

## REQUEST FOR A COST QUOTATION FORM

Do you want to know what the Fund cost and the monthly risk premiums that you will be paying for your benefit selection are, should you decide to join this Fund? Complete this form for a quotation and receive a full breakdown of the Fund's insured risk benefits premiums as it refers to your benefit selection. Email both completed pages to [glendak@verso.co.za](mailto:glendak@verso.co.za) or [support@laretirementfund.co.za](mailto:support@laretirementfund.co.za). We will email the quote to you based on your chosen benefit selection. Your personal information provided on this request form will be treated with confidentiality and will only be used for the expressed purpose of producing the quote.

**This is a request for information only – NOT A REQUEST FOR FUND MEMBERSHIP.**

First Name \_\_\_\_\_ Surname \_\_\_\_\_

Date of Birth \_\_\_\_\_

Pensionable Salary \_\_\_\_\_

Email Address \_\_\_\_\_

Cell No \_\_\_\_\_

Are you a councillor?  No  Yes If "Yes", what is the employer's contribution rate?  7.5%  10%

### INSURED DEATH BENEFIT OPTION

Please select the relevant multiple of annual pensionable salary (APS) death cover that you require and mark it with an "X" in the row of your current age range.

Younger than 30	No Cover - 0	1	2	3	4	5	
Aged 30 to 39	No Cover - 0	1	2	3	4	5	
Aged 40 to 49	No Cover - 0	1	2	3	4	5	6
Aged 50 to 54	No Cover - 0	1	2	3	4	5	
Aged 55 and older	No Cover - 0	1	2				

**Fund Default:**  
Younger than 50 – 3x APS  
Older than 50 – 2X APS

### INSURED INCOME DISABILITY BENEFIT OPTION

Confirm your preferred insured disability option with an "X"

I elect **to be** covered for Income Disability

I elect **NOT to be** covered for Income Disability

**Fund Default:**  
To cover members for disability.

### FUNERAL BENEFIT OPTION

In order to keep the Funeral Benefit premiums as low as possible, all members are obliged to choose one of the three available options. Please confirm your preferred funeral benefit option with an "X"

**Option 1:** R30 000 (member & spouse & qualifying children over 14); R20 000 (children (6-13); R10 000 (children 0-5); R5 000 (stillborn)

**Option 2:** R40 000 (member & spouse & qualifying children over 14); R20 000 (children (6-13); R10 000 (children 0-5); R5 000 (stillborn)

**Option 3:** R55 000 (member & spouse & qualifying children over 14); R27 500 (children (6-13); R10 000 (children 0-5); R10 000 (stillborn)

**NOTE:** Annual Pensionable Salary is the **income** used by your employer to calculate your retirement contribution to the Fund. It may be less than your total remuneration package. If you are not sure what it is, please check with your HR.

**FORM CONTINUES OVERLEAF**

*Need help completing this request form? Contact Glenda Kunene on 021 943 533 or 081 778 0923.  
or [glendak@verso.co.za](mailto:glendak@verso.co.za)*

## Voluntary Critical Illness Benefit Option

Confirm your preferred voluntary critical illness benefit option with an "X"

- I do not want any voluntary critical illness benefit cover
- Option 1:** R100 000 cover
- Option 2:** R200 000 cover
- Option 3:** R300 000 cover

## Voluntary Extended Family Funeral Cover Option

In addition to the funeral cover for yourself and your immediate family, the Fund affords you the option of taking out affordable funeral cover for your EXTENDED FAMILY MEMBERS through its cost effective voluntary extended family funeral scheme provided by Sanlam.

Parents and Parents-in-law can be covered in terms of the age range table below

Age between 18 – 65	Age between 66 – 75	Age between 76 – 85
R5 000	R5 000	R5 000
R10 000	R10 000	R10 000
R15 000	R15 000	
R20 000		
R25 000		
R30 000		

} Cover amount

Please complete the table below should you wish to cover any parents or parents-in-law for extended family funeral cover. Leave blank if there are none.

	Relationship	Age	Cover Amount
1	Mother		
2	Father		
3	Mother-in-law		
4	Father-in-law		

Further to the parents cover above, up to eight other extended family members can also be covered for extended family funeral cover in terms of the age range table below

0-5	6-65	66-75	76-85
R5 000	R5 000	R5 000	R5 000
R10 000	R10 000	R10 000	R10 000
	R15 000	R15 000	
	R20 000		
	R25 000		
	R30 000		

} Cover amount

Please list in the table below any other family members (max 8) who you would like to cover for extended family funeral cover. Leave blank if there are none.

	Relationship (E.g. Uncle, Niece etc.)	Age	Cover Amount
1			
2			
3			
4			
5			
6			
7			
8			

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature