



# Autonub Essentials

January 2019

Insurance

Financial Planning

Retirement

Investments

Wealth

## Purpose of this document

*Autonub is the name given to electronic submission of applications for new business to Sanlam.*

This document contains an overview of the Autonub process from start to finish. Also included are the forms which are to be completed and signed to authorise these applications, along with some guidelines on the use of the forms. Finally the process of attaching these documents to the Autonub application is described and explained.

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## Sanlam Autonub (electronic application) sales process

### Step 1 ⇒ 1<sup>st</sup> meeting with client

Intermediary meets with client and gathers data - completes Autonub Data Capture Form (may be modified as required to include/exclude information).



### Step 2 ⇒ Back at the Office

- ✿ Intermediary completes needs analysis processing.
- ✿ Prepare quotations (various options) to meet client needs.

### Step 3 ⇒ 2<sup>nd</sup> meeting with client

- ✿ Present proposal to client with recommended quotations.
- ✿ Client selects preferred option.
- ✿ Intermediary completes Autonub Declaration Form (AEB2007, AEB2008 or AEB2078) and client signs.
- ✿ Intermediary completes Health Statement (risk products only) and client signs.
- ✿ Intermediary completes any other relevant documents. Client signs.



### Step 4 ⇒ Back at the Office

- ✿ Intermediary/staff retrieves selected quote (SanQuote Desktop - Manage existing agreements, Search)( SanQuote Web – Search, Agreements).
- ✿ Complete Electronic Application.
- ✿ Attach supporting documents.
- ✿ Submit.

Where can you draw quotations for these products?		SanQuote	
		Web	Desktop
<b>RISK</b>			
New Business	Whole Life (Matrix Top Cover – Premier, Classic, Express)	Yes	
	Term Cover (Matrix Term Cover)	Yes	
	Income Protector (Matrix Income Protector – Premier, Express)	Yes	
Alterations	Whole Life (Matrix Top Cover – Premier, Classic, Express)	Yes	
	Term Cover (Matrix Term Cover)	Yes	
	Income Protector (Matrix Income Protector – Premier, Express)	Yes	
<b>SAVINGS and INVESTMENT</b>			
New Business	Endowments (Cumulus – single and recurring, Nimbus, Stratus, Tax-free – Core and comprehensive)		Yes
	LISP (Linked education plan, Stratus linked investments – committed and flexible)		Yes
Continuations	Endowments (Stratus)		Yes
<b>RETIREMENT</b>			
New Business	Retirement Annuity (Echo – core and comprehensive)	Yes	Yes
	Retirement Annuity (Flexi – core and comprehensive)	Yes	Yes
	Preservation Funds (Cumulus Echo Pension/Provident Preserver)		Yes
Alterations	Retirement Annuity (Echo – core and comprehensive)	Yes	
	Retirement Annuity (Flexi – core and comprehensive)	Yes	
Continuations	Retirement Annuity (Stratus and PPS)		Yes
Conversions	Retirement Annuity (Echo – comprehensive)		Yes
	Preservation Funds (Cumulus Echo Pension/Provident Preserver)		Yes
		<b>OfficeQuote</b>	
<b>SAVINGS and INVESTMENT</b>			
New Business	Life Annuities Inflation linked income with capital preservation option (P2/3) Capital protection option(Compulsory) (P27)	Yes Yes	
	Investment Plans (Stratus / Stratus Premier) Guaranteed income (Income only) Guaranteed return / Cumulus Fixed Return Guaranteed investment / Cumulus Fixed Return with Income	Yes Yes Yes	
	Investment Plans (Nimbus)(only available from Sanlam Sales Support Assistants) Fixed Investment Fixed Return		
	Provident Funds (Stratus): Premier endowment for provident funds	Yes	
Conversions (only available from Sanlam Sales Support Assistants)	Endowment (Stratus / Stratus Premier)		
	Provident Funds (Stratus Premier)		
	Retirement Annuity (PPS and PPS Premier)		

## Which Declaration Form to use to submit applications

Product	Declaration Form / Application form
Risk products (New Business / Alterations)	
Whole life	
Matrix Topcover: Premier	AEB2007 (10/2018)
Matrix Topcover : Classic	
Whole life (Express)	
Matrix Express Topcover	AEB 2078 (10/2018)
Term Cover	
Matrix Termcover	AEB2007 (10/2018)
Income Protector	
Matrix Income Protector: Premier	AEB2007 (10/2018)
Income Protector (Express)	
Matrix Express Income Protector	AEB2078 (10/2018)
Savings and Investment products	
Endowments	
Cumulus Investments (Recurring payment)	AEB2007 (10/2018)
Cumulus Investments (One off payment)	
Nimbus Investments	
Stratus Endowment	
Sanlam Tax-free Investment : Core	
Sanlam Tax-free Investment : Comprehensive	
Stratus Endowment: Continuation (Quote only cannot Auto-nub)	AEB2013 (10/2018)
LISP	
Stratus Linked Education Plan	AEB2008 (10/2018)
Stratus Linked Investment – Committed Plan	
Stratus Linked Investment – Flexible Plan	
Retirement products (New Business / Alterations on R39C product)	
Retirement Annuities	
Cumulus Echo Retirement Plan: Core	AEB2007 (10/2018)
Cumulus Echo Retirement Plan: Comprehensive	
Cumulus Flexi Retirement Plan: Core	
Cumulus Flexi Retirement Plan: Comprehensive	
Stratus Retirement Annuity: Continuation (Quote only cannot Auto-nub)	AEB2013 (10/2018)
PPS Retirement Annuity: Continuation (Quote only cannot Auto-nub)	
Preservation Funds	
Cumulus Echo Pension Preserver (Quote only cannot Autonub)	AEB2030 (10/2018)
Cumulus Echo Provident Preserver (Quote only cannot Autonub)	
OfficeQuote	
Non-Stratus	
Life Annuities	
Inflation Linked Income with Capital Preservation Option/ Life Annuity (P2/3)	AEB2007 (10/2018)
Capital Protection Option (Compulsory) (P27)	
Stratus / Stratus Premier	
Investment Plans	
Guaranteed Income (Income only)	AEB2007 (10/2018)
Guaranteed Return	
Guaranteed Investment	
Stratus Provident Funds	
Stratus/ Stratus Premier Endowment for Provident funds	AEB2007 (10/2018)
Nimbus / Cumulus	
Cumulus fixed return	AEB2007 (10/2018)
Cumulus Fixed return with income	


