

LEGACY PROTECTION PLAN™ APPLICATION



Plan Number:

P N

New application

Plan amendment

CLIENT INFORMATION

SECTION A: PERSONAL DETAILS

Title & full names:

Identity number:

Email address:

Cell number: Monthly income: R

Smoking status: Smoking Non-smoking Highest education:

What is your preferred method of communication: Email SMS WhatsApp

WILL INFORMATION

SECTION A: WILL INFORMATION CAPTURE

Method of capture: Electronically Handwritten Will language: English Afrikaans

Do you have any worldwide assets? Yes No If so, please complete Section I.

SECTION B: DISTRIBUTION OF YOUR ESTATE

Who do you want to have 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: TRUST AND INHERITANCE PROTECTION

Please complete the sections below, where applicable.

CHILDREN'S TRUST

A Testamentary Trust is required if minor Children are or could inherit from you.

At which age may the Trust assets vest with the Beneficiary(ies)?

Vesting Age:

18 years + (Recommended: 25 years)

WIDOW'S TRUST

This Trust will be created for the sole income needs of the nominated Spouse with the ultimate ownership of these assets vesting with your capital nominee(s) below. A monthly income will be payable to the Spouse for the duration of his or her lifetime. The income available will be dependent on the value of the inheritance left to the Trust, to be created in terms of the Will. NO initial inheritance taxes will be payable on any value received in this Trust, only on its termination. If any directly-held capital is required by the Spouse, please specify a separate special bequest or amend life insurance Beneficiaries to effect such.

Please complete the information below to enable us to include a Widow's Trust in your Will.

Income Beneficiary

Spouse name:

Relationship:

Capital Beneficiary(ies)

Do you wish your child(ren) to be the capital owners of these Trust assets?

Yes

No

If no, please specify who or which entity you wish to be the capital Beneficiaries.

Capital Beneficiary:

Relationship:

Capital Beneficiary:

Relationship:

Capital Beneficiary:

Relationship:

PROVIDER TRUST

It may be that a Beneficiary has special needs. In such a case, we recommend that a separate lifelong Trust be created for the interests of this Beneficiary and to provide capital and income to support this Beneficiary. The principal Beneficiary of your Will automatically inherits the balance of any remaining capital.

Please complete the information below to enable us to create such a Trust in your Will.

Income and Capital Beneficiary

Beneficiary name:

Relationship:

SECTION D: LAST WISHES

Other wishes:

Cremated

Buried

Living Will

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

I SECTION E: ORGAN DONOR REGISTRATION

Would you like to be an organ donor? Yes No

Have you been registered before? Yes No

Would you like us to register you? Yes No

If you selected 'Yes' for us to register on your behalf, you, herewith confirm and understand what it means to be an organ donor and you have registered by your own free will. Please note that more information can be obtained from the Organ Donor Foundation's website www.odf.org.za or by calling their toll-free telephone line 0800 22 66 11.

I SECTION F: NEXT OF KIN DETAILS

Full name: Relationship:

Email: Cell number:

I SECTION G: GUARDIAN, TRUSTEE AND EXECUTOR NOMINATIONS

In the event of **BOTH** biological Parents being deceased; please provide full name(s) and relationship(s) of Guardians for your minor Children.

Guardian name: Relationship:

Guardian name: Relationship:

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:

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

Do you wish to have a second Executor? If yes, please complete the details below. Yes No

Other Executor name: Relationship:

Other Executor name: Relationship:

I SECTION H: WILL COLLECTION SERVICE

Would you like to make use of our free Will Collection Service once your Will has been finalised and signed in ORIGINAL? Yes No

I SECTION I: WORLDWIDE ASSETS

Are there assets such as business interests and fixed property outside of South Africa (i.e. are there offshore assets that stand to be inherited)? If so, a single Worldwide Will is recommended. Please complete the required information below.

Asset description: Country:

Asset description: Country:

Asset description: Country:

Please note that depending on the country (e.g. Portugal, Spain, France, etc.) a separate offshore Will in the relevant territory will be required for these assets. If an offshore Will is required, our Technical Advice Centre will make contact to assist with this process.

