



New-e-conomy Financial Group

N-e-FG Administrators (Pty) Ltd | Company Reg. no. 2005/000513/07 | Vat no. 4910267311 | FSP License no. 45798 | 13B License no. 24/425

Licensed to act as an Administrator in terms of section 13B of the Pension Funds Act (act 24 of 1956)

📞 0861 409 409 📠 016 932 2851 ✉ retirement@n-e-fg.com 📍 36 Chopin Street SW5 Vanderbijlpark  
📦 P.O. Box 472 Park South 1910 Republic of South Africa



**Broker Code: RWS0000**

## Executors and Estate Application Form

Complete where applicable using block letters or tick ✓

### 1. PERSONAL DETAILS

Surname \_\_\_\_\_ Email address \_\_\_\_\_  
First names \_\_\_\_\_ Contact number \_\_\_\_\_  
Address \_\_\_\_\_  
Identity number \_\_\_\_\_

### 2. PRODUCT OPTIONS

Description		Rate per month	Option selection
Option 1:	R 50 000.00	R 65.00	
Option 2:	R 100 000.00	R 130.00	
Option 3:	R 150 000.00	R 195.00	
Option 4:	R 200 000.00	R 260.00	
Option 5:	R 250 000.00	R 325.00	

Commencement date \_\_\_\_\_

Signature of client \_\_\_\_\_

Date \_\_\_\_\_

**3. BANKING DETAILS OF CLIENT**

Cash payment:  Debit Order:

Account holder name \_\_\_\_\_  
Account number \_\_\_\_\_ Name of bank \_\_\_\_\_  
Name of branch \_\_\_\_\_ Branch code \_\_\_\_\_  
Type of account  Current  Savings  Transmission

**I authorise N-e-FG Administrators to debit my account with the monthly premium on the \_\_\_\_ day of the month.**

Signature of account holder \_\_\_\_\_ Date \_\_\_\_\_

**4. BANK DETAILS FOR EFT PAYMENTS**

**Name of account** : N-e-FG Estate Protector  
**Bank and branch name** : ABSA Vanderbijlpark  
**Branch code** : 632005  
**Account number** : 4086710669

**5. DETAILS OF EXECUTOR/ESTATE/BENEFICIARY**

Surname \_\_\_\_\_ Email address \_\_\_\_\_  
First names \_\_\_\_\_ Contact number \_\_\_\_\_  
Identity number \_\_\_\_\_ Relationship \_\_\_\_\_

**6. NEXT OF KIN, IF NOT BENEFICIARY**

Surname \_\_\_\_\_ Email address \_\_\_\_\_  
First names \_\_\_\_\_ Contact number \_\_\_\_\_  
Identity number \_\_\_\_\_ Relationship \_\_\_\_\_

**7. FINANCIAL ADVISOR DETAILS**

Surname: Matlala Email address: tumelo@regowealth.co.za  
First names: Tumelo Patrick Contact number: 011 902 6261  
Identity number: 7908195474082

**8. BANKING DETAILS OF EXECUTOR/ESTATE/BENEFICIARY**

Account holder name \_\_\_\_\_  
Account number \_\_\_\_\_ Name of bank \_\_\_\_\_  
Name of branch \_\_\_\_\_ Branch code \_\_\_\_\_  
Type of account  Current  Savings  Transmission

**I, the undersigned, hereby declare that the above information is correct in every aspect. I understand and agree to the terms of the scheme.**

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_

Signature of Member \_\_\_\_\_ Date \_\_\_\_\_

Signature of Executor \_\_\_\_\_ Date \_\_\_\_\_

**STATUTORY NOTICE TO LONG-TERM INSURANCE POLICYHOLDER**  
**IMPORTANT – PLEASE READ CAREFULLY**  
**DISCLOSURE AND OTHER LEGAL REQUIREMENTS**

(This notice does not form part of the Insurance Contract or any other document)

**As a long-term insurance policyholder, or prospective policyholder, you have the right to the following information:**

**1. The intermediary must, at the earliest reasonable opportunity, disclose the information:**

- (a) N-e-FG Custodian (Pty) Ltd, PO Box 472, Park South, 1910, 086140409
- (b) Legal capacity: brokerage.
- (c) Concise details of relevant experience: financial services provider.
- (d) Insurance products that may be sold: Risk products.
- (e) Insurers whose products may be marketed: Guardrisk Life Limited, 3<sup>rd</sup> Floor, Tower 2, 102 Rivonia Road, Sandton. 2196; tel 011-669 1000
- (f) Indemnity cover held – Yes.
- (g) Shareholdings in insurers of 10% or more. None