### The following products are not available on SanQuote or OfficeQuote

Product	Application Form
Term Annuities (P1) – available on Mainframe/Jistel	AEB2056
Sanlam SKY My Choice Funeral Plan (Accredited Advisors and Brokers)	TR3666
Cumulus Fixed Return / Cumulus Fixed Return with Income	AEB2002

### The following transactions cannot be submitted with Autonub

Product	Application form
<b>Conversions</b>	
Cumulus Echo Pension/ Provident Preserver	AEB2018
Stratus Provident Funds	AEB2046
Stratus Endowments/PPS-RA/Cumulus Echo Retirement Plan/Cumulus Echo Retirement Plan for Graduates and Professionals (form without list of investment funds)	AEB2062
Stratus Endowments/PPS-RA/Cumulus Echo Retirement Plan/Cumulus Echo Retirement Plan for Graduates and Professionals (form with list of investment funds)	AEB2009
Cumulus Echo RA/Cumulus Echo RA for Graduates and Professionals (shortened form)	AEB2123
<b>Continuations</b>	
Cumulus Continuation for Guaranteed Return (Quote from product support cannot Auto-nub)	AEB2083
<b>Alterations</b>	
Preservation Pension / Provident Funds Topaz/Stratus Pension / Provident Preserver Provident Funds Topaz / Cobalt for Professionals Personal Retirement Plan Stratus / Cobalt for Professionals Linked Retirement Annuity Topaz / Stratus Linked Pension Fund Booster	AEB2028  Electronically prepared application attached to quotation
Endowment Edufocus Sinking Fund Halala Savings Plan Topaz Personal Investments Stratus Linked Investments Topaz / Stratus Linked Savings Plan	AEB2091 (shortened form for specific instances)  AEB2029
Stratus International Retirement Annuity	AEB2026
Stratus International Endowment	AEB2025
Stratus/Glacier Guaranteed Income/Return	AEB2027


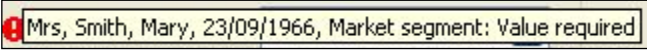

## Autonub Quick Guide – SanQuote Desktop

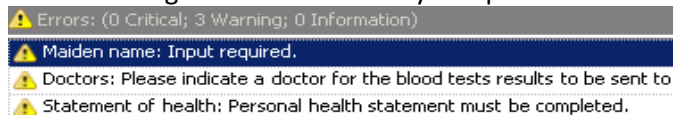
Once the quote has been finalised, click on  Complete electronic application in the General Options menu on the top left of the screen. You can now complete the application details.






### Basic Questions

1. Begin by completing the plan number and answering the question regarding Tele-underwriting. If the question regarding Tele-underwriting does not appear and the plan does include risk benefits then this is because the client is rate group 1 which does not qualify for Tele-underwriting.





### Details of plan holder, payer, beneficiaries etc. (role players)

2. Double click on the client's name (Life assured, plan holder, payer). If the client is also the payer, keep the  payer checkbox at the top of the page ticked. Complete all the applicable information for the party. Use the scrollbar on the right to move down to complete all fields. Fields that need to be completed are indicated with an exclamation mark in a red circle. To get help on what is required in each field, move your cursor over the exclamation mark. 
3. When all questions are complete, click on  Validate person at the top left corner of the screen, so that the program can scan through the fields and ensure that they are all fully and correctly completed. If any information is missing or incorrect, this will be shown at the bottom of the screen by means of an exclamation mark in a yellow triangle. To capture the correct information, double click on the error message. This will take you directly to the missing information for easy completion.



4. When there are no more errors shown after clicking , click on the  button at the bottom of the page to return to the main screen.
5. Should it be necessary to add an additional role player (e.g. beneficiary), click on  and then on . Complete the screens as before.
6. Repeat this step until the information of all parties has been completed and validated without any errors and .
7. Scroll down to complete all other fields as needed.

### Finalising application




8. When all screens have been validated and there are no more errors, proceed by clicking on  Finalise application on the left under General Options.
9. The complete application will display.
  - a. **Application documents** Will have all the documents for example, the application form, quote and declaration (which can be printed for client to sign).  
**Other documents**
  - b.  **Required documents checklist** Checklist for required documents that can be attached.
  - c. **Document Options** Gives you the opportunity to print / e-mail / or save a PDF file in the clients document folder.
10. Click on  Auto new business
11. Type in your e-mail address (for confirmation of receipt) and click on **Add** to attach (scanned) documents (declaration, copy of id, FAIS document/s) that need to be sent to Head Office.
12. Click on  Submit to Sanlam to send everything to Head Office for processing (remember you have to be connected at this stage) and a message will appear "Application successfully sent to Sanlam". You will also receive an e-mail to confirm that Sanlam's New Business department has received your application.





## Autonub Quick Guide – SanQuote Web (SanPort – Secure Services – SanQuote)

1. Once the quote has been finalised, click **>>Continue With Application**. You can now complete the application details.

2. Start by completing the **Application Details**. Each time a screen is ‘Submitted’ it will be checked and you will be guided to make any necessary corrections before continuing. Use the icons as follows:

	Use these to add additional persons e.g. a beneficiary, payer, etc. or institution such as a cession.
	Click the icon to check and verify all the plan details – THIS IS COMPULSORY
	This icon will collapse the Application Details table

3. Now continue with the next section – **Plan Details** – by clicking on . Complete all the questions. Remember you can now use the **Request Plan Number** option instead of manually entering a number. Click on **Submit**.

4. The next section relates to all the persons involved in the plan (**Parties/Roles**). Click on . Work your way systematically through the menu on the left for each party to ensure that you complete all screens. Click on **Submit** at any time to check the information and see what is missing. When complete click on **Submit**.

5. Before clicking on **Finalise** ensure that all information has been captured e.g. did you remember to add the beneficiary?

6. The next screen shows all the relevant documents which have been completed and will be included with submission. Remember to check the **Required Documents Checklist** to ensure that you have everything you need to submit. If you have not elected to use Tele-Underwriting you will need to click on **Health Statement** to answer all questions relevant to this application. Once all sections have been completed and submitted you will be able click on **Finalise**.

7. To complete, click on **Auto New Business**.

8. On the final screen, click the drop down to select your email address – this is important for the acknowledgment of receipt of the application from the New Business server. To attach supporting documents such as the Declaration Form, click on the + icon.

