POLICY AMENDMENT FORM
Version: 20251122.a

Ingwe Life is a Cat 4 Authorised Financial Services Provider FSP No 46004
Head Office: Northlands Corner Shopping Centre, Unit S3, Second Floor, Tower B, Corner Witkoppen & Newmarket Roads, Northriding, Johannesburg
Tel: 011 462 0353 / 0861 INGWE LIFE | Email: claims@ingwelife.com | WhatsApp : +27 11 704 1039

Scheme name:

Policy No.:

Please note: In terms of the Financial Intelligence Centre Act 38 of 2001, we require a copy of the following documentation to accompany this application: Identification of the applicant and premium payer, if not the same person (ID book/card).

I hereby give consent to collect and process my personal information as per section 5 below ☐ Yes ☐ No

1. EXISTING POLICY DETAILS

First name(s):

Surname:

ID/Passport No.: Contact No.:

2. INDICATE THE TYPE OF AMENDMENT

- ☐ Re-Join Cancelled Policy
- ☐ Remove dependants
- ☐ Add dependents
- ☐ Add an extended family member
- ☐ Application Form
- ☐ Change or nominate a Beneficiary
- ☐ Change product
- ☐ Remove extended family members
- ☐ Cancellation of policy

3. CHANGES

3.1 Spouse details

Type	Full name(s) & Surname	ID/Passport No.	Add/Delete
Spouse			☐ A ☐ D
Spouse			☐ A ☐ D

3.2 Children (under the age of 21 years; 26 years if full-time student)

Type	Full name(s) & Surname	ID/Passport No.	Gender	Age	Add/Delete
Child			☐ M ☐ F		☐ A ☐ D
Child			☐ M ☐ F		☐ A ☐ D
Child			☐ M ☐ F		☐ A ☐ D
Child			☐ M ☐ F		☐ A ☐ D
Child			☐ M ☐ F		☐ A ☐ D
Child			☐ M ☐ F		☐ A ☐ D
Child			☐ M ☐ F		☐ A ☐ D

3.3 Details of Extended Family Members

Relationship	Full name(s) & Surname	ID/Passport No.	Gender	Age	Premium	Add/Delete
			☐ M ☐ F			☐ A ☐ D
			☐ M ☐ F			☐ A ☐ D
			☐ M ☐ F			☐ A ☐ D
			☐ M ☐ F			☐ A ☐ D
			☐ M ☐ F			☐ A ☐ D
			☐ M ☐ F			☐ A ☐ D
			☐ M ☐ F			☐ A ☐ D
			☐ M ☐ F			☐ A ☐ D
			☐ M ☐ F			☐ A ☐ D

3.4 Beneficiary Nomination details

Relationship	Full name(s) & Surname	ID/Passport No.	Gender	Cell No.
			☐ M ☐ F	

4. CHANGE OF PRODUCT

Current product:		New product:	
Current premium:		New premium:	
Current cover:		New cover:	

5. CANCELATION OF POLICY

☐ Too many existing funeral covers

☐ Too expensive

☐ Unsatisfactory service

☐ Financial constrain

☐ Other (specify): _____

Legislation information and requirements - This policy is governed by South African Law and any legal action concerning this policy is subject to the jurisdiction of the South African Courts.

Personal Information - In South Africa, the Protection of Personal Information Act 4 of 2013 (PoPIA) has been enacted to regulate the processing of Personal Information. When entering into this policy you provide us with information that may be protected by legislation including but not limited to PoPIA. Please read more about how we use and protect your personal information in our Privacy Notice and PAIA manual available on our website www.ingwelife.com

Sharing of Insurance Information - The South African Regulatory bodies require insurers to share information with the regulatory body regarding policies and claims. In addition, insurers share information with each other regarding policies and claims with the view to prevent fraudulent claims and obtain material information regarding the assessment of risks proposed for insurance.

Consent and Declaration - I, the Policyholder of this policy, hereby give consent to the Processing of my Personal Information, to share with and provide relevant products or services, to carry out transaction requests, for insurance underwriting and claims purposes, for operational purposes required to with solutions you required and to maintain our relationship in terms of POPIA for purposes of maintaining this insurance product and consent to the terms of the Privacy Notice and the PAIA manual .

I hereby give consent that Ingwe Life may request further processing of my personal information from a third party, (Regulator or other Government agencies allowed by law, legal proceedings, or court rulings, Premium collection agency, Credit bureau etc.) for the purposes of maintaining my insurance product. I hereby agree that I have the appropriate authorization to supply special/sensitive/personal information of data subjects other than myself. I hereby agree that all the information supplied in this agreement is accurate and complete and should any of this information change I will contact Ingwe Life to update my personal information.

I hereby agree that my personal information may be used for marketing purposes with the Financial Services Provider and Insurer Product range ☐ Yes ☐ No

I authorise Ingwe Life to communicate with me regarding my policy via Message System: SMS, WhatsApp ☐ Yes ☐ No

I, the undersigned, declare that the source of the funds that I expect to use in concluding transactions with Ingwe Life originates from the sources indicated above, if applicable. I further confirm that these funds are derived from legitimate sources.

Signature of policyholder: _____ Signature date: D D / M M / Y Y Y Y