

RISK APPLICATION FORM

Thank you for choosing Hollard Group Risk as your partner for providing risk cover to your staff. The Risk Application Form is to assist us in installing the scheme accurately on our system and to perform the customer due diligence as required by the financial authorities.

Please send the fully completed, signed and dated form along with all required documentation **to your Business Development Consultant** and copy our administration mailbox, **HGRAdmin@hollard.co.za**.

All information must be recorded exactly as it appears in the relevant registration and/or other documentation.

Please note, for members to enjoy cover, they either need to be employed by the employer or be a member of the retirement fund.

For all new schemes, Hollard Group Risk will only commence risk once we have finalised the FICA process for the Policyholder.

PART 1: POLICYHOLDER DETAILS

Type of Policyholder

☐

Employer

☐

Retirement Fund

☐

Umbrella Fund

Full registered name of the Employer

Full registered name of the Fund

Trading name (if applicable)

Registration number of the Employer

Physical address (including code)

Postal address (only complete if
different from physical address)

Policyholder's primary business activities

Occupational industry of Policyholder

Policyholder's primary source of income

For client groups, please complete the table below for all registered entities included in the group:

Full registered name	Registration number	Income tax number	VAT number	PAYE number

PART 2: COMMUNICATION

The below should be completed for the person ("Company Authority") who will be responsible for communication between the scheme and Hollard Group Risk. This person should be authorized to share the required information / documents between the relevant parties.

Company Authority name and surname

ID number / Passport number (if not South African)

Direct contact number

Email address

Physical address

Names, designations and contact details of all persons authorized to submit claims

Method of annual benefit statement distribution (at renewal)

- ☐ Directly to members (only available if email addresses have been provided on monthly data).
- ☐ Policyholder to provide the benefit statements to the members (bulk statements will be issued).
- ☐ Directly to the Intermediary for distribution to the Policyholder or members (bulk statements will be issued).

PART 3: POLICY/ QUOTE DETAILS

Accepted quote number

Quote date

Policy effective / start date

Policy renewal month

Employer’s annual salary increase month

Type of policy

☐ Unapproved

☐ Approved

Name of linked Retirement or Umbrella Fund (only for Approved Policies):

Please select applicable benefits

- ☐ Death Benefit
- ☐ Accidental Death Benefit
- ☐ Funeral Benefit
- ☐ Educator Benefit
- ☐ Spouse’s Death Benefit
- ☐ Lump Sum Disability Benefit
- ☐ Disability Income Benefit
- ☐ Accidental Lump Sum Disability Benefit
- ☐ Total and Temporary Disability Benefit
- ☐ Dismemberment Benefit
- ☐ Extended Family Benefit
- ☐ Payback Benefit
- ☐ Medical Premium Waiver Benefit
- ☐ Critical Illness Benefit (Standard)
- ☐ Critical Illness Benefit (Premier)
- ☐ Critical Illness Benefit (Premier Plus)
- ☐ Voluntary / flex benefits (please specify):

PART 4: COVER (only for completion if the scheme is terminating with another insurer and moving to Hollard Group Risk)

Previous insurer	<input type="text"/>
Policy number	<input type="text"/>
Name of previous scheme	<input type="text"/>
Period of cover with previous insurer	<input type="text"/>
Are there currently members receiving disability benefits from the previous insurer(s)?	<input type="checkbox"/> No <input type="checkbox"/> Yes (please attach a list of these members)

Hollard Group Risk will require copies of previous underwriting outcome / decision letters for all members who were previously underwritten.

PART 5: INSTALLATION INFORMATION

Please complete the tables below by selecting the most appropriate response:

A. PAYROLL DETAILS

Is branch billing required (max 8 branches)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Contact person name and surname	<input type="text"/>
Contact person telephone number	<input type="text"/>
Contact person email address	<input type="text"/>
Please indicate the frequency at which premiums will be paid	<input type="checkbox"/> Monthly <input type="checkbox"/> Other, requires written approval by Hollard Group Risk: <input type="text"/>

B. SALARY DETAILS

Complete the information below if 13th cheques are included in the annual salaries provided and must be included for the determination of premiums and the calculation of benefits.

Month in which the 13th cheque is paid	<input type="text"/>
How will premiums be paid	<input type="checkbox"/> Double premium in the month that the 13th cheque is paid. <input type="checkbox"/> Monthly premium plus 1/12th extra premium per month.
Please confirm if all members have a set ratio between their Risk Salary and their Total Cost to Company Salary.	<input type="checkbox"/> Same ratio (please indicate the percentage): <input type="text"/> <input type="checkbox"/> Different ratios (please ensure that this is reflected on the installation member data)

If the membership data includes commission or guaranteed (not discretionary or performance) bonus earners, complete the below:

Premium and benefit calculations	<input type="checkbox"/> Premium calculations to include guaranteed bonus and/or commission earnings. Benefits will be based on an average of insured salary, which will include guaranteed bonus and/or commission, for the 12-month period immediately before the date of the insured event. <input type="checkbox"/> Premium calculations to exclude guaranteed bonus and/or commission earnings. Benefits will be calculated on the insured salary as at the date of the insured event, excluding bonus and/or commission earnings.
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MEMBERSHIP DETAILS

- To prevent underwriting delays, we require you to inform us of any new members that joined the scheme since the date of quotation.
- Please inform us of any significant change in membership profile from the quotation data as it may have an impact on the quoted rates. Any change in profile of more than 20% (average age and salary) is seen as significant.