ADVICE AND DISTRIBUTION FOR OFFICE USE ONLY

SECTION A: INTERMEDIARY AND FULFILMENT PREFERENCE

Lead reference:

Consultant: Booking Agent:

MEDICAL QUESTIONS

SECTION A: PLEASE COMPLETE TRUTHFULLY AND HONESTLY

1. What is your:
 - 1.1 Height?
 - 1.2 Normal weight?
2. Have you ever been declined, charged an extra premium or had an exclusion applied to any previous application for LIFE insurance that has not been reversed?
3. Have you ever tested positive for HIV?
4. Have you ever suffered from or been diagnosed with any **ONE** of the following:
 - 4.1 A heart attack, stroke, stent or any other form of disorder of the heart or blood circulation system?
 - 4.2 Any persistent, recurrent or chronic disorder of your kidney(s) or liver?
 - 4.3 Any blood and/or coagulation (clotting) disorder for which you have taken any medication in the last 5 years?
 - 4.4 Diabetes, raised blood sugar or sugar in the urine?
 - 4.5 Any form of cancer?
5. Have you ever been prescribed or cautioned of the need for any medication in order to improve the control of cholesterol or blood pressure levels for which, within the last 4 months, your medical practitioner has advised that the type of medication or dosages be changed?
6. In the past 5 years, have you stayed more than 4 consecutive nights in hospital or have you been absent from work for more than 3 consecutive weeks due to illness or surgery other than already stated, excluding childbirth, dental surgery, bone fractures, gastro-enteritis or an appendectomy?
7. In the next 6 months, do you plan on seeing a doctor for any illness, symptoms, special investigations or treatments other than routine dentistry, or treatment for minor conditions including colds, influenza and gastro-enteritis?

Please note, if you answered 'Yes' to any of the above questions or your BMI is above 40.0, we will accept your application with restriction on the following benefits: Immediate Liquidity™ of R15 000 and Estate Overhead Protector™ of R8 000, which will both carry an initial 6-month waiting period. Importantly, the value of your selected Maximum Indemnity Benefit™ will be maintained, with no waiting period. No Extender Benefits will be allowed.

LEGACY PROTECTION PLAN™ - PROTECTION SELECTIONS

Plan Type	Select	Fees Indemnified or Benefit Type	Plan Value	Maximum Indemnity Benefit™	Integrated or Extender Benefits ¹	Age Dependent Monthly ENTRY Premium				
						Age 18 - 30	Age 31 - 45	Age 46 - 50	Age 51 - 55	Age 56 - 60
Indemnity Plan™										
CorePlan™ ⁴	<input type="radio"/>	25%	25% of Fees	n/a	n/a	R 0	R 0	R 0	R 0	R 0
FeePlan™ - Lite ⁴	<input type="radio"/>	75%	75% of Fees	n/a	n/a	R 92.00	R 92.00	R 92.00	R 92.00	R 92.00
FeePlan™ - Classic ⁴	<input type="radio"/>	90%	90% of Fees	n/a	n/a	R 137.00	R 137.00	R 137.00	R 137.00	R 137.00
Bronze	<input type="radio"/>	100%	R 148 000	R 125 000	R 23 000	R 74.00	R 85.00	R 98.00	R 123.00	R 160.00
Silver	<input type="radio"/>	100%	R 315 000	R 250 000	R 65 000	R 92.00	R 105.00	R 121.00	R 152.00	R 198.00
Gold	<input type="radio"/>	100%	R 1 360 000	R 750 000	R 610 000	R 110.00	R 126.00	R 145.00	R 182.00	R 237.00
Platinum	<input type="radio"/>	100%	R 2 640 000	R 1 500 000	R 1 140 000	R 144.00	R 165.00	R 190.00	R 238.00	R 310.00
Diamond	<input type="radio"/>	100%	R 4 665 000	R 3 000 000	R 1 665 000	R 179.00	R 205.00	R 236.00	R 295.00	R 384.00
Unlimited	<input type="radio"/>	100%	Unlimited	Unlimited	R 1 665 000	R 257.00	R 295.00	R 340.00	R 425.00	R 553.00
Benefit Extension Options										
Immediate Liquidity™										
Principal - Lite	<input type="radio"/>	Once-Off	R 50 000	R 25 000	R 25 000	R 22.00	R 25.00	R 29.00	R 37.00	R 49.00
Principal - Classic	<input type="radio"/>	Once-Off	R 100 000	R 50 000	R 50 000	R 40.00	R 45.00	R 52.00	R 65.00	R 85.00
Principal - Premium	<input type="radio"/>	Once-Off	R 200 000	R 100 000	R 100 000	R 78.00	R 89.00	R 103.00	R 129.00	R 168.00
Family - Lite	<input type="radio"/>	Once-Off	R 50 000	R 25 000	R 25 000	R 40.00	R 45.00	R 52.00	R 65.00	R 85.00
Family - Classic	<input type="radio"/>	Once-Off	R 100 000	R 50 000	R 50 000	R 71.00	R 81.00	R 94.00	R 118.00	R 154.00
Additional Child ²	<input type="radio"/>	Once-Off	R 20 000	R 10 000	R 10 000	R 12.50	R 12.50	R 12.50	R 12.50	R 12.50
Parent ²	<input type="radio"/>	Once-Off	R 50 000	R 25 000	R 25 000	R 125.00	R 149.00	R 239.00	R 383.00	R 613.00
Estate Overheads Protector™										
Principal - Lite	<input type="radio"/>	Monthly	R 45 000	n/a	R 7 500 p.m.	R 34.00	R 39.00	R 45.00	R 57.00	R 75.00
Principal - Classic	<input type="radio"/>	Monthly	R 90 000	n/a	R 15 000 p.m.	R 59.00	R 67.00	R 78.00	R 98.00	R 128.00
Principal - Premium	<input type="radio"/>	Monthly	R 180 000	n/a	R 30 000 p.m.	R 112.00	R 128.00	R 148.00	R 185.00	R 241.00
Estate Gap Cover™										
Joint Life - Lite	<input type="radio"/>	Once-Off	R 1 000 000	Unlimited ³	R 1 000 000	R 48.00	R 55.00	R 69.00	n/a	n/a
Joint Life - Classic	<input type="radio"/>	Once-Off	R 2 000 000	Unlimited ³	R 2 000 000	R 92.00	R 105.00	R 132.00	n/a	n/a
Joint Life - Premium	<input type="radio"/>	Once-Off	R 3 000 000	Unlimited ³	R 3 000 000	R 131.00	R 150.00	R 188.00	n/a	n/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	
Additional Child 1		Only complete for each additional child life							Max entry age 21	
Additional Child 2		Only complete for each additional child life							Max entry age 21	
Additional Child 3		Only complete for each additional child life							Max entry age 21	
Additional Child 4		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	