**2. Your right to know the impact of the decision you elect to make:**

- I. The intermediary or insurer dealing with you must inform you of:
  - (i) The premium you may be paying.
  - (ii) The nature and extent of benefits you may receive.
- II. If the benefits are linked to the performance of certain assets:
  - (i) How much of the premium will go towards the benefit?
  - (ii) To what portfolio will your benefits be linked?
- III. The possible impact of this purchase on your finances.
- IV. The possible impact of this purchase on your other policies (affordability).
- V. The possible impact of this purchase on your investment portfolio (affordability).
- VI. The flexibility of changes you may make to the proposed contract.
- VII. The contract terms of the product you intend to purchase.

(It is very important that you are quite sure that the product or transaction meets your needs and that you feel you have all the information you need to make a decision).

**3. Your right when being advised to replace an existing policy:**

You may not be advised to cancel a policy to enable you to purchase a new policy or amend an existing policy, unless:

- (a) The intermediary identifies the policy as a replacement policy.
- (b) The implications of cancellation of the policy are disclosed to you such as:
  - (i) The influence of your benefits under the old policy.
  - (ii) The additional costs incurred with the replacement.
- (c) The insurer which issued the original policy will contact you; you are advised to discuss the matter with its representative.

**4. Your right to be informed by the insurer:**

The insurer will forward you documentation confirming policy details as discussed in paragraph 2 of this Notice, which will also include:

- (a) The name of the insurer: Guardrisk Life Limited
- (b) The product being purchased: Long-Term Category B1 Risk product.
- (c) The cost in Rands of the transaction and specifically:
  - (i) The loadings, if any;
  - (ii) The initial expense; and
  - (iii) Commission up to 3.25% (excluding VAT) and Administration (admin only - not marketing fees, as this should form part of the comm Expense) up to 31.75% (excluding VAT).
- (d) In the case of policies with an investment element, the ongoing expense and any other fees or charges payable.
  - (i) The summary in terms of section 48 of the Long-Term Insurance Act, 1998.
  - (ii) The contact number and address of the complaints and compliance officers of the insurer.

**(The insurer may disclose the above information).**

**5. Your right to cancel the transaction:**

In most cases, you have a right to cancel a policy in writing within 30 days after receipt of the summary from the insurer as contemplated in section 48 of the Long-term Insurance Act. The same applies to certain changes you may make to a policy. The insurer is obliged to confirm to you whether you have this right and to explain how to exercise it. Please bear in mind that you may not exercise any of the above rights if you have already claimed under the policy or if the event, which the policy insures you against, has already happened. If this policy is cancelled after the 30 day grace period referred to above, all premiums paid will be forfeited and refund of premiums paid will take place.

**6. Important warning:**

- a) It is very important that you are quite sure that the product or transaction meets your needs and that you feel you have all the information you need before making a decision.
- b) It is recommended that you discuss with the intermediary or insurer the possible impact of the proposed transaction on your finances, your other policies or your broader investment portfolio. You should also ask for information about the flexibility of any proposed policy.
- c) Where paper forms are required, it is advisable to sign them only once they are fully completed. Feel free to make notes regarding verbal information, and to ask for written confirmation or copies of documents.
- d) Remember that you may contact either the Long-term Insurance Ombudsman or the Registrar of Long-term Insurance, whose details are set out below, if you have any concerns regarding a product sold to you or advice given to you.

**7. Particulars of the Long-term Insurance Ombudsman:**

PO Box 45, CLAREMONT, CAPE TOWN, 7700, Tel: (021) 657-5000, Fax: (021) 674-0951, Email: info@ombud.co.za

**8. Particulars of Registrar**

Financial Service Board, PO Box 35655, MENLO PARK, 0102, Tel: (012) 428-8000, Fax: (012) 347-0221, www.fsb.co.za

**Financial Service Board, PO Box 74571, LYNNWOOD RIDGE, 0040, Tel: (012) 470 9080, Fax:**