immediate Liquidity Benefit™	Initial Estate Overheads Protector™	Estate Gap Cover™ Cash Benefit	Total Value to Beneficiaries	
● CorePlan™	0	n/a	25%	R 0	R 0	R 0	Estate Dependent	✗
● FeePlan™	0	n/a	75%	R 0	R 0	R 0	Estate Dependent	✗
● Bronze	6	R 125 000	100%	R 15 000	R 6 000	R 0	R 146 000	✗
● Silver	0	R 250 000	100%	R 35 000	R 8 000	R 0	R 293 000	✓
● Gold	0	R 750 000	100%	R 80 000	R 11 000	R 500 000	R 1 341 000	✓
● Platinum	0	R 1 500 000	100%	R 110 000	R 15 000	R 1 000 000	R 2 625 000	✓
● Diamond	0	R 3 000 000	100%	R 135 000	R 15 000	R 1 500 000	R 4 650 000	✓
● Unlimited™	0	Unlimited	100%	R 135 000	R 15 000	R 1 500 000	Unlimited	✓

Principal Life Age Band and Monthly Premium	Selection	Age Band				Age 56 - 60 or *61+	Minimum Monthly Income	Age Band Increases
		Age 18 - 30	Age 31 - 45	Age 46 - 50	Age 51 - 55			
● CorePlan™ (No maximum entry age)	<input type="radio"/>	R 0.00	R 0.00	R 0.00	R 0.00	R 0.00*	R 0.00	✗
● FeePlan™ (No maximum entry age)	<input type="radio"/>	R 92.00	R 92.00	R 92.00	R 92.00	R 92.00*	R 0.00	✗
● Bronze	<input type="radio"/>	R 53.00	R 60.00	R 69.00	R 87.00	R 114.00	R 7 500	✓
● Silver	<input type="radio"/>	R 70.00	R 80.00	R 92.00	R 115.00	R 150.00	R 12 500	✓
● Gold	<input type="radio"/>	R 96.00	R 110.00	R 127.00	R 159.00	R 207.00	R 15 000	✓
● Platinum	<input type="radio"/>	R 131.00	R 150.00	R 173.00	R 217.00	R 283.00	R 17 500	✓
● Diamond	<input type="radio"/>	R 166.00	R 190.00	R 219.00	R 274.00	R 357.00	R 20 000	✓
● Unlimited™	<input type="radio"/>	R 244.00	R 280.00	R 322.00	R 403.00	R 524.00	R 25 000	✓

LEGACY PROTECTION PLAN™ EXTENDER BENEFIT OPTIONS

Extender Options and Benefits	Initial Waiting Period (in months)	Immediate Liquidity Benefit™	Maximum Indemnity Benefit™	Initial Estate Overheads Protector™	Monthly Estate Overheads Protector™	Estate Gap Cover™ Cash Benefit	Total Value to Beneficiaries	Medical Information Required
● Principal Immediate Liquidity - Lite	0	R 25 000	R 25 000	R 0	R 0	R 0	R 50 000	✓
● Principal Immediate Liquidity - Classic	0	R 50 000	R 50 000	R 0	R 0	R 0	R 100 000	✓
● Principal Immediate Liquidity - Premium	0	R 100 000	R 100 000	R 0	R 0	R 0	R 200 000	✓
● Family Immediate Liquidity - Lite	6	R 25 000	R 25 000	R 0	R 0	R 0	R 50 000	✗
● Family Immediate Liquidity - Classic	6	R 50 000	R 50 000	R 0	R 0	R 0	R 100 000	✗
● Child Immediate Liquidity - Per Child	6	R 10 000	R 10 000	R 0	R 0	R 0	R 20 000	✗
● Parent Immediate Liquidity - Per Parent	12	R 25 000	R 25 000	R 0	R 0	R 0	R 50 000	✗
● Estate Overheads Protector - Lite	0	R 0	R 0	R 30 000	R 0	R 0	R 30 000	✓
● Estate Overheads Protector - Classic	0	R 0	R 0	R 0	R 12 500	R 0	R 150 000	✓
● Estate Overheads Protector - Premium	0	R 0	R 0	R 0	R 20 000	R 0	R 240 000	✓
● Estate Gap Cover - Lite	0	R 0	Unlimited	R 0	R 0	R 1 000 000	Unlimited	✓
● Estate Gap Cover - Classic	0	R 0	Unlimited	R 0	R 0	R 2 000 000	Unlimited	✓
● Estate Gap Cover - Premium	0	R 0	Unlimited	R 0	R 0	R 3 000 000	Unlimited	✓
Principal Life Age Band and Monthly Premium								
	Selection	Age 18 - 30 or *0 - 21	Age 31 - 45	Age 46 - 50	Age 51 - 55	Age 56 - 60	Minimum Monthly Income	Age Band Increases
● Principal Immediate Liquidity - Lite	○	R 22.00	R 25.00	R 29.00	R 37.00	R 49.00	R 12 500	✓
● Principal Immediate Liquidity - Classic	○	R 40.00	R 45.00	R 52.00	R 65.00	R 85.00	R 12 500	✓
● Principal Immediate Liquidity - Premium	○	R 78.00	R 89.00	R 103.00	R 129.00	R 168.00	R 15 000	✓
● Family Immediate Liquidity - Lite	○	R 40.00	R 45.00	R 52.00	R 65.00	R 85.00	R 12 500	✓
● Family Immediate Liquidity - Classic	○	R 71.00	R 81.00	R 94.00	R 118.00	R 154.00	R 12 500	✓
● Child Immediate Liquidity - Per Child	○	R 12.50*	n/a	n/a	n/a	n/a	R 12 500	✗
● Parent Immediate Liquidity - Per Parent	○	R 125.00	R 149.00	R 239.00	R 383.00	R 613.00	R 12 500	✓
● Estate Overheads Protector - Lite	○	R 19.00	R 21.00	R 25.00	R 32.00	R 42.00	R 12 500	✓
● Estate Overheads Protector - Classic	○	R 73.00	R 83.00	R 96.00	n/a	n/a	R 12 500	✓
● Estate Overheads Protector - Premium	○	R 113.00	R 129.00	R 149.00	n/a	n/a	R 20 000	✓
● Estate Gap Cover - Lite	○	R 48.00	R 55.00	R 69.00	n/a	n/a	R 15 000	✓
● Estate Gap Cover - Classic	○	R 92.00	R 105.00	R 132.00	n/a	n/a	R 17 500	✓
● Estate Gap Cover - Premium	○	R 131.00	R 150.00	R 188.00	n/a	n/a	R 20 000	✓

