

Protection of Personal Information Disclosure

Why Personal Information is required: Sanlam Life Insurance Limited ("Sanlam Life"), a subsidiary of Sanlam Limited, will process and protect your personal information as required by relevant laws and the Constitution of the Republic of South Africa ("RSA"). The personal information requested in this form, which may include special personal information is being collected and will be processed for the following purposes:

- underwriting and providing accurate and effective insurance cover and related value-added services;
- member communication;
- market research and statistical analysis;
- verification of the personal information provided;
- to comply with all legal and regulatory requirements, including applicable codes of conduct;
- for operational and administrative processes to protect Sanlam Life's interests.

Failure to provide the mandatory information will prejudice your insurance cover.

Changing and correcting Personal Information: You have the right to:

- Request a copy of your personal information as processed by Sanlam Life;
- Ask for an update and/or correction of your personal information;
- Lodge a complaint with the Information Regulator.

Sanlam Life may charge an administrative fee subject to prior notice of any such cost before executing the request for a copy of your personal information.

Other parties that may receive the Personal Information:

- We may share your personal information within Sanlam Limited and/or with other service providers where required for any of the purposes listed above, or with third parties where Sanlam Life is lawfully required to do so.
- We may send your personal information to service providers outside the RSA for storage or further processing on Sanlam Life's behalf. We will not send your information to a country that does not have information protection legislation similar to that of the RSA, unless we have a binding agreement with the service provider which ensures that it effectively adheres to the principles for processing of personal information in accordance with the Protection of Personal Information Act, 2013.

For more information, please refer to the [Sanlam Group Privacy Notice](#).

Member
Quick Access
Self Service



**Get in touch with your
retirement information**

Member Support:

You can update your contact details by registering and logging into our member portal here:

Web: <https://cp.sanlam.co.za> or **Email:** SCClientCare@sanlam.co.za or **Tel:** 086 122 3646

Important Information

- This form acts as an official instruction to change your current level of Flexible Life Insurance.
- Contact IMS on **080 0111 956** or send an e-mail to IMS@sanlam.co.za for support, guidance or referral to a Financial Adviser.
- Please submit the completed documentation to your HR Department, or e-mail the completed documentation to: sanlameb@sanlam.co.za

Please note the following important terms and conditions:

- Your total death benefit is the sum of your core life insurance (the compulsory level of cover as selected by your employer) and your flexible life insurance.
- The maximum amount of flexible life insurance may not be more than 3 times that of the core life insurance. For example, if you have core life insurance of 2 x annual salary, the maximum flexible life insurance is 6 x annual salary. This gives you a total death benefit of 8 x annual salary. The maximum Life plus Flexible life Insurance is 10 x annual salary.
- You may elect flexible cover if done within three months of the following events (subject to the medical proof free limit):
 - Commencement (flex benefit for the first time)
 - Marriage (excluding cohabiting partners i.e. living together as if married)
 - Birth or legal adoption of a child
- Members who are 55 years and older, who wish to elect flex cover, must provide satisfactory proof of insurability (subject to Insurer's approval) **at all events** and no medical proof free limit applies.
- If you elect flexible cover for the first time (other than commencement/entry date) or increase your flexible cover in **other circumstances** than in point 3 above, you have to provide satisfactory proof of insurability (subject to Insurer's approval) and no medical proof free limit applies.
- The flex cover as in point 3 above is subject to proof of insurability in cases where the member's entitled cover (core plus flex) exceeds the medical proof free limit.
 - Each employer has a set '*proof free limit*' - a maximum cover amount for an employee. Should the total benefit exceed this, a member will be asked for proof of insurability which is a medical assessment.
- The increase in flex cover at marriage, birth or legal adoption of a child is also subject to proof of the event to the Insurer's satisfaction (e.g. certified copy of the marriage, birth or adoption certificate).
- In respect of flexible cover due to **other circumstances**, premiums are only payable after the member has submitted the necessary medicals and has been assessed and granted cover by the Insurer.
- You may elect cover in multiples of 0.5 x annual salary to the maximum of your own choice, but not more than the flexible death benefit as specified by your employer.
- Please note that a two-year suicide clause will apply to the flexible risk benefits (from inception date), or any increase in the flexible risk benefits (from amendment date) except when the policy provides otherwise.
- The effective date of the flex cover selected or increased by the member in the circumstances set out in point 3 above is the 1st day of the month following the month in which the member has signed this form. If the member signed this form on the 1st day of a month, the effective date will be the 1st day of that month.

SECTION A: Member's personal details

Title			
First name(s)			
Surname			
RSA Identity number*		<i>*Compulsory</i>	
If not RSA, passport number*		<i>*Compulsory (if RSA ID not used above)</i>	
Date of birth*		<i>(dd/mm/yyyy) *Compulsory if Passport used</i>	
Contact number(s)	Cell phone		Alternative
Email address			
Employer name			
Member number			

SECTION B: Flexible Life Insurance Selection

To change your current level of Flexible Life Insurance, please select the qualifying life event or circumstance. Please tick or cross the box you wish to select.

I hereby revoke all my previous choices and request that the Fund change my flexible life insurance to the following:

1. I am electing flexible death benefits for the first time	
2. I wish to increase my current flexible death benefits on grounds of marriage (within 3 months of the actual event) <ul style="list-style-type: none"> Please attach the certified copy of marriage certificate 	
3. I wish to increase my current flexible death benefits on grounds of birth or legal adoption of a child <ul style="list-style-type: none"> Please attach the certified copy of birth certificate or adoption papers 	
Other Circumstances	
4. I am electing flexible death benefits for the first time (after 3 months of joining the Fund), and agree to provide proof of insurability (subject to Insurer's approval) <ul style="list-style-type: none"> Subject to Insurer's approval, a medical assessment may be required 	
5. I wish to increase my current flexible death benefits on grounds of other circumstances, and agree to provide proof of insurability (subject to Insurer's approval) <ul style="list-style-type: none"> Subject to Insurer's approval, a medical assessment may be required (Proof of insurability will include a Health/Medical Assessment) 	
6. I wish to decrease my current flexible death benefits	

Please indicate your chosen level of flexible death benefits (expressed as a multiple of annual salary) by ticking the appropriate box.

0	0.5	1.0	1.5	2.0	2.5	3.0	3.5	4.0	4.5	5.0	5.5	6.0	6.5	7.0

SECTION C: Declarations**Declaration by the member:**

I take full responsibility for my choices and hereby indemnify and undertake not to hold Sanlam Umbrella Fund, its Board of Trustees or Sanlam Corporate, the authorised Insurer within Sanlam Umbrella Fund, its agents, directors, officers, and any entity in the Sanlam group of Companies responsible for any losses or any eventuality that may result from my choices.

Employer's signature		Date (dd/mm/yyyy)	
Member's signature		Date (dd/mm/yyyy)	
Signed at		Place	