¹ This will be restricted to R 23 000 if the required medical underwriting is not passed, with the total plan value being reduced accordingly. Extender Benefits will not be allowed. ² The benefit and premium is per life assured and waiting periods apply. Please refer to the plan schedule for further details. ³ Only applicable if both Spouses pass-away within 12 months of each other. ⁴ There is no maximum entry age.

PAYMENT DETAILS

SECTION A: PAYMENT DETAILS

Note that your debit order reference will be the abbreviated name, as registered with the bank "CAP LEGACY".

Bank name:	<input type="text"/>	Account type:	<input type="checkbox"/> Current	<input type="checkbox"/> Savings
Account number:	<input type="text"/>	Account holder:	<input type="text"/>	
Debit day:	<input type="checkbox"/> 1 st	<input type="checkbox"/> 15 th	<input type="checkbox"/> 20 th	<input type="checkbox"/> 25 th
	Commencing:		01/	<input type="text"/>

SECTION B: CREDIT CHECK CONSENT

I, hereby, authorise the financial institution appointed by Capital Legacy to conduct credit checks on my profile in order to conduct a complete financial analysis of my affairs, for the purposes of providing me with financially related services and advice. Furthermore, I hereby consent for consumer credit information to be released to the financial institution for the same purposes as mentioned above. I understand

that privacy is important to Capital Legacy and the financial institution appointed by Capital Legacy to perform the credit check, and that they will ensure that any personal information in their possession or which is processed on their behalf is kept confidential, stored in a secure manner and processed according to South African law and / or applicable Data Protection Legislation, for the purposes I have provided consent for.

SECTION C: DEBIT ORDER DECLARATION

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 have been withdrawn while

this Authority and Mandate has been 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 and 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.

By signing this application form, I declare that I accept and understand the conditions of the application form. I also confirm that information provided on this application has been provided honestly and truthfully and has been done so voluntarily in order to facilitate the processing of this application.

Signed at _____ on this _____ day of _____ 20 _____

Signature of Plan Holder and Payer

Signature of Alternate Payer

Will.U.Refer

REFER YOUR FRIENDS AND FAMILY MEMBERS TO DRAFT THEIR LAST WILL & TESTAMENT WITH US AND TAKE AN OPTIONAL LEGACY PROTECTION PLAN™.

YOU COULD GET UP TO
R2 250
 FOR 3 SUCCESSFUL REFERRALS

By completing the details below, I authorise Capital Legacy to contact my friends and family members, as specified, to offer a complementary consultation to draft their Last Will and Testament, calculate their real cost of dying and offer an optional Legacy Protection Plan™ to cater for the legal fees and expenses at death.

ENTER THEIR DETAILS

REFEREE 1

<input type="text" value="First name"/>	<input type="text" value="Cell number"/>
<input type="text" value="Relationship"/>	<input type="text" value="Email address"/>





REFEREE 2

<input type="text" value="First name"/>	<input type="text" value="Cell number"/>
<input type="text" value="Relationship"/>	<input type="text" value="Email address"/>

REFEREE 3

<input type="text" value="First name"/>	<input type="text" value="Cell number"/>
<input type="text" value="Relationship"/>	<input type="text" value="Email address"/>

Terms and Conditions

<p>Payment per successful referral</p>  <p>R 750</p>	<p>Maximum amount of referrals</p>  <p>3 Per Client</p>	<p>Payment conditions</p>  <p>Paid directly to the premium payer's bank account</p>	<p>Referral conditions</p>  <p>Limited to referrals initiated directly by you</p>
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