

SUPERIOR ACCOUNT PROTECTION PLAN APPLICATION FORM

YOUR PERSONAL DETAILS

Hub Account Card Number:

Expiry Date:

SA ID Number

Title: Mr Mrs Miss Ms Dr Other Specify

Surname:

First Name(s):

Date of Birth:

CONTACT DETAILS:

Area Dial Code: Home Telephone number:

Area Dial Code: Work Telephone number:

Cell phone number:

Email address:

Residential Address:

Street/Unit/Stand number:

Street name:

Suburb:

City: Postal Code:

Postal Address:

Box/Bag

Suburb: Postal Code:

Marital Status: Single Divorced Widowed

Married in COP (complete spouses details)

Married out of COP in accrual system

Married out of COP excluding Accrual system

Custom/Tribal Law Civil Union Separated Foreign Law

Gender: Male Female

EMPLOYMENT DETAILS

Occupation:

Company Name:

Work Address:

Street/Unit/Stand number:

Street name:

Suburb:

City: Postal Code:

SPOUSE/PARTNER'S PERSONAL DETAILS

Title: Mr Mrs Miss Ms Dr Other Specify

Spouse/partner's Surname:

Spouse/partner's First Name(s):

Spouse/partner's Date of Birth:

SA ID Number

In order to apply for the Superior Account Protection Plan please select option 1 only, or both option 1 & 2. (Note! Option 2 cannot be selected on its own)

OPTION 1

PERSONAL: R8.00 per month covers your account balance up to R15 000 in the event of your death, retrenchment, critical illness or hospitalisation*.

*Conditional benefit applies for hospitalisation.

Are you in good health?

Yes No

Have you ever been declined for life insurance?

Yes No

Are you between the ages of 18 and 65?

Yes No

OPTION 2

SPOUSE/PARTNER'S: R8.00 per month covers your account balance up to R15 000 in the event of your partner's death, retrenchment, critical illness or hospitalisation*.

Is your spouse/partner in good health?

Yes No

Has your spouse/partner ever been declined for life insurance?

Yes No

Is your spouse/partner between the ages of 18 and 65?

Yes No

Please place a tick in the selected Option Box

PLEASE NOTE:

In the event of death or critical illness, the outstanding balance of your Hub Account will be paid to the Hub on your behalf.

In the event of retrenchment, a benefit equal to your outstanding Hub Account balance as at the date of your retrenchment will be paid to the Hub.

In the event that you should be hospitalised* for more than 14 consecutive days, a benefit equal to your outstanding Hub Account balance as at the date you were admitted to hospital as an in patient will be paid to the Hub.

The maximum amount payable in the event of any claim under this policy will be limited to R15 000.

If you take the "Spouse/Partner Option", all references in the terms and conditions to "you" are to be read as "your partner".

This policy is strictly for the policy holder and does not benefit the spouse/partner.

I hereby confirm that to the best of my knowledge and belief, the above mentioned particulars are true and correct.

SIGNATURE OF ACCOUNT HOLDER

DATE OF SIGNATURE

Please note that completion of this form does not constitute acceptance of the insurance proposal by the Insurer. Confirmation of this acceptance and a policy document will be mailed to the account address provided by you within 30 days of your application form being received.

The Hub (Pty) Ltd (Reg No. 2004/033029/07) is an authorised financial services provider License number 38683.

All Hub Financial Services products are underwritten by Guardrisk Life Limited, a subsidiary of MMI Holdings.

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