



Auto & General Park, 1 Telesure Lane
Riverglen, Dainfern 2191
PO Box 11250, Johannesburg 2000

Tel 011 428 1400
Fax 0860 10 51 97
Web www.1life.co.za

GENERAL TERMS AND CONDITIONS

1. WHO IS THE INSURER?

Insurance cover is granted by 1Life Insurance Limited (1Life) with registration number: 2005/027193/06 and registered place of business as Auto & General Park, 1 Telesure Lane, Riverglen, Dainfern, 2191. A Licensed Life Insurer and Financial Services Provider (FSP No, 24769).

2. WHO IS THE POLICYHOLDER?

Although the premium payer and the policyholder may be a different person, the policyholder is still the person responsible for payment of the premiums in terms of this policy in respect of the assured lives.

3. WHO IS THE ASSURED LIFE (LIVES)?

The following persons may be covered as assured lives in terms of this policy:

- The Policyholder aged 18 (eighteen) years or older and subject to a maximum age of 64 (sixty four)
- 1 Spouse and
- A maximum of 6 dependent children

For purposes of this policy a **spouse** means a nominated person to whom the Policyholder is legally married under South African law. Cover is available to a spouse 18 (eighteen) years or older and subject to a maximum age of 64 (sixty four) at inception of the policy.

For purposes of this policy **dependent children** means:

- a biological child of the Policyholder or spouse under the age of 21 (twenty one) years including a stepchild, or legally adopted child, including a child adopted in terms of a customary adoption under a tradition practiced by the people of the Republic of South Africa provided that the child's natural parents are both deceased, or an adoption under the tenets of any religion practiced by the people of the Republic of South Africa has been undertaken;
- a child of the Policyholder being permanently mentally or physically disabled and totally dependent upon the Policyholder;
- a child of the Policyholder under the age of 26 (twenty six) years who is a full time student at any university, technicon or tertiary education institution registered in terms of legislation in the Republic of South Africa or such other institution as may be approved in writing by 1Life, and who is unmarried; or
- a natural, adoptive or stepchild of a child of a Policyholder who is totally dependent on the Policyholder.

4. WHO IS THE BENEFICIARY?

- The beneficiary is the person entitled to be paid the benefits and/or services provided for in terms of this policy, upon approval of a successful claim of an assured life.

- For purposes of this policy, the beneficiary shall be the nominated beneficiary in the event of the death of the Policyholder.
- **A maximum of 1 nominated beneficiary may be selected.**

5. WHAT IS THE PURPOSE OF THIS POLICY?

The purpose of this policy is to provide insurance cover to assist the Policyholder (and/or the nominated beneficiary) to cover the costs of the funeral on an assured life, in the event of the death of any of the assured lives.

6. WHAT BENEFITS ARE PAYABLE IN TERMS OF THIS POLICY?

This policy provides cover in the event of the death of an assured life by way of payment of a lump sum benefit.

Additional benefits set out in the Policy Schedule are also available in terms of this policy, if applied for by the Policyholder, against payment of the additional monthly premium stipulated therein.

7. WHEN WILL THE POLICY BENEFITS IN TERMS OF THIS POLICY BECOME PAYABLE?

The benefits stipulated shall be payable upon the happening of the insured event. To the extent that the full benefit amount has been paid, no further benefits shall be payable in respect of any assured life.

8. WHAT IS AN INSURED EVENT FOR PURPOSES OF THIS POLICY?

The insured event for purposes of this policy is the death of any assured life.

9. WHEN DOES THE POLICY COME INTO FORCE?

The policy shall become of full force and effect on the commencement date as set out in the Policy Schedule, and shall remain in force unless otherwise lawfully terminated or cancelled in terms of this Policy Agreement, provided that the offer for insurance made by the policyholder by way of the application form, was unconditionally accepted by 1Life.

Cover in respect of the assured lives shall commence on the commencement date as stipulated in the Policy Schedule, provided that the application for insurance cover by the policyholder in respect of such assured life has been unconditionally accepted by 1Life and the first premium payable in respect of such assured life has been received by 1Life.

