

Data Capture form for Sanlam Autonub

Which declaration form must be used?	Stratus Linked Investment, Stratus Linked Savings Plan and Sanlam Linked Investment Plan	AEB2008
	All products except those mentioned above	AEB2007
	Matrix Express only	AEB2078

Title:	Initials:	Surname:	Male	Female	Documentation Language	English	Afrikaans
Full Names:							
Preferred name:				Maiden Name:			
ID No:				Marital Status:			
Telephone Home:				Mobile:			
Telephone Work:				Fax:			
Postal Address:							
Residential Address:							
Email Address:							

Countries of Citizenship:		Countries of tax residence:	
Country of Birth:		RSA Tax Reference No:	
TIN Number:		GIIN Number:	
FATCA/CRS type:			

Dividend tax rate (for Stratus linked investments):		Existing Sanlam policy:	Yes	No	Smoking habit last 12 months:	
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Ever been declared Insolvent?	Yes	No	Reason for sequestration:	
Rehabilitated?	Yes	No	Rehabilitation date:	
Curator email and telephone:				

Employer:		Income:	R	PA
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Occupation:		Qualification:						
Describe Occupation:								
Number of hours per day spent on:	Admin:	Hours	Travel:	Hours	Light labour	Hours	Heavy Labour:	Hours

Reality: Already a member?	Yes	No	Reality: Do you want to join?	Yes	No		
Reality: Option required (if applicable):	Core	Plus	Club	Family	Reality Money Saver Card?	Yes	No

Premium payer different:	Yes	No	Bank Name:		Deduction Day:	
Account Number:				Account Type:		

Family Doctor:									
Telephone:			Address:						
				Height:		cm	Weight:		kg

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Special Consent			
May Sanlam Life apply any of your existing medical exclusion clauses to this application without prior consent of the life insured?	Yes	No	
If your BMI requires a rate adjustment of up to 25%, as indicated on the quotation, may Sanlam Life proceed to issue this application without prior consent of the payer?	Yes	No	

Tele-Underwriting:	Yes	No	If yes – Telephone Number to use:				Home		Work		Mobile	
If yes - contact Client Between:			AM	PM	and		AM	PM	or	Any time from 08h00-19h00		

	Beneficiary 1			Beneficiary 2			Beneficiary 3					
Correspondence language												
Title & Surname:												
Full Names:												
Address:												
Contact Number:												
Identity Number:												
Marital Status:												
Maiden Name:												
Gender:	Male		Female		Male		Female		Male		Female	
% Benefit:	Immediate Expense		Death		Immediate Expense		Death		Immediate Expense		Death	
Relationship to Assured:												

If necessary, move 1 st deduction date to:	Another date in the same month			The first of the next month			Same deduction date month in advance				
Arrear payments Deductible:	Yes	No	Initial payment?			Yes	No	Initial payment date:			
Initial payment method:	Cash	Cheque	Mode of Payment e.g. ABSA Teller:								

Bank cession?	Yes	No	Bank/Branch Name/Branch code:								
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Replacement of Insurance?	Yes	No	Insurance Company:				Plan No:	
Replacement of other Financial product?	Yes	No	Details					

Change start date?	Yes	No									
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Existing insurance with other Insurers (including incomplete applications but excluding replacements and Sanlam Life insurance)		
Company	Cover Type e.g. death, disability, funeral, etc.	Cover Amount
		R
		R
		R

Details of Assets and Liabilities (for Financial Needs Analysis purposes only)				
Description	Value	Asset or liability?		
	R	Asset	Liability	
	R	Asset	Liability	
	R	Asset	Liability	

Income and Capital Requirements (for Financial Needs Analysis purposes only)									
Type	Death			Disability			Dread Disease		Retirement
Capital	R			R			R	R	
Income	R	PM	R	PM	R	PM	R	PM	PM