NOMINATIONS

SECTION A: NOMINATIONS

Role	Relationship	Full names and surname	Date of birth
Immediate Liquidity™ Beneficiary		Mandatory	
Spouse		Only complete if Extended Estate Gap Cover is selected	Max entry age 50
Child 5		Only complete for each additional child life	Max entry age 21
Child 6		Only complete for each additional child life	Max entry age 21
Child 7		Only complete for each additional child life	Max entry age 21
Child 8		Only complete for each additional child life	Max entry age 21
Parent 1		Only complete for each required insured life	Max entry age 75
Parent 2		Only complete for each required insured life	Max entry age 75
Parent 3		Only complete for each required insured life	Max entry age 75
Parent 4		Only complete for each required insured life	Max entry age 75

ADVICE AND DISTRIBUTION

SECTION A: INTERMEDIARY AND FULFILMENT PREFERENCE

Intermediary: Intermediary code:

Please select the preferred Provider to fulfil the process(es):

Last Will and Testament

Legacy Protection Plan™

Consultant: Teleconsultant:

Lead reference:

SECTION B: MYPROFESSIONAL™

Is MyProfessional™ applicable: Yes No

If yes, I acknowledge that there might be a surplus / shortfall to the Capitalisation Benefit where MyProfessional™ is applicable as per this proposal. I understand that this is due to the computation of Executor and / or Conveyance Attorney fees that may be charged by the MyProfessional™ to Capital Legacy and will be done in actuality upon the administration of my deceased Estate and either paid to or recovered from my deceased Estate. Any shortfall is subject to the maximum shortfall as per the Plan Terms and Conditions that will form part of Capital Legacy's acceptance of this proposal for benefits.