10. WHEN WILL COVER COME TO AN END?

The cover in terms of this policy will cease in respect of all assured lives and the cover will come to an end in the event of:

- the death of the Policyholder; or
- the failure by the policyholder to pay the premiums in terms of this policy on the due date thereof, and the policyholder fails to remedy such failure within the grace period, being a period of 31 (thirty one) days of the due date thereof, in accordance with the provisions under the Policyholder Protection Rules (PPR).;
- or cancellation of the policy in writing by the Policyholder; or
- the Policyholder not being a permanent resident of the Republic of South Africa
- 1Life may cancel the scheme with a 31 (thirty-one) day notification

Insurance cover of an assured life shall cease in the event of:

- the death of such assured life;
- the payment of the benefits in respect of such assured life in terms of this policy; or
- such assured life being permanently resident in a foreign country; or
- attainment of the maximum specified ages

11. WHAT IS THE AMOUNT OF THE PREMIUMS PAYABLE AND WHEN ARE PREMIUMS PAYABLE?

Premiums as indicated (and amended from time to time), are payable monthly in advance on or before the first business day of each month for which insurance cover is granted, without deduction or set off, for the duration of the policy.

Premiums shall be payable to 1Life in order to secure the benefits payable in terms of this policy.

In the event of a claim, 1Life shall be entitled to deduct any premiums not yet received by 1Life from the claims payable by 1Life, provided that the policy is still in force.

12. PREMIUM GUARANTEE PERIOD

The premiums payable in terms of this policy are not guaranteed and are subject to review.

13. MAY THE PREMIUMS BE REVIEWED AND INCREASED BY 1LIFE?

1Life may review the premiums payable in terms of this policy at least annually, in order to ensure that the policy remains actuarially sound.

1Life may increase the premiums payable in terms of the policy by way of 31 (thirty one) days written notice to the policyholder, prior to the premium increase being affected. Should the policyholder fail to pay such additional premiums, 1Life may adjust the benefits payable under the policy.

14. HOW MUST CLAIMS FOR BENEFITS BE INSTITUTED?

- Claims for benefits in terms of the policy must be submitted in writing to 1Life in accordance with the terms of this Policy Agreement.
- Claims must be submitted to 1Life by furnishing 1Life with the following documents
 - a completed official claim form as prescribed by 1Life from time to time;
 - an original or certified copy of the computer generated death certificate of the assured life;
 - a certified copy of the deceased assured life's identity document;
 - a certified copy of the Policyholder's identity document;
 - a police report in the case of death due to unnatural causes or as a result of accidental death during the waiting period; The official AR (accident Report) issued by the relevant Traffic Authority if death was as a result of a motor vehicle accident.
 - a fully completed DHA1663A form, to be obtained from the Department of Home Affairs; and
 - any such other documentary proof as may be required by 1Life in its sole discretion.
- All costs incurred in proving a claim shall be for the account of the claimant.

All valid claims will be paid out within 48 (forty-eight) hours after receipt by 1Life of all the required documents stipulated herein above.

1Life will not pay or be liable for a claim unless the Policyholder or the nominated beneficiary -

- complies with requirements for notification and lodgement of its claim for benefits;
- notifies 1Life of its claim in writing and institutes the claim with 1Life in the prescribed manner within 6 (six) months from the date of the occurrence of the insured event. In the event that 1Life rejects a claim or disputes the amount of the claim, the Policyholder or nominated beneficiary may make representations to 1Life within a period of 90 (ninety) days after receipt of 1Life's notification of rejection or dispute of the claim;
- 1Life shall be entitled to apply set-off against any benefits payable and any outstanding premiums or other amounts payable to 1Life by the policyholder. In the event that 1Life is not able to apply set-off, 1Life shall be entitled to deduct any such amounts outstanding from the benefits payable.
- No claims of whatsoever nature shall be instituted or entertained in terms of this policy after the date of cancellation or termination of the policy, unless the insured event giving rise to such claim occurred prior to the date of cancellation.
- 1Life reserves the right to cancel the cover and declare all premiums paid as forfeited, should there be evidence of, or an attempted submission of a fictional claim, fraud or misrepresentation.

15. EXCLUSIONS AND LIMITATIONS: UNDER WHAT CIRCUMSTANCES WILL THE BENEFITS NOT BE PROVIDED?

The exclusions and limitations shall be calculated with reference to the commencement date in respect of an assured life as stipulated in the Policy Schedule.

No insurance cover shall be granted or benefits paid in the event of the death of any of the assured lives resulting directly or indirectly from, or which is attributable to attempted suicide or suicide during the first 12 (twelve) months from the commencement date in respect of such assured life, notwithstanding such suicide or attempted suicide being the result of insanity (temporary or permanent), mental illness of the assured life, or the assured life being intoxicated or under the influence of intoxicating substances.

