

CONTINUATION OF COVER IN PERSONAL CAPACITY 2027

Insurer:
Lombard Insurance Company Limited
(Reg. No. 1990/001253/06) FSP no. 1596
Risk and Underwriting Managers:
Turnberry Management Risk Solutions (Pty) Ltd
(Reg no : 2007/026488/07) FSP no. 36571

Broker Name:
Broker Code:

FOR OFFICE USE ONLY	Application No.		Client No.	
	Policy No.		Debtor No.	

Tel: 011 677 9891 | Fax: 086 676 0777 | Email: newbusiness@turnberry.co.za | Address: 4 Osborne Lane, Bedfordview, 2007

A. DETAILS OF PRINCIPAL INSURED PERSON

Title:		First Name:	
Surname:		ID Number:	
Nationality:		Country of Birth:	
Country of residence:		Source of Funds:	
Occupation:		Industry Type:	
Cellphone No:			
Residential or Physical Address:		Code:	
Email:			
Medical Scheme:		Medical Scheme No:	
Option:		Date Membership Commenced:	
Date Employed:		Affective date of change:	

B. DEPENDANT DETAILS

Spouse/Partner and children up to the age of 26 years who are registered on the Principal Insured person or a student Medical Scheme option (proof of studies and Medical Aid certificate required) may be added to the Policy at no additional cos

Name of Dependant		Identity Number (Date of Birth if no ID No)	Gender M/F	Relationship to Policyholder
Surname	First Name			

In the **event of the death of the Principal Insured** person in respect of the Critical Illness Benefit or Persona Accident Benefi

Beneficiary Name Beneficiary ID Relationship:

C. EXTENDED FAMILY COVER - ADULT DEPENDANTS

Other Dependants/Extended Family registered on the Principal Insured person or Spouse/Partner's Medical Scheme may be added to the Policy for an additional premium, as detailed below. PLEASE NOTE NO EXTENDED FAMILY FOR THE DYNAMIC OPTION. PREMIER YOUTH IS ONLY AVAILABLE TO DEPENDANTS UNDER THE AGE OF 26 years.

Product	Ages 26 - 64 (incl)		Ages 65 - 79 (incl)		Ages 80+	
	Rate	Number	Rate	Number	Rate	Number
PREMIER	R207		R671		R855	
OPTIMAL	R195		R548		R700	
SYNERGY	R193		R542		R692	
LAUNCH	R48		R83		R126	
MED-EXTEND	R178		R675		R862	

GROUP RATES WILL APPLY FOR MEMBERS THAT HAVE BEEN EMPLOYED FOR 12 MONTHS OR MORE AND WHO ARE UNDER THE AGE OF 65 YEARS.

IF YOU DO NOT MEET THE REQUIREMENTS FOR GROUP RATES GOING FORWARD (AS SPECIFIED ABOVE) PLEASE SELECT A TURNBERRY GAP COVER OPTION BELOW

D. MEDICAL EXPENSE SHORTFALL PRODUCTS

THE PRODUCTS OFFERED IN THIS APPLICATION FORM ARE NOT A MEDICAL SCHEME AND THE COVER IS NOT EQUIVALENT TO THAT OF A MEDICAL SCHEME. THESE PRODUCTS ARE NOT A SUBSTITUTE FOR A MEDICAL SCHEME MEMBERSHIP. *Please tick your chosen option*

PREMIER	OPTIMAL	SYNERGY	LAUNCH	MED-EXTEND
☐ R810/month for < 65 yrs	☐ R600/month for < 65 yrs	☐ R545/month for < 65 yrs	☐ R191/month for < 65 yrs	☐ R443/month for < 65 yrs
☐ R1 161/month for 65 +	☐ R870/month for 65 +	☐ R750/month for 65 +	☐ R330/month for 65 +	☐ R658/month for 65 +
☐ R576/month for < 65 yrs Individual				
☐ R800/month for 65 + Individual				
☐ R337/month for Premier Youth (under 26 years of age)				