- Click on **Browse** to find the document on your computer’s drive.
- Click the **Type** dropdown to specify what this document is. Please choose carefully as this can be the difference between your application being issued quickly or delayed.
- Repeat this process for each document and finally click on **Start Upload** to finalise.
- All documents will be added.

9. Once you are certain all relevant documents have been attached, click on **Submit** to send your application to New Business. You should receive an acknowledgement of receipt from the server within a few minutes.



### Data Capture form for Sanlam Autonub (page 1 of 2)

Which declaration form must be used?	Stratus Linked Investment, Stratus Linked Savings Plan, Stratus Savings Plan, Sanlam Linked Education 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: / Passport 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 and additional 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

## Data Capture form for Sanlam Autonub (page 2 of 2)

### 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: / Passport Number:						
Date of Birth (foreigner)						
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 <sup>st</sup> 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

## Guide to completion of declaration forms

### AEB2008 – Stratus Linked Investments, Stratus Linked Savings Plan and Stratus Savings Plan

Declaration/ Signature and page numbers	Information declared and/or consent given	Who must sign?
<b>NB - Every field/block on page 1 must be fully completed including the Plan and Quotation Number</b>		
1.32 on page 3	<ul style="list-style-type: none"> <li>General information of application.</li> <li>Intermediary fees (paragraphs 1.12 and 1.13)</li> <li>Fund-based fee (paragraph 1.14)</li> <li>Authorisation to SanLink to act on behalf of applicant (paragraph 1.27)</li> </ul>	<b>Applicant</b> (always compulsory).
2 on page 3	Consent to deduct recurring payments from bank account (only for debit order).	<b>Debit order payer</b> , even if applicant and payer are the same person / institution.
4 on page 4	Intermediary's information.	<b>Intermediary</b> and key individual (where applicable).

### AEB2007 – All other products (not mentioned above for AEB2008)

**Only complete and submit the pages of the form which apply to the specific client and product which is being applied for.**

Pages	When to complete
<b>NB - Every field/block on page 1 must be fully completed including the Plan and Quotation Number</b>	
1 and 2	Savings products (without Waiver of Premium)
1, 2 and 3	All risk products (including Stratus with Waiver of Premium)
1, 2 and 4	Retirement Annuity with investment review fee, Pension with Capital Repayment (Plans 5 & 6), Pension Preservation Fund, Provident Preservation Fund and Investment Plans which must be issued as Private Pensions
Page	What is included
1	Applicant's details, replacement details and checklist of documents seen by client
2	Signatures of role players, authorisation by payer and intermediary's details
3	Questions related to medical examinations for risk products and signature of spouse(if married in community of property and someone else is nominated as beneficiary or other ownership)
4	Service fees, declaration by employer (for Preservation Funds) and particulars of transferring fund



This is an example of how the electronic declaration must be completed

10/2018

## Declaration for electronically submitted proposal / application / alteration

Policy/Plan number: 44112233x9  
44112239x0

Quotation/Option no: 276  
279

The plan numbers and the quotation numbers must be completed before the electronic declaration is signed by the plan holder and lives insured.

NB: Complete all applicable fields in print.

Note: The declaration can be used for 3 different products for the same Plan holder

Page 1

### 1. Declaration by proposer/applicant (Must always be completed)

I, Siphon Kumalo

ID no/Passport no/Registration no: 6109115660089

The names, surname and ID number must be completed as it appears on the ID document.

(name/registered name of entity),

- 1.1 This declaration forms part of my proposal/application/alteration for the above-mentioned policy/plan.
- 1.2 I guarantee that the paragraph, Replacement of a financial product, in the electronic application, has been filled in correctly.
- 1.3 The following documents have been given to me. I have received Intermediary's permit ☒ Product quotation ☒ **FAIS legislation! Must be selected.** *Amulius Echo Retirement Plan*
- 1.4 I am aware that in terms of the Financial Advisory and Intermediary Services Act, 37 of 2002 (FAIS), I may request a copy of any document that I or someone on my behalf submitted to Sanlam Life that pertains to this application.
- 1.5 Apart from this declaration, my proposal/application consists of information I gave the intermediary verbally and where applicable, a personal health statement. I understand and agree that:
  - this information will be captured and recorded electronically in a computer;
  - this declaration form, as well as all other documents concerning this transaction, will be recorded in Sanlam Life's computer system;
  - no physical records will be retained of this transaction which will be deemed to have been completed in the normal course of Sanlam Life's business;
  - Sanlam Life's computer system records will for all purposes form the record of this policy/plan and may be used as evidence in any proceedings.
- 1.6 If this is an application for cover and I have selected that the underwriting questions for such cover should be asked by telephone, Sanlam Life will consider the application for cover on the basis of what information was supplied during this telephone conversation.
- 1.7 If this is a proposal/application for a retirement annuity, I apply for it on behalf of the RA fund concerned. If I am not yet a member of the fund, this proposal/application also serves as my application for such membership, and the rules of the fund will be binding.
- 1.8 I guarantee that any information provided to Sanlam Life concerning my proposal/application is complete and correct. This also applies to information which Sanlam Life regards relevant to the specific insurance risk and which is contained in any other document signed or provided by me or by a person whose life is to be insured under this policy/plan.
- 1.9 If any of the information given, changes before Sanlam Life's obligations under this policy/plan take effect, I will immediately notify Sanlam Life about it in writing.
- 1.10 If I fail to disclose information which could influence Sanlam Life's assessment of the risk and the acceptance of my proposal/application, or if information about the insurance risk is incomplete or incorrect, this could invalidate this transaction or cause Sanlam Life to cancel the policy/plan in which event all premiums/payments in terms of this policy/plan will be forfeited.
- 1.11 Assuming Sanlam Life accepts my proposal/application, I accept that this policy/plan comprises:
  - this declaration form and where applicable, a personal health statement;
  - my proposal/application consisting of the information I submitted verbally and which is recorded in Sanlam Life's computer system;
  - any other information provided in connection with my proposal/application; and
  - the provisions contained in a policy/contract document to be issued.
- 1.12 Accepting that I am curtailing my right of privacy, but to facilitate the assessment of the risks and the consideration of any claim for benefits under a policy/plan related to this or any other proposal/application made by me, or in respect of me as a life insured, I irrevocably authorise Sanlam Life, for insurance purposes, to:
  - obtain from any person or institution, whom I hereby so authorise and request to give to Sanlam Life, any information which Sanlam Life deems necessary, and
  - share, at any time (even after my death), with other insurers – either directly or through a data base operated by or for insurers as a group, and in such detailed, abbreviated or coded form as may from time to time be decided by Sanlam Life or by the operators of such database – that information and any information contained in this proposal/application or in any related policy/plan or other document.

