



SRIC

Ensuring your tomorrow, today.

GROUP FUNERAL/WONKHE WONKHE FUNERAL PLAN POLICY AMENDMENT FORM



Full Name	<input type="text"/>		
ID Number	<input type="text"/>	Policy No.	<input type="text"/>
Scheme Name	<input type="text"/>		
Telephone No.	<input type="text"/>	Mobile No.	<input type="text"/>
Current Cover Option	<input type="text"/>	Current Premium	<input type="text"/>

A. Monthly Family Support (Please tick)

Monthly Family Support at E25.00 (Available on Family Unit Option Only)

B. Tombstone (Please tick one option)

30% Tombstone Benefit on Principal Member

30% Tombstone Benefit on Principal Member plus Family Support

30% Tombstone Benefit on Principal Member and Spouse

30% Tombstone Benefit on Principal Member and Spouse plus Family Support

50% Tombstone Benefit Principal Member

50% Tombstone Benefit on Principal Member plus Family Support

50% Tombstone Benefit on Principal Member and Spouse

50% Tombstone Benefit on Principal Member and Spouse plus Family Support

*The Tombstone Benefit is not applicable to the cover options below E10 000
 *The minimum value of the Tombstone Benefit is E5 000

C. Additional Benefit (Please tick)

Grocery Voucher/ Electricity/ Airtime Voucher at E5.70 (pays E1 000 worth of groceries, E300 electricity and E200 airtime)

New Total Premium



D. Claimant Nomination

i. FUNERAL EXPENSES

Full Name	Relationship	Date of Birth	ID Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Postal Address	<input type="text"/>		
Email Address	<input type="text"/>		
Tel./Cell	<input type="text"/>		

Where the nominated claimant predeceases the life assured, any member of the family may lodge a claim as a family representative, provided there is proof of his/her nomination e.g. Affidavit or Birth Certificate.

ii. FAMILY SUPPORT

Full Name	Relationship	Date of Birth	ID Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Postal Address	<input type="text"/>		
Email Address	<input type="text"/>		
Tel./Cell	<input type="text"/>		

Where the nominated claimant predeceases the life assured, any member of the family may lodge a claim as a family representative, provided there is proof of his/her nomination e.g. Affidavit or Birth Certificate.

Client's Signature

Date

E. FOR OFFICE USE

Officer's Signature

Date

Supervisor's Signature

Date