No insurance cover shall be granted or benefits paid in the event of the death of any of the assured lives resulting directly or indirectly from, or which is attributable to the transgression of the law

The exclusions and limitations as set out above in this clause will furthermore also apply in respect of reinstated benefits with effect from the date of reinstatement.

16. WAITING PERIODS

The waiting period for all insured lives is 6 (six) months and the first premium must have been paid to 1Life.

There is no waiting period for accidental death however the first premium must have been paid to 1Life.

Accidental death means death caused directly or resulting from injuries sustained due to a sudden and unforeseen event (an accident) which occurs at an identifiable place and time and has a visible, violent and external cause and which results in the death of the assured life.

Any addition of cover, benefits or additional members to the policy shall result in new waiting periods being applicable to the additional member(s), benefit(s), or cover.

17. MEDICAL EXAMINATIONS

No medical examinations will be required in respect of any assured life for purposes of this policy.

18. MAY THE POLICY BE CEDED OR USED AS SECURITY FOR A LOAN?

The policy does not accumulate cash or surrender value and may not be converted into a paid up policy. 1Life specifically determines that no loans will be allowed in terms of this policy and may not be ceded to any person or institution as security for a loan.

19. COOLING OFF

The policyholder may cancel their policy during the cooling-off period. This is the 31 (thirty one)-day period from the date on which you receive your policy documents. If the policy is cancelled within the cooling-off period, your premiums will be refunded that have been paid, after deducting any costs specifically charged to provide cover for the period. The cooling-off period only applies if there has been no claim.

20. MAXIMUM COVER

The aggregated maximum insured cover per Policyholder under all policies is R50 000, subject to legislative maximum prescribed limits.

21. WHAT CURRENCY AND LAW APPLY TO THIS POLICY?

All payments to 1Life in respect of this policy must be made in the currency of the Republic of South Africa and any question of law arising under this policy shall be decided in accordance with the laws of the Republic of South Africa.

All benefits payable in terms of this policy shall only be paid into a South African bank account.

22. RESIDENCY OF ASSURED LIVES

All assured lives in terms of this policy must be citizens of the Republic of South Africa with effect from the commencement date of cover. Benefits will not be paid in respect of an assured life which is permanently resident in a foreign country and who does not have a South African identity document.

ADDITIONAL DISCLOSURES ABOUT YOUR INSURER

FSP: 1Life Insurance Limited
FSP Number: 24769
Registration Number: 2005/027193/06
Physical Address: Auto & General Park, 1 Telesure Lane, Riverglens, Dainfern, 2191
Postal Address: PO Box 11250, Johannesburg, 2000
Website: www.1Life.co.za
Telephone number: (011) 428 1405
Compliance Officer: PO Box 11250, Johannesburg, 2000
Tel: 0860 99 99 54
Fax: (011) 489 4381
E-mail: compliance@1Life.co.za
Public Officer: Riaan Pretorius

1Life Insurance Limited is an authorised financial services provider, licensed to provide advice and render intermediary services on long term insurance category A and B. The financial services provider has professional indemnity cover in place.

ADMINISTRATION

1Life has appointed 360 Administration & Systems (Pty) ("360 A&S") Limited to perform administrative duties on its behalf such as but not limited to;

Changing of beneficiary, updating of contact details, cancelation of policy, general policy related enquiries.

011 568 0380

360 A&S is an authorised FSP (46184) with registration number: 2014/090645/07 and registered place of business as Unit 3 Argyle Square Office Park, Tamarisk Road, Weltevreden Park, Roodepoort, 1709.

QUERIES AND COMPLAINTS

The product supplier will try to resolve your queries and complaints in an efficient, speedy, and fair manner. We will make printed recordings of any transactions or recordings of telephone discussions (where applicable) available on request.

How we handle your enquiry or complaint:

STEP 1 – CONTACT THE CLIENT SERVICES DEPARTMENT

Should you have any complaints regarding the following, you may be requested to submit your complaint in writing together with any supporting documentation:

- The administration of your policy benefit, for example problems with your payment, incorrect information on your policy Agreement ; or
- Claims on your policy benefits, for example a claim lodged is taking too long or has been repudiated.