I indemnify Sanlam Life and its directors, agents, intermediaries and employees, as well as any other person, against any claim arising from the provision and/or disclosure of such information.
- 1.13 In terms of the Prevention of Organised Crime Act (number 121 of 1998), I confirm that the funds with which any payment is or will be made to Sanlam Life, in terms of this policy/plan, are derived from a lawful source. In addition, I declare myself willing to answer any questions with regard to the origin of such funds and to provide additional information as and when it may be required by Sanlam Life.
- 1.14 All insurers who are members of the Association for Savings and Investment South Africa (ASISA) share policy/plan information on a central Register to keep track of and ensure proper handling of replacement of financial products, whether it concerns this proposal/application now or in future. This information is protected and can only be accessed by authorised persons. To enable such authorised persons to access my policy/plan information, I hereby give consent that my information may be used on the Register of ASISA.
- 1.15 I declare that if I sign on behalf of a legal entity, if applicable, that I have been authorised to do so.
- 1.16 I acknowledge that Sanlam Life may be required to submit the regulatory reporting details provided herein to SARS who may share it with my local tax authority to adhere to the Foreign Accounts Tax Compliance Act ("FATCA") and the Organisation for Economic Co-operation and Development's ("OECD") Common Reporting Standard ("CRS").
- 1.17 I understand that the Spouse protector and Child protector rider benefits have pre-existing exclusions, waiting periods and a suicide clause, all of which are explained in the quotation.

Sanlam Life is a Licensed Financial Services and Registered Credit Provider (NCRCP43)

## Declaration Form – Template to assist in completing the form – Page 2 of 4

Policy/Plan number(s):	44112233x9	44112239x0	<b>Page 2</b>
Quotation/Option number:	276	279	

**NB: Complete all applicable fields. Please print.**

**1.18** Waiting periods on the Funeral benefit (if applicable)

I understand that:

- a benefit will not be paid if the life insured dies from natural causes within the first 6 months from the issue date of the benefit, and that only 50% of the benefit will be paid if the life insured dies from natural causes within the next 6 months of the benefit.
- a benefit will not be paid if the life insured commits suicide within the first 24 months of the benefit.
- if the cover amount of the benefit is increased, other than through benefit growth, the above waiting periods will apply on the increased part of the cover amount from the effective date.

**1.19** I have read and understand the section on Protection of Personal Information and the purposes set out therein.

**Place of signature and date must be completed and the date may not be before the date of the quotation.**

**2. Signatures** (applicable to declaration 1, annexure 1 paragraph 1 and/or 2, and/or

<p>Signature of proposer/applicant (i.r.o. Declaration 1 and paragraph 1 and/or 2 of annexure 1, where applicable)</p> <div style="border: 2px solid red; padding: 5px; text-align: center; margin-top: 10px;"> <b>Signature of Plan holder</b> </div>	Place	Cape Town	Date (DDMMCCYY)	21 January 2019
<p>Signature on behalf of proposer/applicant (i.r.o. Declaration 1 and paragraph 1 and/or 2 of annexure 1, where applicable)</p> <p><small>The person acting on behalf of the applicant confirms the declaration above as well as details provided elsewhere on behalf of the applicant. As far as is required by law with regard to any person and/or aspect herein, this person grants the necessary consent and/or assistance or, depending on the case, acts in a representative capacity. The AEB2131 MUST also be completed for the detail of the person acting on behalf of the applicant.)</small></p>	Place		Date (DDMMCCYY)	
<p>Signature of/on behalf of life insured (if someone other than proposer/applicant) (i.r.o. Paragraph 2 of annexure 1 and/or paragraph 1 of annexure 2, where applicable)</p>	Place		Date (DDMMCCYY)	
<p><b>Note: Where only the Funeral benefit is applicable to a life insured, the proposer/applicant also signs on behalf of such life insured.</b></p>				
<p>Signature of co-life insured or second life insured (i.r.o. Paragraph 2 of annexure 1, where applicable)</p>	Place		Date (DDMMCCYY)	

**3. Authorisation by payer**

I, \_\_\_\_\_ (first names & surname/ID-no/Passport no/registered name of entity), Registration no: \_\_\_\_\_

authorise Sanlam Life to arrange with my bank to collect the premiums/payments due on this policy/plan, as indicated on the quotation, from my bank account (wherever it may be). The premiums/payments may be extended from time to time.

New deduction date (only applicable to alterations) \_\_\_\_\_

Initials and surname of authorised official or other party \_\_\_\_\_ 2131 for details of this party)

The reference number on your bank statement will start with "SANLAM" or "SANLAMNUB".

**We hereby declare that** (only if RA and the payer is

- we understand and are aware that Section 13A of the Pension Funds Act, 1956 is applicable and the implications thereof;
- contributions do not qualify for tax deduction in terms of Section 11(l) of the Income Tax Act, 1962;
- participation for employees is on a voluntary basis and not compulsory.

Signature of payer or authorised official (i.r.o. Declaration 3)	Date (DDMMCCYY)
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**4. Declaration by intermediary**

I, Joe Soap (first names & surname), hereby declare that:

- I have disclosed the intermediary's permit, health statement (if applicable) and product quotation to the proposer/applicant.
- I have explained the meaning and possible detrimental consequences of replacement of a financial product to the proposer/applicant, if applicable.
- I understand and accept that if this policy/plan is replaced, I will have no right of recovery or any other rights or claims against either the proposer/applicant or against Sanlam Life for the payment of any money to me. (If applicable.)
- I have read and understand the meaning of paragraph 1 of annexure 2. I agree that if Sanlam Life complies with an instruction as stated, I will have no right of recovery or any other rights or claims against either the proposer/applicant or against Sanlam Life for the payment of any money to me. (If applicable.)
- I have explained to the proposer/applicant the implications of section 54 of the Long-term Insurance Act regarding the restriction period. (If applicable.)
- I have obtained and seen the identification documents of all applicable parties and verified that the information corresponds with that on this application form.
- I am authorised to market this product and that in terms of the Financial Advisory and Intermediary Services Act and its sub-legislation, I have not been debarred nor has any authorisation given to me been withdrawn or suspended, or lapsed.