DYNAMIC	DEPENDANTS				
	0	1	2	3	4
Ages 0-29	☐ R190	☐ R350	☐ R545	☐ R655	☐ R765
Ages 30-49	☐ R350	☐ R500	☐ R660	☐ R790	☐ R900
Ages 50-64	☐ R420	☐ R540	☐ R675	☐ R830	☐ R985
Ages 65+	☐ R660	☐ R830	☐ R1 024	☐ R1 200	☐ R1 380

UNDERSTANDING YOUR DYNAMIC PREMIUM

Your rate category is determined by the age of the oldest person insured on the policy. For example: If you are between the ages of 30 and 49 and have no dependants, your monthly premium will be R350.

If you take out a policy for yourself and add one dependant, the total monthly premium will be R500.

E. CONFIRMING UPDATE

Confirming update

Signature:

F. BANK DETAILS FOR DEDUCTIONS OF MONTHLY PREMIUM BY DEBIT ORDER

Account Holder's Name		Name of Bank	
Account Number		Branch Code	

Type of account:

☐ Cheque
☐ Savings
☐ Transmission

Date account to be debited:

☐ 1st
☐ 7th
☐ 15th
☐ 25th

Please note, should the collection date selected fall on a weekend or public holiday, a debit will be processed against your account on the first working day following the weekend or public holiday. Please note that your debit order reference will be TMS HEALTH INS D followed by your debtor number. I hereby request and authorise Turnberry Management Services (Pty) Ltd to draw against my bank account with the abovementioned bank (or any bank/ branch to which I may transfer my account) the amount necessary for payment of the premiums (as well as any renewal or adjustment premiums and Policy fees due) in respect of the aforementioned insurance benefits. All such withdrawals from my bank account by Turnberry shall be treated as though they had been signed by me personally. (Continue on next page)

Please note, should you change your collection date from 1st or 7th to the 15th or 25th, the collection will be for the next month and could result in a double deduction.

G.

BANK DETAILS FOR DEDUCTIONS OF MONTHLY PREMIUM BY DEBIT ORDER

I agree to pay the bank charges in connection with this instruction and authorise Turnberry to increase the amount of each withdrawal so as to recover the costs thereof in accordance with the South African Clearing Bank's tariff in force at the time. I understand that: 1) the withdrawals hereby authorised will be processed by computer, and 2) details of each withdrawal will be reflected on my bank statement or on the accompanying voucher, and 3) the obligation to ensure that my monthly payments are received remains with me despite the granting to Turnberry of this authority and 4) that this authority may be ceded or assigned to a third party, if this Policy is also ceded or assigned to the third party. This authority shall continue in full force and effect until cancelled, by me, giving 31 days' written notice thereof sent to Turnberry by prepaid registered post. I understand that such cancellation may result in the cancellation of the Policy and it will not relieve me of the liability in respect of any unpaid balance owing to Turnberry. In addition, I shall not be entitled to any refund of any amount which Turnberry has withdrawn regarded as receipt thereof by my bank.

Signature: Date:

Where the account holder is different to the Principal insured, we require the below information to finalise the application form and we require a letter of authorisation, if the account holder is a third party:

Title:		First Name:	
Surname:		Account holder's ID Number:	
Nationality:		Country of Birth:	
Country of residence:		Source of Funds:	
Occupation:		Industry Type:	
Cellphone No:		Residential or Physical Address:	
Residential or Physical Address:		Code:	
Email:			
Relationship to the Principal Insured:			

Signature: Date:

H.

AML DISCLOSURE

AML disclosure: Important Note - In line with the Financial Intelligence Centre Act (FICA), Turnberry, as an Accountable Institution is required to carry out mandatory FICA and screening checks at onboarding and ongoing stages on clients. Once you become a member of the Turnberry scheme, your application will be subjected to these requirements. Thus, your cover will become effective once you have passed the checks. Therefore, it is important to provide accurate and complete information when applying for cover.

Signature: Date: