

## Request to change details on your policy

### About this form

This form contains three sections for changes to be made to the member's policy. Complete the section/s that require an update and send the completed form to [dhusselmann@bonsano.co.za](mailto:dhusselmann@bonsano.co.za) or fax it to 021 945 4397. Please remember to send any additional requirements needed together with your form.

### Policy details

BrightRock group master policy	Bon Sano Funeral Scheme
BrightRock group master policy number	7 0 1 2 2 8 3 2 2
Policy start date	1 June 2020

### About you, the member

Your member number	
Title	
First name(s)	
Surname	
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of birth	D D M M Y Y Y Y
National identification number	
Nationality, if you've provided a passport number	
Work number	
Cell phone number	
Email	
Address	Address line 1 Unit number Complex name Street number Street name Suburb City Region Country



## Request to change your banking details

If your bank account details have changed, complete this section. When returning this form, please send us a copy of the payer's RSA ID, passport or valid driver's licence.

By filling in this section of the form, you confirm that you want to change the monthly payment method or details from which your premiums are collected for your funeral cover.

### About the payer

Are you the member and the payer? ☐ Yes ☐ No

If you answered 'No' above, please complete the payer's details below.

Title	<input type="text"/>
First name(s)	<input type="text"/>
Surname	<input type="text"/>
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of birth	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
National identification number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Nationality, if you've provided a passport number	<input type="text"/>

### Payer's contact details

Work number	<input type="text"/>
Cell phone number	<input type="text"/>
Email	<input type="text"/>
Address	<input type="text" value="Address line 1"/>
	<input type="text" value="Unit number"/> <input type="text" value="Complex name"/>
	<input type="text" value="Street number"/> <input type="text" value="Street name"/>
	<input type="text" value="Suburb"/>
	<input type="text" value="City"/>
	<input type="text" value="Region"/>
	<input type="text" value="Country"/>

### Payer's bank account details

Name of bank	<input type="text"/>
Name of account holder	<input type="text"/>
Branch name	<input type="text"/>
Branch code	<input type="text"/>
Account number	<input type="text"/>
Date to be debited	<input type="text"/>
Type of account	<input type="checkbox"/> Cheque or current <input type="checkbox"/> Savings <input type="checkbox"/> Transmission

## **You give BrightRock permission to instruct your bank to collect premiums from the bank account above, or any other bank you might transfer to in future**

You agree to the following conditions:

1. We'll never debit more money from your bank account than the premiums you've agreed to in your contract with us;
2. You understand that the bank will treat BrightRock's payment instructions as if you've issued them;
3. We'll debit your account monthly on your chosen debit order date. If the payment day falls on a Sunday or a recognised South African public holiday, we'll debit your account on the next work day;
4. The start date of this instruction is subject to the activation of your policy;
5. The debit orders you've authorised will be processed through a computerised system provided by South African banks;
6. The details of each debit order will be printed on your bank statement, with your policy number as a reference. The name that reflects on your statement will be your existing payment reference number.

## **You must end this authority in writing**

This authority will be valid until you end it in writing by emailing [dhusselmann@bonsano.co.za](mailto:dhusselmann@bonsano.co.za) or [service@brightrock.co.za](mailto:service@brightrock.co.za). You must give us at least 20 ordinary working days' notice before ending this authority.

## **Ending this authority does not end our agreement with you**

If you cancel this agreement, you understand that:

1. Cancelling this authority and mandate will not cancel our agreement;
2. If you legally owe us money, you won't be entitled to any refund of any amounts that we've debited while this authority was in force;
3. Non-payment or stopping of your debit order may have an impact on your ability to claim.

This authority and mandate can only be assigned to a third party if the agreement between us has also been assigned to that party.

## Request to change your beneficiary details

Fill in this section to change beneficiaries (these are the people you want to receive any cover pay-outs if an insured event should happen to the member). You must also choose what pay-out, as a percentage of the cover, each of your beneficiaries should receive. By filling in this section of the form, you authorise the changes requested and acknowledge this request will replace any beneficiaries previously nominated to receive pay-outs under your funeral cover.

### About your beneficiaries

Pay-out on your death				
Beneficiary's first name and surname	National identification number	Nationality of beneficiary	Relationship to you, the life insured	Percentage share of pay-out
				%
				%
				%
				%
				%

Pay-out on the death of your spouse (to be completed only if your policy includes this cover)				
Beneficiary's first name and surname	National identification number	Nationality of beneficiary	Relationship to you, the life insured	Percentage share of pay-out
				%
				%
				%
				%
				%

Pay-out on the death of your parent or parent-in-law				
Beneficiary's first name and surname	National identification number	Nationality of beneficiary	Relationship to you, the life insured	Percentage share of pay-out
				%
				%
				%
				%
				%
				%
				%
				%

## Request to change your contact details

If your contact details have changed, complete this section of this form. By sending us your updated contact details, you authorise Bon Sano (Pty) Ltd and BrightRock Life Limited to communicate relevant policy information to you using the contact details provided.

### Your updated contact details

Work number	<input type="text"/>
Cell phone number	<input type="text"/>
Email	<input type="text"/>
Address	<input type="text" value="Address line 1"/>
	<input type="text" value="Unit number"/> <input type="text" value="Complex name"/>
	<input type="text" value="Street number"/> <input type="text" value="Street name"/>
	<input type="text" value="Suburb"/>
	<input type="text" value="City"/>
	<input type="text" value="Region"/>
	<input type="text" value="Country"/>

### Your signature

By completing and signing this form, and sending it to us, you authorise Bon Sano (Pty) Ltd and BrightRock Life Limited to make the changes you’ve requested in this form.

Date signed	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
Member’s signature	<input type="text"/>
Date signed	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
Payer’s signature	<input type="text"/>