**Intermediary to complete and sign.**

Signature of intermediary (i.r.o. Declaration 4)	Place
	Cape Town
<p>Co-signature of supervisor/line manager where the intermediary is a Sanlam adviser who must still provide proof of the required product skills</p>	
First name(s) and surname:	Code:



## Declaration Form – Template to assist in completing the form – Page 3 of 4

Policy/Plan number(s):	44112233x9	44112239x0	Page 3
Quotation/Option number:	276	279	

**NB: Complete all applicable fields. Please print.**

### Annexure 1 (Must be completed when risk is applicable)

#### 1. Declaration by applicant in respect of HIV/other tests

I understand and accept that

- the lives insured have to understand and agree to all the terms and conditions set out in the lives insured declaration in paragraph 2, which must also be signed by him/her;
- if Sanlam Life requires the lives insured to undergo an HIV blood test:
  - the lives insured must undergo an HIV test before this application will be processed;
  - Sanlam Life reserves the right to require the lives insured to undergo other blood tests in order to continue with the processing of this application;
  - Sanlam Life will refuse to accept this application unless the lives insured undergo an HIV test and/or other blood tests required by Sanlam Life and such tests render a negative/required test result.

#### 2. Declaration by life insured (co-life insured/second life insured – where applicable) in respect of HIV/other tests and/or other insurance information (if applicable). If the life insured is under age his/her guardian must always sign. (If the life insured can and does sign, the guardian co-signs.)

- I confirm that all information provided by me is complete and correct, whether given verbally, recorded electronically or as contained in any document.
  - I have read and understand the contents of the above declaration made and signed by/on behalf of the proposer/applicant.
  - I have read and understand the section on Protection of Personal Information and consent to the processing of my personal information for the purposes set out therein.
  - I hereby give consent to Sanlam Life to disclose to the intermediary any medical information that, during the underwriting process, has led to a premium/payment loading being added, an exclusion being applied, or to the decline of the total policy/plan or part thereof. This will enable the intermediary who has assisted me in this application to explain such loading, exclusion, or decline to me and provide me with further advice. I also give consent to Sanlam Life to provide such medical information to the doctor nominated in my application (if applicable)
  - I am aware that plan benefits and cover amounts will be approved based on medical, financial, lifestyle and occupational information I provide. This information will be used in Sanlam Life's decision to provide me with cover, to determine the payments charged for this cover and whether or not to add exclusions and/or loadings. It is therefore my responsibility to ensure that the information I provide is correct and complete. If Sanlam Life later determines that there is any information that I have not provided that might have affected their decision, it may result in exclusions and/or loadings being added to benefits, or even the benefits being cancelled. Plan benefits may also be reduced or even refused if a claim is submitted in future.
  - I understand and hereby agree that if, for purposes of processing this proposal/application, Sanlam Life requires me to undergo an HIV test and/or another blood test
    - I will undergo such a test. (I understand the importance of being fully informed about my having to undergo an HIV test and I fully understand the implications thereof);
    - any such HIV blood test must be done only according to the Association for Savings and Investment South Africa (ASISA) prescribed rules;
    - Sanlam Life reserves the right to require that I undergo other blood tests and also reserves the right to require that further tests be done on the sample of my blood. If Sanlam Life requires me to undergo other blood tests, I agree to do so.
  - I agree to undergo a cotinine test to measure serum nicotine levels, if Sanlam Life requests it.
  - If, in complying with a requirement by Sanlam Life, I should undergo any HIV test and/or other blood test, I indemnify Sanlam Life and its directors, agents, intermediaries and employees, as well as the person who takes the sample of my blood and the person who performs such test on that sample, against any claim of whatever nature which may be brought against Sanlam Life and/or against any of these persons as a direct or indirect result of any such test.
  - Accepting that I am curtailing my right of privacy, but to facilitate the assessment of the risks, and the consideration of any claim for benefits under a policy/plan related to this or any other proposal/application made in respect of me as a life insured, I irrevocably authorise Sanlam Life, for insurance (including reinsurance) purposes, to:
    - obtain from any person or institution, whom I hereby so authorise and request to give to Sanlam Life, any information which Sanlam Life deems necessary, and
    - share, at any time (even after my death), with other insurers (including reinsurers) – either directly or through a data base operated by or for insurers as a group, and in such detailed, abbreviated or coded form as may from time to time be decided by Sanlam Life or by the operators of such data base – that information and any information contained in this proposal/application or in any related policy/plan or other document.
- I indemnify Sanlam Life and its directors, agents, intermediaries and employees, as well as any other person, against any claim arising from the provision and/or disclosure of such information.

- Sanlam Life has specific risk products for HIV positive lives. If your HIV test result is positive, you can contact Sanlam Life at 0860 000 121, or your intermediary.

Alternatively, would you prefer Sanlam Life to contact you? ☐ Yes ☐ No Please initial if you require direct contact \_\_\_\_\_

#### 3. Declaration by proposer's/applicant's spouse (Only if they are married in community of property AND a nomination for policy/plan-ownership is placed concurrently with the proposal/application)

I, \_\_\_\_\_ (first names & surname), ID-no/Passport no: \_\_\_\_\_

declare that I consent to this nomination for policy/plan-ownership.

Signature of spouse (i.e. paragraph 3 of Annexure 1)	Place	Date (DDMMCCYY)
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**Declaration Form – Template to assist in completing the form – Page 4 of 4**

Policy/Plan number(s):	44112233x9	44112239x0		<b>Page 4</b>
Quotation/Option number:	276	279		

**NB:** Complete all applicable fields. Please print.

**Annexure 2 (Must be completed if**

- there is an investment advice agreement between the life insured and the Fund
- Preservation funds are applicable
- Private pension is applicable.)

**1. Fees – Investment advice agreement between the life insured and the Fund: (applicable to Retirement Annuity, Preservation Fund, Provident Fund or International Retirement Annuity)**

- I want to receive on-going investment advice for my retirement investment.
- I understand that this advice is an optional service that is in addition to and not part of other services rendered for my retirement policy/plan.
- I request the Fund to pay a fund-based fee /investment review fee to the intermediary, nominated by me, who provides this advice.
- I understand that I may instruct the Fund at any time to change this fee, or to stop paying it.
- I understand that Sanlam Life, as the administrator of the Fund and on instruction of the Fund, will pay this fee on a monthly basis in rand on behalf of the Fund.
- I understand that this fee is deducted monthly from the fund value of my policy/plan by means of a withdrawal to the value of the monthly fee.
- I understand that this fee is linked to and fluctuates with the fund value of my policy/plan.
- I understand that the Fund is not responsible for the correctness, completeness or quality of this advice.
- I agree that until I instruct the Fund otherwise, the fee payable, expressed as a yearly fee, is the percentage of the fund value specified in the product quotation.