Client Services Manager

PO Box 11250, Johannesburg, 2000

Tel: 0861 10 51 94

Fax: 0860 10 51 97

Email: clientservices@1lifefuneral.co.za

STEP 2 – CONTACT THE COMPLAINTS DEPARTMENT

If the matter is still not resolved to your satisfaction, please contact our internal dispute resolution department, the details are as follows:

Internal Dispute Resolution department

PO Box 11250, Johannesburg, 2000

Tel: 0860 10 54 31

Fax: 0860 10 51 97

Email: complaints@1Life.co.za

Should you believe that the insurer has contravened any regulatory or statutory requirement, in that, the financial service was not rendered honestly, fairly, with due skill, care and diligence, and in the interests of you the client, please contact the Compliance department.

Compliance department

Tel: 0860 99 99 54

Fax: (011) 489 4381

Email: compliance@1Life.co.za

STEP 3 - CONTACT THE LONG-TERM INSURANCE OMBUDSMAN OR THE FAIS OMBUDSMAN (WHERE APPLICABLE)

Should your complaint not be resolved to your satisfaction or if we failed to timeously respond to your complaint, you may submit your complaint to the FAIS Ombudsman, or the Ombudsman for Long-term Insurance, whichever applicable.

The Ombudsman for Long-term Insurance

E-mail: info@ombud.co.za

Website: <http://www.ombud.co.za>

The FAIS Ombudsman is an independent and impartial dispute resolution tribunal which investigates, considers and disposes of complaints by consumers against Financial Services Providers. For example, the way a policy was sold or how a service was provided.

FAIS Ombudsman

E-mail address: info@faisombud.co.za

Website: <http://www.faisombud.co.za>

B3 Kopano Family Plan

INSURANCE POLICY TERMS AND CONDITIONS

Some words used in this document have a specific meaning which may differ from the standard dictionary definition.

In order to enjoy the benefits of this policy, you and all your Insured Dependents must reside in South Africa. This means that in order to claim, the Insured Life must have spent at least 9 of the preceding 12 months before the claim event inside the borders of South Africa.

SECTION A: BENEFITS

The benefits start when you have paid your first premium. It is important to keep paying your premiums to ensure that you are covered. In the event of unpaid premiums, cover will cease until such time as premiums are paid. All benefits will be paid less any outstanding premiums.

TOTAL FUNERAL BENEFIT

We will pay the Beneficiary the total funeral benefit amount if the Main Insured Life dies. Benefits in respect of Insured Dependents/Extended members, as indicated on your Personal Policy Schedule, will be paid to you, the Policy Owner.

What you are covered for:

Cover is dependent on payment of premiums and 100% of the total funeral benefit will be paid on death due to an Accident.

Should death of an Insured Life occur due to any reason other than as a result of an Accident, the payment will be determined in the following manner:

- 0% of the total funeral benefit from month 1 – 6 (The waiting period).
- 100% of the total funeral benefit from month 7 onwards.

The waiting period (i.e. 6 months) is calculated from the date of commencement of this policy. If you had another active policy with similar benefits in the past 31 days, the waiting period will be determined from the commencement of that policy. Please note that a waiting period may restart if you miss premiums. Refer to the Policy Rules below for more details. During the waiting period you receive no cover for death due to any reason other than as a result of an accident. In other words, you are not allowed to claim for death due to illness even though the policy has commenced. The main reason for imposing a waiting period is to prevent clients from purposefully taking out a policy only to immediately claim. Due to the fact that waiting periods reduce this risk, they also reduce the insurance premium or potential impact of further increases.

When will you not be covered:

- Death due to a violation of an act of law.
- Death in a month where the premium is not received.
- Death in a waiting period due to any cause other than an Accident.
- Death as a result of suicide within the first 12 months (12 paid premiums).
- Where the claim is fraudulent in any way.
- Death due to an Accident where such Accident occurred before policy commencement or reinstatement date (whichever occurred last).

Conditions:

- An Insured Life may not be covered more than twice on any Kopano Family Plan and only once as a Main Insured Life.
- Member and Family cover is limited to one nominated Spouse, six Children and four Extended members which may include additional Spouses/Children.
- Member and Children cover is limited to six Children and four Extended members.
- Member and Parents cover is limited to two Parents and four Extended members.
- Benefits in respect of Children covered under this policy are subject to restrictions defined as per your Personal Policy Schedule. These may be subject to legislative changes. This includes cover of R2,500 for a stillborn child where the pregnancy endured for longer than 26 weeks. The stillbirth must be registered and all documentation submitted as proof in the event of a claim.