MEDICAL QUESTIONS

SECTION A: PLEASE COMPLETE TRUTHFULLY & HONESTLY

1. Height: Weight:
2. Have you ever applied for a fully underwritten insurance policy for LIFE COVER ONLY and been refused terms or declined for medical or health related reasons? Yes No
3. Have you ever tested positive for HIV or received treatment or medical advice for any sexually transmitted diseases, including hepatitis B or C? Yes No
4. Have you ever been diagnosed with, suffered disease of, or undergone any of the following:
- Heart attack Stroke Heart muscles or valves Angina
- Stent inserted Heart bypass Pacemaker inserted
5. Are you on treatment for high cholesterol following diagnosis by a medical practitioner? Yes No
6. Have you ever suffered from or been treated for high blood pressure following diagnosis by a medical practitioner? If "Yes", please answer the questions below.
- Has your medical practitioner continuously cautioned (i.e. after more than two years of being on treatment) that your blood pressure is poorly controlled, fluctuations drastically or has changed your medication 3 or more times? Yes No
7. Have 2 or more of your Parents or Siblings died from heart problems, high cholesterol or high blood pressure before the age of 55? Yes No
8. Do you suffer from diabetes, raised blood sugar or sugar in the urine? If "Yes", please answer the questions below.
- Are you insulin dependent? Yes No
 - Do you suffer from any of the following as a result of your diabetes?
 - Kidney problems Poor vision Pain or poor circulation in the feet
9. Have you ever been diagnosed with any form of cancer? If "Yes", what cancer were you diagnosed with? Yes No
- Skin cancer Prostate cancer Leukaemia/Lymphoma Lung cancer
- Breast cancer Bone cancer Blood cancer Other
- Did the cancer spread to your lymph nodes or any other part of your body? Yes No
 - How old were you when you were first diagnosed?
 - Was the cancer completely removed and did you complete all prescribed treatments? Yes No
 - How long ago did you complete your last treatment?
10. Have you ever been diagnosed with any bleeding, coagulation or clotting disorder? Yes No
11. Have you ever had any persistent, recurrent or chronic disorder of kidney(s) or liver? Yes No
12. Have you been diagnosed with any other life threatening condition which currently requires, or may in future require, specialised medical treatment or the assistance of a caregiver (including but not limited to home oxygen, frail care and renal dialysis)? Yes No
13. Do you intend seeking medical advice in the next 12 weeks (other than routine medical check-ups, dentistry or treatment for minor conditions such as colds, influenza, etc.) Yes No

14. I confirm that the answers provided above are correct and understand that my benefit may be denied at claim stage should there be any non-disclosure on my part. Yes No
15. Should your application be declined based on your answers to the above, do you accept the FeePlan™ with no initial waiting period, 75% indemnification of fees for Legacy Services™ and no integrated benefits. Yes No

DEBIT ORDER DETAILS

SECTION A: BANKING DETAILS

Only required where a monthly premium is payable directly by the Plan Holder and Payer and or Alternate Payer (i.e. not required where CorePlan™. Note that your debit order reference will be the abbreviated name, as registered with the bank "CAP LEGACY".

Bank name:

Account type: Current Savings

Account number:

Account holder:

Debit day: 1st 15th 20th 25th

Commencing: 01/ /2019

DECLARATION

SECTION A: DECLARATIONS BY APPLICANT

The signed Authority and Mandate refers to our contract as dated on signature hereof ("The Agreement"). I / We hereby authorise you to issue and deliver payment instructions to the bank for collection against my / our above mentioned account at my / our above mentioned bank (or any other branch to which I / We may transfer my / our account) on condition that the sum of such payment instructions will never exceed my / our obligations as agreed to in The Agreement, and commencing on the commencement date and continuing until this Authority and Mandate is terminated by me / us by giving you notice in writing of no less than twenty (20) ordinary working days, and sent by prepaid registered post or delivered to your address. The individual payment instructions so authorised to be issued must be issued and delivered as follows. On the day ("payment day") as indicated above of each and every month commencing on the date as indicated above for commencement of the policy. In the event that the payment day falls on a Saturday, Sunday or recognised South African public holiday, the payment day will automatically be the very next ordinary business day. Further, if there are insufficient funds in the nominated account to meet the obligation, you are entitled to track my account and re-present the instruction for payment as soon as sufficient funds are available in my account. I / We acknowledge that all payment instructions issued by you shall be treated by my / our above mentioned bank as if the instructions had been issued by me / us personally. I / We agree that although this Authority and Mandate may be cancelled by me / us, such cancellation will not cancel the Agreement. I / We shall not be entitled to any refund of amounts

which you have withdrawn while this Authority and Mandate was in force, if such amounts were legally owing to you. I / We acknowledge that this Authority and Mandate may be ceded to or assigned to a third party if The Agreement is also ceded or assigned to that third party, but in the absence of such assignment of The Agreement, this Authority and Mandate cannot be assigned to any third party. I acknowledge that the sharing of claims information and underwriting (including credit information) by Insurers is essential to enable the insurance industry to underwrite policies and assess risk fairly and reduce the incidence of fraudulent claims, in the public interest and the view to limiting premiums. I hereby waive any rights to privacy in any claims information supplied by me or on behalf of me in respect of any insurance claim made or lodged by me and I consent to such information being disclosed to any other insurance company or its agent. I also waive any rights of privacy consent to the disclosure of any information relevant to claims concerning me or any person I represent. I also acknowledge that information provided by me may be verified against other legitimate sources or databases. I / We understand that the withdrawals hereby authorised will be processed through a computerised system provided by the South African Banks and I also understand that details of each withdrawal will be printed on my bank statement. Each transaction will contain a number, which must be included in the said payment instruction and if provided to you should enable you to identify The Agreement. A payment reference is added to this form before the issuing of any payment instruction.

The premiums and benefits applied for herein are applicable for 2019.

Signed at _____ on this _____ day of _____ 20 _____

Signature of Plan Holder and Payer

Signature of Alternate Payer