**Note:** No fee will be payable if not so indicated in the product quotation.

**2. Details and declaration of employer (only applicable to Preservation Funds)**

Name of employer

The employee was in the service of the employer from

(DD/MM/CCYY) to

(DD/MM/CCYY).

Certified as true and correct to the best of my knowledge.

Signature of Manager/  
Secretary (Employer)  
(i.r.o. paragraph 2 of  
Annexure 2)

Date (DDMMCCYY)

Official stamp of employer

**3. Particulars of the transferring fund and consent (Private Pension)**

Name of transferring fund

I, the undersigned, duly authorised, declare that:

The Fund hereby authorises Sanlam Life to issue a compulsory term annuity/life annuity on the life/lives of the life/lives insured, with the life insured as owner.

Signature of authorised person

Date (DDMMCCYY)

Official stamp

Place

**4. Consent by cessionary to alteration of policy / plan**

I agree that the above policy/plan may be changed as set out in the application form.

Signature of cessionary

Date (DDMMCCYY)

Official stamp

Place



## FICA PDD (Party Due Diligence) Requirements

<p><b>SA COMPANY</b></p> <ul style="list-style-type: none"> <li>• <u>Either</u> CM1 (companies registered in the old regime) <u>or</u> CoR14.3 - previous CM1 (certificate of incorporation) <u>or</u> Certificate of Confirmation / Disclosure Certificate (certificate issued by CIPC) <u>OR</u></li> <li>• <u>Either</u> CM22 <u>or</u> CoR21.1 (Notice of registered office and postal address) – <i>only applicable if the CM1 / CoR14.3 did not display these addresses</i> <u>OR</u></li> <li>• SM9 <u>or</u> CoR14.3 (certificate of name change) – <i>only if applicable</i> <u>AND</u></li> <li>• <b>ALWAYS</b> Resolution to act on behalf of the company <u>AND</u></li> <li>• Letter from auditor or accountant on official letterhead confirming all shareholders, beneficial owners and silent partners of company <u>AND</u></li> <li>• AEB2131 &amp; ID's for all shareholders &amp; beneficial owners</li> </ul> <p>NOTE: <u>Company with only 1 director</u>, resolution must be provided declaring no other person appointed for signing rights</p>	<p><b>FOREIGN COMPANY</b></p> <ul style="list-style-type: none"> <li>• Official document issued by the foreign country reflecting the name, number and address of the company (Certificate of incorporation) <u>AND</u></li> <li>• Resolution to act on behalf of the company, duly signed, <u>AND</u></li> <li>• Letter from auditor or accountant on official letterhead confirming all shareholders, beneficial owners and silent partners of company <u>AND</u> AEB2131 &amp; ID's for all shareholders &amp; beneficial owners</li> </ul> <p><b>SOLE PROPRIETORSHIP</b></p> <p>Sole Proprietorship to be handled as natural person</p> <p><b>TRUST</b></p> <ul style="list-style-type: none"> <li>• Trust Deed <u>or</u> other founding document in terms of which the trust is created <u>AND</u></li> <li>• Resolution signed by all trustees as per the letters of authority <u>AND</u></li> <li>• Letter of Master of High Court <u>AND</u> AEB2131 &amp; ID's for all trustees, trust beneficiaries and founder.</li> </ul> <p><b>PARTNERSHIP</b></p> <ul style="list-style-type: none"> <li>• Partnership Agreement <u>AND</u></li> <li>• Resolution signed by all partners to act on behalf of the partnership <u>AND</u></li> <li>• Over and above the requirements of sections 21 and 21A to establish and verify the identity of every partner in a partnership [21B (3)] This includes every member of a partnership and commensurate (a partnership where the liability of certain partners who contribute a fixed amount and who remain undisclosed as partners, is limited according to the partnership agreement)</li> </ul>	<p><b>OTHER LEGAL ENTITIES</b></p> <ul style="list-style-type: none"> <li>• Constitution <u>or</u> founding document in terms of which the legal person is constituted <u>AND</u></li> <li>• Resolution to act on behalf of legal entity, duly signed <u>AND</u></li> <li>• Letter from auditor or accountant on official letterhead confirming all beneficial owners, silent members of company (where applicable) <u>AND</u></li> <li>• AEB2131 &amp; ID's for all beneficial owners, members etc.</li> </ul> <p><b>CLOSE CORPORATION</b></p> <ul style="list-style-type: none"> <li>• CK1 (founding statement) duly stamped <u>or</u> Certificate founding statement <u>OR</u></li> <li>• CK2 (amended founding statement) <u>AND</u></li> <li>• <b>Always</b> Resolution to act on behalf of the company <u>AND</u></li> <li>• Letter from auditor or accountant on official letterhead confirming control structure ie members, beneficial owners, silent members <u>AND</u></li> <li>• AEB2131 &amp; ID's for all members</li> </ul>
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## List of Documents which may be attached to an electronically submitted application

### Helpful Hints

- In order to attach documents to an application, these documents must first be saved on the local drive of the computer being used for the submission.
- The documents must be saved in standard formats such as PDF, Word or image files such as TIF and JPG.
- It is recommended that documents are scanned in black and white or greyscale and at a minimum resolution of 200 DPI (dots per inch).