SECTION B: HOW TO CLAIM

Notice must be given to us within 60 days of the death of an Insured Life.

Tell us about the claim in one of the following ways:

- Contact B3 on 011 747 5400
- Visit a B3 Funeral branch.
- Alternatively, contact Clientèle Life's National Centre on 011 320 3000.

The Claimant must have the following information available when they contact us:

- Death Certificate.
- Copy of Deceased ID
- Copy of Beneficiary ID.
- Burial Order.
- Police report in the event of unnatural or accidental cause of death and
- BI-1663 or Medical certificate.
- Copy of beneficiary's Banking Details
- The date and cause of the claim event.

We will then send a claim form and advise what other documents we need in order to process the claim.

Return completed claim form and other required documents in one of the following ways:

- E-mail the required documents to claims@b3.co.za
- Or delivered to your nearest B3 Funeral branch.
- Alternatively, e-mail the required documents to claims@clientele.co.za.

Important points to know regarding the claims process:

- We require a certified copies of the abovementioned documents.

- All information provided is at the Claimant's own cost.
- We reserve the right to request any additional information required to validate the claim.

SECTION C: POLICY RULES

- Your policy commences once the application and risk has been accepted by the insurer and will continue until one of the following events happen:
 - when you fail to pay 2 (two) consecutive premiums;
 - when you the life assured dies; or,
 - when you cancel this policy by giving us 31 days' notice.
- You have a 31-day cooling off period to cancel the policy. This means, from the time we send your policy documents, as long as there has been no claim or you have not received any benefit under the policy, if the policy is cancelled within these 31 days, we will refund the premiums you have paid.
- We reserve the right to submit a debit instruction to your bank at any time during the month and to debit your account using any reasonable collection methods. To do this, we may also track and debit your account up to 10 working days earlier than the debit date. Should the total premium be adjusted by us or yourself as a general increase / decrease, the adjusted premium will be deducted from your bank in the same manner. This instruction will remain in force unless otherwise notified by us or cancelled by you, the Policy Owner.
- You must make sure that there are sufficient funds in your bank account to pay your premium on the agreed date. If any debit order is not paid, you will be responsible for the related bank charges.
- We reserve the right to lapse your policy. We may stop trying to collect your premium if you do not pay a premium for two consecutive months, after which your policy will lapse and cover ceases.
- In order for your cover to continue:
 - Should you start paying your premiums within two months of your policy lapsing, and your outstanding premiums are paid in full, your policy will be reinstated and no new waiting period will be applied. If your premiums are brought up to date before a death, the death claim will be honoured if valid. If premiums are brought up to date on or after the date of death, the death claim will not be honoured.
 - Should you start paying your premiums after two months of the policy lapsing and all missed premiums are paid up to date, your policy will be restarted and a waiting period of 3 months will be applied for the main member, spouse and children and a waiting period of 6 months will be applied for extended members.
 - Should you start paying your premiums after two months of the policy lapsing and all missed premiums are not paid up to date, your policy will be restarted and a new waiting period of 6 months will be applied for all insured lives.
- You have the right to cancel this policy by giving us 31 days' notice. Premiums paid during this notice period will not be refunded.
- We reserve the right to change the terms and conditions of this policy at any time provided there are reasonable actuarial grounds or the variation will benefit you, the Policy Owner. Written notice of changes will be sent to the Policy Owner's latest contact details we have on record one month in advance and will be binding on you, the Policy Owner and us.
- We reserve the right to cancel your policy with immediate effect if a claim is found to be fraudulent in any respect. This means that you will no longer be covered and all premiums paid will be forfeited.
- If a date of birth of an Insured Life has been recorded incorrectly, we may amend the benefits at the date of a claim, taking into account the correct age of the Insured Life. It is important to notify us if this information is incorrect on your Personal Policy Schedule.
- The annual increases occur every year starting 12 months from the commencement date. The premium (excluding the annual increase) will be guaranteed for the first 24 months, after which the premiums may be revised based on the performance of the product over a period of one calendar year. The premium increase cannot be cancelled, as the premium rates (including this increase), have been actuarially calculated to fund the policy benefits over the lifetime of the policy.
- Whilst this policy is in force, no change will be made because of the physical condition of an individual Insured Life.
- Additional Insured Lives can be added/removed at any time. Cover and waiting periods for the Additional Insured Lives will start from the first premium paid after they have been added.
- You may increase your cover once or decrease your cover once during the lifetime of the policy, with a consequent change in the policy premium. These changes are subject to the minimum and maximum limits of the policy. Waiting periods will be applied to any additional cover and will start from the first revised premium paid after the cover increase.
- The Policy Owner may change the Beneficiary(ies) nominated at any time prior to a claim event, by notifying us. Please ensure that you are always in possession of a Personal Policy Schedule that reflects your latest nomination. Where a minor Child is a Beneficiary, payment will be made into a trust fund and will only be paid out when the minor Child attains the age of majority.
- This policy acquires no surrender, loan or paid up values.
- If a Main Insured Life passes away, premiums payable in respect of the Policyholder and his/her Insured dependents lapse, unless another Insured Dependent on the policy elects to continue paying the premiums to B3 Insurance Brokers CC in respect of the remaining Insured Lives. In this case the Insured Dependent is deemed to be the Main Insured Life/Policy Owner. Please note that this must be submitted in writing to the administrator, B3 Funeral Administrators (Pty) Ltd.
- This policy is free from all restrictions on occupation or travel of an Insured Life, unless otherwise stated.
- This policy acquires no surrender, loan or paid up values.
- Any question of law arising shall be decided according to the laws of the Republic of South Africa.
- This policy has been issued on the basis that the information provided during the application process was true and correct.

