

FNA CAPTURE FORM

UNIT 11, FERNDAL MEWS NORTH, 355 OAK AVENUE, RANDBURG 2194
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JOHN ROE | BROKERS

JOHN ROE BROKERS CC
CK2003/038839/23 VAT NO. 4710220130 / FSB LICENCE NO. 3803
DIRECTORS - JONATHAN ROSEN



PERSONAL DETAILS

TITLE	INITIALS	SURNAME	
FIRST NAMES			SMOKER Y/N
ID NUMBER		EMAIL ADDRESS	
MOBILE NUMBER		WORK NUMBER	
GROSS INCOME		SPOUSE'S INCOME	
MARITAL STATUS		DATE OF MARRIAGE	
	ANC - WITH ACCRUAL	ANC - WITHOUT ACCRUAL	COP
	IF WITH ACCRUAL	START VALUE PRINCIPLE	R
		START VALUE SPOUSE	R
EMPLOYER	JOB TITLE	EDUCATION	
TRAVEL	ADMIN	SUPERVISION	MANUAL

PERSONAL DETAILS

TITLE	INITIALS	SURNAME	
FIRST NAMES			SMOKER Y/N
ID NUMBER		EMAIL ADDRESS	
MOBILE NUMBER		WORK NUMBER	
GROSS INCOME			
EMPLOYER	JOB TITLE	EDUCATION	
TRAVEL	ADMIN	SUPERVISION	MANUAL

CHILDREN

NAME	ID NUMBER
NAME	ID NUMBER
NAME	ID NUMBER
NAME	ID NUMBER
NAME	ID NUMBER

MEDICAL AID

NAME	PLAN NUMBER
AMOUNT PAYING	NUMBER OF DEPENDANTS
SHORT TERM	GAP COVER

NEEDS ANALYSIS

FNA TYPE	DEATH	SEVERE ILLNESS	DISABILITY	INCOME CONTINUATION	RETIREMENT
MONTHLY INCOME AMOUNT REQUIRED					
ADDITIONAL LUMP SUMP REQUIRED					
SUB. SPOUSE'S INCOME FROM MONTHLY REQUIRED?					
DO YOU WISH TO SETTLE YOUR LIABILITIES?					
DO YOU REQUIRE AN ESCALATING INCOME ON THE INCOME CONTINUATION BENEFIT?					Y/N
DO YOU REQUIRE AN ESCALATING INCOME ON RETIREMENT?					Y/N
DO YOU REQUIRE A PHILANTHROPY FUND?					Y/N
% OF INCOME TO BE DONATED	REQUIRED PAYMENT TERM AVTER DEATH				

SAVINGS NEEDS

AMOUNT REQUIRED	REQUIRED TERM
AMOUNT REQUIRED	REQUIRED TERM

ASSETS & LIABILITIES

FNA TYPE	MARKET VALUE	LIABILITY AMOUNT	% BEQUEATHED TO SPOUSE	% REALISED ON DEATH	% REALISED ON DISABILTY	% REALISED ON RETIREMENT

ADDITIONAL INFORMATION / FOR PRIMARY RESIDENCE ONLY

PURCHASE DATE	PURCHASE PRICE
NUMBER OF MONTHS ORDINARILY RESIDENT SINCE 01 OCTOBER 2001	
% OF RESIDENCE USED FOR BUSINESS PURPOSES	
COST OF IMPROVEMENTS MADE BEFORE 01 OCTOBER 2001	
WAS THE COST OF IMPROVEMENTS INCURRED DURING MORE THAN 1 TAX YEAR?	
OR	
MARKET VALUE OF THE RESIDENCE ON 01 OCTOBER 2001	
COST OF IMPROVEMENTS MADE AFTER 01 OCTOBER 2001	

PENSION / PROVIDENT FUND

FNA TYPE	PENSION	PROVIDENT FUNDS
DATE JOINED		
RETIREMENT AGE		
TOTAL EMPLOYER & EMPLOYEE CONTRIBUTION		
CONTRIBUTION ESCALATION		
CURRENT FUND VALUE		
LUMP SUM TO BE TAKEN AT RETIREMENT		

HR CONTACT DETAILS

NAME	SURNAME
MOBILE NUMBER	WORK NUMBER
EMAIL ADDRESS	

DECLARATION

I/WE HEREBY DECLARE THAT ALL THE PARTICULARS AND STATEMENTS DISCLOSED IN RESPECT OF THIS PROPOSAL IS TRUE AND THAT ALL INFORMATION IS DISCLOSED TO THE BEST OF MY/OUR KNOWLEDGE. I/WE UNDERSTAND AND ACCEPT THAT THIS INFORMATION SUPPLIED BY ME/US WILL HAVE A DIRECT INFLUENCE ON WHETHER THE INSURANCE APPLIED FOR WILL BE ACCEPTED OR BE DECLINED BY THE COMPANY. NON-DISCLOSURE MAY RESULT IN THE REPUDIATION OF A CLAIM OR THE POLICY OR ANY PART THEREOF CAN BE DECLARED NULL AND VOID. I/WE HEREWITH AGREE THAT THE MONTHLY PREMIUMS MUST BE PAID IN ADVANCE AND THAT IT IS MY/OUR RESPONSIBILITY TO MAKE SURE THAT THE PREMIUMS ARE PAID IN TIME.

SIGNED AT	ON THE	DAY OF	20
SIGNATURE OF INSURED		DATE	