Description on SanQuote	When is this document required
Appointment of beneficiaries for Death and Funeral Benefit (AE3000)	If beneficiaries were not captured when application was completed.
Confirmation of changes by intermediary (AEB2061)	Only if changes to the application are requested by the Intermediary after consultation with the client.
Confirmation of underwriting information by intermediary (AEB2124)	Confirmation of information for purposes of underwriting (only when requested by the underwriters).
Copy of passport	Copy of passport.
Copy of RSA Identity document	Copy of RSA ID document
Debit order	Debit order form if information could not be captured when application was completed.
Declaration (AEB2007 / AEB2008)	Declaration - compulsory on all (non-Express) applications.
Declaration by manager to use ANB process (NUB005AE)	Only for Advisers who require management authorisation to make use of Autonub for submissions.
Documentary proof of income by life insured	If a Salary statement is necessary. Compulsory with stop order method of payment.
FAIS: Record of advice or product guidance (FAD document)	Record of advice – compulsory for Sanlam advisers. (Generated using SanFin).
FICA: Identification and verification (AEB2031/ AEB2033)	When identification and verification of client is necessary for FICA purposes.
Foreign clients questionnaire (AE4006)	When client is not a South African citizen.
Key person insurance questionnaire (AE4005)	In the case of business assurance where cover for a Key Person is being applied for.
Medical questionnaire by the life insured	Any additional questionnaire completed by the client in respect of medical conditions e.g. Asthma Questionnaire.
Nomination for plan-ownership (AE2953)	When there is a nomination for plan ownership (at death of plan holder).
Odds authorisation	In cases where the Odds percentage is high and the application requires authorisation by management.
Other	Only used when no other suitable description for the specific document to be attached can be found in the list.
Overhead expenses questionnaire (AE4004)	In the case of business assurance where cover for overhead expenses is applied for.

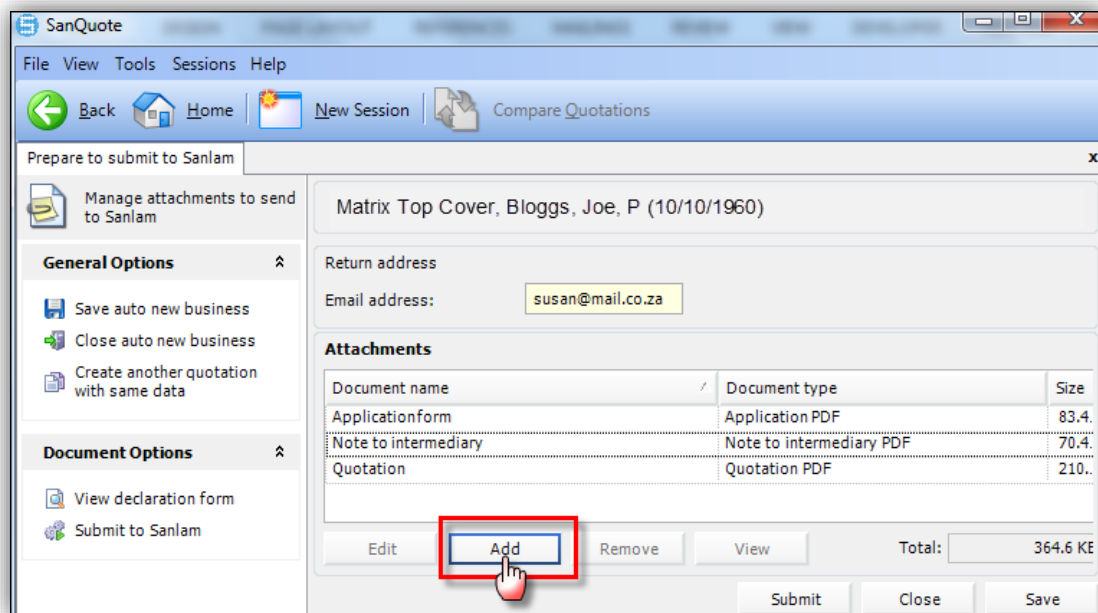
Continued on the following page

## List of Documents which may be attached to an electronically submitted application

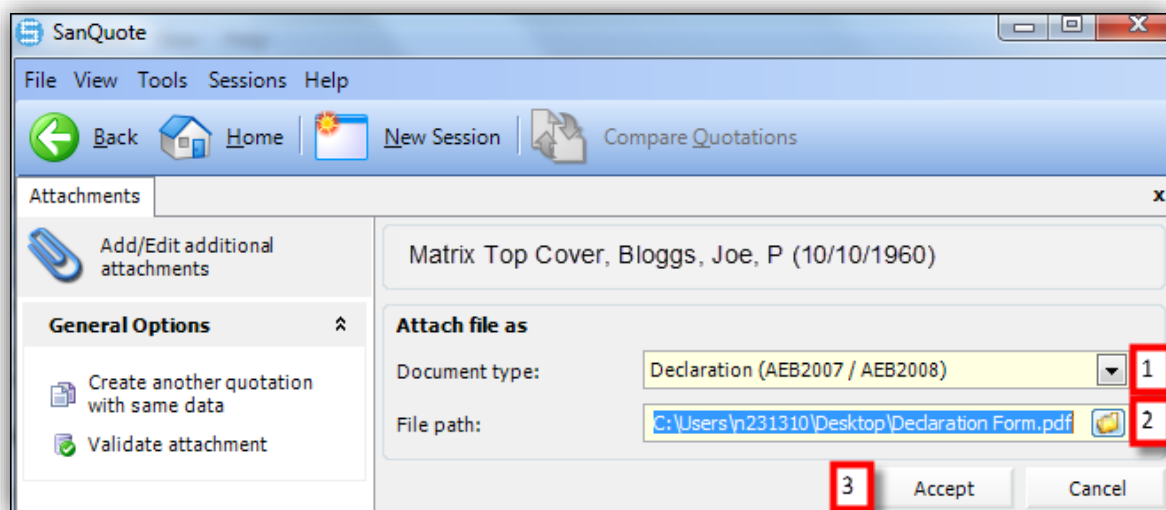
Description on SanQuote	When is this document required
Personal health statement (AEB59)	If the health statement was not captured when the application was completed and a non-Express risk product is applied for.
Proof of payment deposit slip	If a payment (first payment, single payment, etc.) was made to Sanlam's bank account in respect of the application.
Replacement policy advice record (AE2794)	If application is a replacement - ASISA replacement form (1 <sup>st</sup> of 2 forms required).
Residence outside the Republic of South Africa or Namibia (AEVL07)	If client resides outside the border of SA.
Stop-order	If payments will be made by Stop-order.
Supplementary information in respect of Diving (AE98)	If client participates in underwater diving.
Supplementary information in respect of Flying activities (AE97)	If client participates in aviation activities.
Supplementary information in respect of Motorsport (AE96)	If client participates in motorsport.
Dependants for Reality (AEB2125)	If application includes membership of Reality and dependent details are required.
FAIS Product Comparison at replacement (AEB2065)	If application is a replacement (2 <sup>nd</sup> of 2 forms required).
Statement of health for Express Cover (AEB60)	In the case of an application for a Matrix Express risk product and the health statement was not captured when the application was completed.
Declaration for Express Cover (AEB2078)	Declaration for Matrix Express risk cover - compulsory for all Matrix Express applications.
Severe Illness Upgrade campaign: Medical questionnaire (AE4041)	Medical questionnaire only applicable in respect of the Severe illness upgrade campaign.
Option letter	If the application is in respect of a proof-free option which is being exercised.
Identification and verification of controlling person/beneficial owner	If identification and verification of a controlling person / beneficial owner is needed (FICA – Party Due Diligence legislation) (AEB2131).