PART 6: FINANCIAL ADVISOR / INTERMEDIARY DETAILS (to be completed by intermediary)

Name of broker house / intermediary	<input type="text"/>
Broker house code / FSP number	<input type="text"/>
Financial advisor name	<input type="text"/>
Email address	<input type="text"/>
Contact number	<input type="text"/>
Preferred contact person for scheme	<input type="checkbox"/> Employer
	<input type="checkbox"/> Financial advisor / intermediary appointed to the scheme

PART 7: FICA

FICA requires financial institutions to identify and verify all clients with whom we conduct business. This identification process requires verification of the individuals that are beneficial owners (i.e. who owns 5% or more of the company's shares or voting rights or a natural person exercising effective control without owning shares).

In the event the policyholder is owned by another legal entity (a 'holding company'), the details of that entity should be provided. The necessary supporting documentation should be submitted along with this form (refer to Annexure).

COMPANY / CLOSE CORPORATION:

Registered name	Registration number	Registered address
<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"/>

PARTNERSHIP:

Name of partnership	Partnership's address
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

TRUST

Name of the Trust

Trust number

Trust's address

OTHER ENTITY:

Name of legal person/entity

Legal form

Operating address

To enable Hollard Group Risk to identify the ultimate beneficial owner, please complete the table below for:

- The Natural Person(s) that owns 5% or more interest (Controlling Ownership).
- Should there be no Controlling Ownership, provide the details of the individual(s) who exercise control over the entity by other means.
- In the absence of the above, provide details of the individual(s) that exercise control over the management of the entity (e.g. Non-Executive/Director/Independent Non-Executive Director/Manager etc.).

Full name and surname	Date of birth	ID number or Passport Number and nationality (if not South African)	Residential Address	For applicable individuals: voting rights / % shares

PART 8: CONSENT

At Hollard Group Risk we respect the privacy and confidentiality of the personal information of you and your employees/members. We will treat this information responsibly and we have put reasonable security measures in place to protect it.

The information provided will only be used for its intended purposes and will not be shared within the Hollard Group or another organisation for marketing additional products and or services to you. The full Hollard Privacy Notice and Policy is available on the Hollard website: https://www.hollard.co.za/binaries/content/assets/hollardcoza/pages/about-us/legal-requirements/south-africa/hollard_privacy_policy.pdf.

By signing this form, you confirm that you (fund / employer / policyholder / policyholder representative):

- Have the necessary consent to share personal and medical information of the employees and/or members with Hollard Group Risk for processing to enable us to provide risk benefits.
- Consent to Hollard Group Risk processing and sharing your and/or the employees/members personal and medical information with third parties. These third parties are other insurance and/or reinsurance companies, or service providers that may assist us in assessing and managing risk or servicing you. We impose the same strict confidentiality standards on these third parties as is applied by us.
- Obtained suitable advice based on the policyholder's financial needs in line with applicable laws. Such Record of Advice reflects the basis on which the advice was given and will be made available upon request.
- To the best of your knowledge and belief, the information provided in this form is true and correct.
- Understand that should any of the above information be incorrect or if the FICA validation process returns unfavourable information about the person whose identity is being verified, that Hollard Group Risk may refuse to proceed with the policy.
- Hollard Group Risk may request additional requirements not contained in this document should it be required to successfully identify and verify a client as well as the source of funds used.
- Provide consent that the information provided may be verified via third party sources such as credit bureaus (e.g. TransUnion).
- Should there be a change in the information provided, you will immediately notify Hollard Group Risk in writing of such change.
- Have read, understand, and agree to the consent provided. If you are agreeing to the terms and conditions on behalf of someone else, you have the necessary approval and/or mandate to do so.
- The required documents (as listed in the annexure) is attached to this application form.

Name of policy representative

Designation

Signature

Signed at on this day of 20

Name of intermediary representative

Designation

Signature

Signed at on this day of 20

ANNEXURE: REQUIRED DOCUMENTS

For all sections, please tick the boxes to indicate the documents submitted.

Copies of ID refers to either: a) copy of an ID book or b) copy of the front and back of Smart ID Card

SECTION 1: APPLICATION DOCUMENTS

<input type="checkbox"/> Copy of the Company Authority ID
In terms of PPR20 a comparison must be provided to all members 31 days before the transfer of risk date. Please provide: <input type="checkbox"/> 1. Copy of previous policy; or <input type="checkbox"/> 2. Proof of member communication with policy comparison
<input type="checkbox"/> Previous underwriting outcome / decision letters for members exceeding the quoted Free Cover Limits
If all existing or pending disability claims have not been catered for at quote stage: <input type="checkbox"/> Updated existing disability claim information (This information could impact quoted rates)

SECTION 2: POLICYHOLDER DOCUMENTS

COMPANY OR CLOSE CORPORATION
Company (Private or Public): <input type="checkbox"/> 1. CM1 Certificate of Incorporation; or <input type="checkbox"/> 2. CoR14.3 Registration certificate Close Corporation: <input type="checkbox"/> 1. CK1 Certificate of Incorporation; or <input type="checkbox"/> 2. CK2 Amended founding statemen
Proof of operating address and trading name (if different from registered address and registered name) not older than 3 months: <input type="checkbox"/> 1. Company letterhead; or <input type="checkbox"/> 2. Utility bill; or <input type="checkbox"/> 3. Bank statement; or <input type="checkbox"/> 4. Lease/Rental agreement; or <input type="checkbox"/> 5. Municipal rates and taxes; or <input type="checkbox"/> 6. Signed audited financial statements
Company Authority document authorising an individual to act on the Company's behalf. This is the same person who is authorised to sign this form. This can be either: <input type="checkbox"/> 1. Letter from HR or Payroll (on company letterhead); or <input type="checkbox"/> 2. Signed resolution; or <input type="checkbox"/> 3. Signed mandate

PENSION / PROVIDENT FUND (this will not apply if the Fund has been FICA accredited with HGR)

- ☐ 1. SARS document confirming fund registration; **or**
- ☐ 2. Certificate from Registrar of Pension Funds

Pension/Provident Fund Authority (authorising an individual to act, or authorising the acceptance of the policy/risk benefits):

- ☐ 1. Resolution from trustees; **or**
- ☐ 2. Mandate from trustees; **or**
- ☐ 3. Extract of minutes from the meeting; **or**
- ☐ 4. Letter from Registrar of Pensions Funds confirming appointment of the Principal Officer

Trustee Confirmation:

- ☐ 1. Trustees' ID copies and proof of address (not older than 3 months); **and**
- ☐ 2. Principal Officer appointment letter; **and**
- ☐ 3. Principal Officer's ID copy and proof of address (not older than 3 months); **and either**
- ☐ 4. Latest audited financial statements (must include the full names and ID numbers of all trustees); **or**
- ☐ 5. Extract from audited financial statements confirming trustee list which must include the full names and ID numbers of all trustees; **or**
- ☐ 6. Trustee register including the full names and ID numbers of all trustees

PARTNERSHIPS, NON-PROFIT ORGANIZATIONS, PUBLIC SECTOR ENTITIES, OTHER LEGAL ENTITIES

Partnership:

- ☐ 1. Partnership agreement; **and**
- ☐ 2. Declaration of partnership; **and**
- ☐ 3. Proof of address

Non-profit organisation and public/other legal entities:

- ☐ 1. Copy of ID of the individual(s) that exercise control over the management of the entity; **and either**
- ☐ 2. Constitution or other founding document (NPO); **or**
- ☐ 3. Registration certificate; **or**
- ☐ 4. Legislation that governs/created the entity

- ☐ 1. Tax clearance certificate; **or**
- ☐ 2. VAT registration and tax registration

Proof of operating address and trading name (not older than 3 months):

- ☐ 1. Company letter; **or**
- ☐ 2. Utility bill; **or**
- ☐ 3. Bank statement; **or**
- ☐ 4. Lease/Rental agreement; **or**
- ☐ 5. Municipal rates and taxes; **or**
- ☐ 6. Signed audited financial statement

Company Authority proof (document authorising individual to act on the company's behalf). This is the same person who is authorised to sign this form:

- ☐ 1. Letter from HR or Payroll (on entity letterhead); **or**
- ☐ 2. Signed resolution; **or**
- ☐ 3. Signed mandate

SECTION 3: FICA DOCUMENTS

FOR POLICYHOLDER(S) OWNED BY ANOTHER LEGAL ENTITY (A 'HOLDING COMPANY')
Company / Close Corporation: <input type="checkbox"/> Certificate of incorporation
Partnership: <input type="checkbox"/> 1. Partnership agreement; or <input type="checkbox"/> 2. Declaration of partnership
Trust: <input type="checkbox"/> 1. Trust deed and most recent letters of authority; and <input type="checkbox"/> 2. Trustee ID copies; and <input type="checkbox"/> 3. Beneficiaries' ID copies and proof of address, not older than 3 months
Other entities: <input type="checkbox"/> Founding document
Provide the below for: <ul style="list-style-type: none">• The Natural Person(s) that owns 5% or more of the company's shares or voting rights; or• A Natural Person exercising effective control without owning shares; or• A Natural Person(s) who exercises control through management of the entity <input type="checkbox"/> 1. Proof of address, not older than 3 months; and <input type="checkbox"/> 2. Copy of ID or passport; and <input type="checkbox"/> 3. Shares certificates; or <input type="checkbox"/> 4. A share register; or <input type="checkbox"/> 5. Any other document which can help establish which natural person(s) has control over the company
<input type="checkbox"/> Organogram or any other document to help Hollard Group Risk understand the ownership structure of the legal entity

We appreciate you taking the time to complete the Risk Application Form and for providing the supporting documents. Hollard Group Risk prides ourselves on excellent service and we look forward to building a successful working relationship with you.