

## Sanlam Umbrella Fund

### Flexible death benefits option form

Member's personal particulars			
Participating employer:			
Initials and surname:			
ID number:		Date of birth:	
Employee number:		Membership number:	

**Please complete the following section if you wish to elect flexible death benefits or if you wish to change your current level of flexible death benefits:**

- I am electing flexible death benefits for the first time (**within** 3 months of joining the fund or **within** 3 months of commencement of flexible death benefits introduced to the fund for the first time)
- I wish to increase my current flexible death benefits on grounds of marriage (**within** 3 months of the actual event) (certified copy of marriage certificate attached)
- I wish to increase my current flexible death benefits on grounds of birth or legal adoption of a child (**within** 3 months of the actual event) (certified copy of birth certificate/adoption papers attached)

#### Other Circumstances

- I am electing flexible death benefits for the first time (**after** 3 months of joining the fund), and agree to provide proof of insurability (subject to Insurer's approval)
- I wish to increase my current flexible death benefits on grounds of other circumstances, and agree to provide proof of insurability (subject to Insurer's approval)
- I wish to decrease my current flexible death benefits

I hereby revoke all my previous choices and request that the fund change my flexible death benefits to the following:

*Please indicate your chosen level of flexible death benefits (expressed as a multiple of annual salary) by ticking the appropriate box.*

0	0.5	1.0	1.5	2.0	2.5	3.0	3.5	4.0	4.5	5.0	5.5	6.0	6.5	7.0	7.5	8.0	8.5	9.0

**Please note the following important terms and conditions:**

1. Your total death benefit is the sum of your core death benefit (the compulsory level of cover as selected by your employer) and your flexible death benefit.
2. The maximum amount of flexible death benefit may not be more than 3 times that of the core death benefit. For example if you have a core death benefit of 2 x annual salary, the maximum flexible death cover is 6 x annual salary. This gives you a total death benefit of 8 x annual salary. The maximum core plus flex group life benefit is 15 x annual salary.
3. You may elect flexible cover if done within three months of the following events (subject to the medical proof free limit):
  - a. Commencement (flex benefit for the first time)
  - b. Marriage (excluding cohabiting partners i.e. living together as if married)
  - c. Birth or legal adoption of a child
4. The flex cover as in point 3 above is subject to proof of insurability in cases where the member's entitled cover (core plus flex) exceeds the medical proof free limit.
5. The increase in flex cover at marriage, birth or legal adoption of a child is also subject to **proof of the event** to the Insurer's satisfaction (e.g. certified copy of the marriage, birth or adoption certificate).
6. Members who are 55 years and older, who wish to elect flex cover, must provide satisfactory proof of insurability (subject to Insurer's approval) at all events and no medical proof free limit applies.
7. If you elect flexible cover for the first time (other than commencement/entry date) or increase your flexible cover in other circumstances than in point 3 above, you have to provide satisfactory proof of insurability (subject to Insurer's approval) and no medical proof free limit applies.
8. In respect of flexible cover due to other circumstances, premiums are only payable after the member has submitted the necessary medicals and has been assessed and granted cover by the Insurer.
9. You may elect cover in multiples of 0.5 x annual salary to the maximum of your own choice, but not more than the flexible death benefit as specified by your employer.
10. Please note that a two-year suicide clause will apply to the flexible risk benefits (from inception date), or any increase in the flexible risk benefits (from amendment date).
11. The effective date of the flex cover selected or increased by the member in the circumstances set out in point 3 above is the 1<sup>st</sup> day of the month following the month in which the member has signed this form. If the member signed this form on the 1<sup>st</sup> day of a month, the effective date will be the 1<sup>st</sup> day of that month.

**Disclaimer:**

*Personal Information (PI) requested in this form is mandatory for operational and administrative processes, and to comply with regulatory requirements. If the mandatory information is incomplete, your request may not be processed. Sanlam Life Insurance Limited will take reasonable steps to ensure that the PI collected on this form is processed responsibly, kept safe and confidential, and does not unjustifiably infringe your privacy. You can read the Sanlam Privacy Notice on <https://www.sanlam.com/legal/pages/sanlams-privacy-policy.aspx> ; it can be sent to you on request. You can update your contact details by registering and logging onto our member portal here: <https://cp.sanlam.co.za> or email: [SCClientCare@sanlam.co.za](mailto:SCClientCare@sanlam.co.za) or call: 086 122 3646.*

**I hereby declare that:**

I take full responsibility for my choices and hereby indemnify and undertake not to hold Sanlam Umbrella Fund, its Board of Trustees or Sanlam Employee Benefits, the authorised Insurer within Sanlam Umbrella Fund, its agents, directors, officers and any entity in the Sanlam group of Companies responsible for any losses or any eventuality that may result from my choices.

Signed at ..... on ..... (date)

Member's signature .....

Employer's signature .....

**Please email the completed form to: [sanlameb@sanlam.co.za](mailto:sanlameb@sanlam.co.za)**