## Attaching Supporting Documents – SanQuote Desktop


1. To demonstrate, the Autonub Declaration Form will be used as an example. Complete and sign the declaration form. Scan and save on the computer in a folder of your choice e.g. Windows desktop.
2. Complete the application and on the 'Prepare to submit to Sanlam' screen click **Add**.

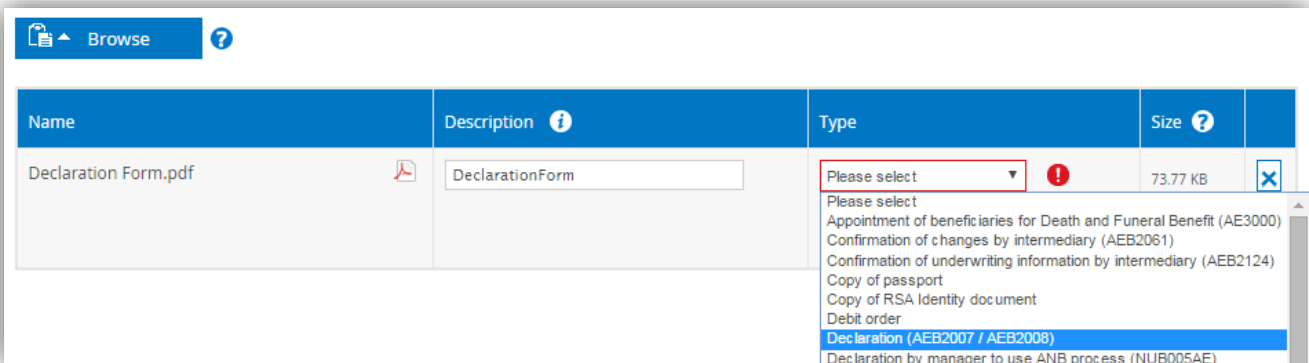



3. Adding the document is a 3-step process:
  - Step 1 (Document Type) – Click the dropdown and select 'Declaration (AEB2007/AEB2008)'.
  - Step 2 (File Path) – Click the browse button to navigate to and double-click on the declaration form which was scanned and saved at point (1) above.
  - Step 3 – Click Accept to save.



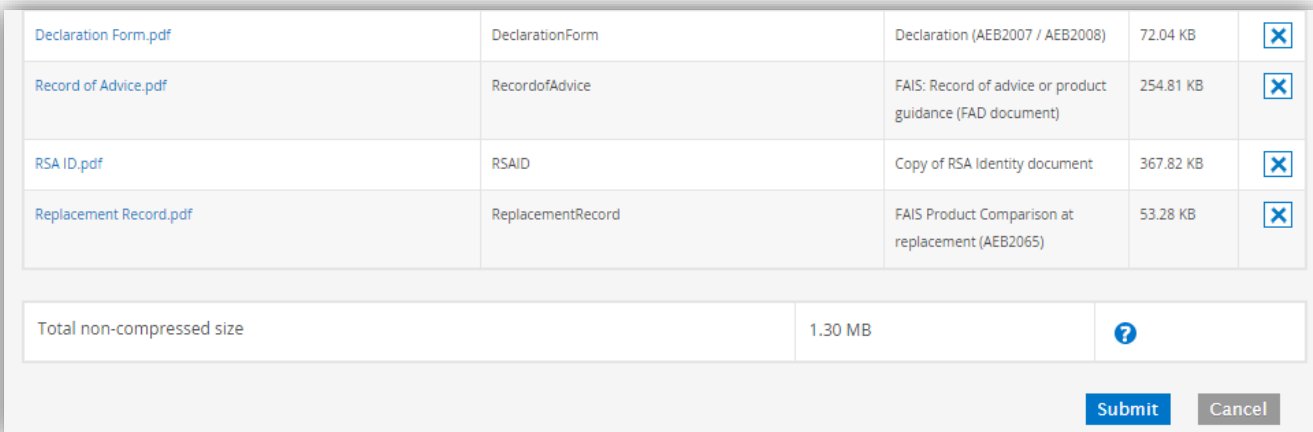
## Attaching Supporting Documents – SanQuote Web





1. To demonstrate, the Autonub Declaration Form will be used as an example. Complete and sign the declaration form. Scan and save on the computer in a folder of your choice e.g. Windows desktop.
2. Complete the application and on the 'Attachments' screen click on .
3. Click **Browse** to find the document where it was saved. Click **Open** to continue.
4. Click the **Type** dropdown to select the type of document. It is critical to correctly identify each document attached.




Name	Description	Type	Size	
Declaration Form.pdf	DeclarationForm	Please select Please select Appointment of beneficiaries for Death and Funeral Benefit (AEB3000) Confirmation of changes by intermediary (AEB2061) Confirmation of underwriting information by intermediary (AEB2124) Copy of passport Copy of RSA Identity document Debit order <b>Declaration (AEB2007 / AEB2008)</b> Declaration by manager to use ANB process (INUB005AE)	73.77 KB	

5. Once all documents have been selected in this way, click **Start Upload** to save all documents to the application.
6. The application plus all documents is now ready for submission. Please check the **Total non-compressed size** shown as if this exceeds 5MB (megabytes) then submission will not be possible



Declaration Form.pdf	DeclarationForm	Declaration (AEB2007 / AEB2008)	72.04 KB	
Record of Advice.pdf	RecordofAdvice	FAIS: Record of advice or product guidance (FAD document)	254.81 KB	
RSA ID.pdf	RSAID	Copy of RSA Identity document	367.82 KB	
Replacement Record.pdf	ReplacementRecord	FAIS Product Comparison at replacement (AEB2065)	53.28 KB	

Total non-compressed size	1.30 MB	
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**Submit** **Cancel**



**Sanlam Multi Manager International (Pty) Ltd which is approved as a Discretionary Financial Service Provider in terms of the Financial Advisory and Intermediary Services Act, 2002.**

Registration Number 2002/030939/07

Registered Offices

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