SECTION D: DEFINITIONS

Words used in this document have a specific meaning, as stipulated below, which may differ from the standard dictionary definition.

Accident	Means a sudden and unexpected event, which is caused solely and directly by violent, physical means and resulting in an external, visible injury confirmed by clinical examination and appropriate testing. Please note that the following is specifically excluded: <ul style="list-style-type: none"> • Any event occurring before policy commencement or resale date (whichever occurred last) and, • Suicide or Self-Inflicted Injury.
Aunt	Is the sister of the Mother or Father of the Main Insured Life or Spouse.
Administrator	Means the company responsible for administering the B3 Kopano Family Plan, in this case, Batho Batsho Bakopane Funeral Administrators (Pty) Ltd, ("B3 Funeral Administrators").
Beneficiary	Is the person(s) entitled to the proceeds of the death benefits of the Main Insured Life.
Child	Means an unmarried dependent child, step-child, illegitimate child, adopted child (legally or by custom) or grandchild (whose parents are both deceased) of the main insured life. A dependent child that attained the age of 21 years shall no longer be covered under this policy, unless

he/she becomes dependent on the main insured life by reason of mental or physical incapacity whilst the policy is active or unless enrolled as a full time student at a registered tertiary institution until a maximum age of 25. We may request proof of dependency at claims stage.

Is the person that notifies us of a claim and may or may not be the Beneficiary.

Is the child of an Aunt or Uncle of the Main Insured Life or Spouse.

Includes spouse and children and must be indicated on your Personal Policy Schedule in order to be insured

Is the first day of the month during which the first premium is due.

Includes additional spouses and children; siblings; parents; grandparents; aunts; uncles; cousins; nieces; nephews; mother in law; father in law; sister in law and brother in law.

The person(s) named in your Personal Policy Schedule and includes Covered / Insured Dependents.

The person indicated as such on your Personal Policy Schedule.

Is the regular contractual payment, depending on your premium frequency, made by a policy owner in return for an undertaking by us to provide policy benefits as specified in your Personal Policy Schedule. This specifically excludes the premium covering any Additional Benefits or Extended member premiums.

Is the son of a Brother or Sister of the Main Insured Life or Spouse.

Is the daughter of a Brother or Sister of the Main Insured Life or Spouse.

Is the person who applied for the policy and who is also responsible for payment of the premium.

Means the person married to the Main Insured Life and named in your Personal Policy Schedule. Cover is limited to one nominated spouse. Proof of such union will be requested at claims stage.

Is the brother of the Mother or Father of the Main Insured Life or Spouse.

Clientèle Life Assurance Company Limited. FSP Number 15268.

Value Added Tax is charged at the standard rate of 15%.

Claimant

Cousin

Covered/Insured Dependents

Date of Commencement

Extended Members

Insured Life

Main Insured Life

Main Policy Premium

Nephew

Niece

Policy Owner

Spouse

Uncle

Us/We

VAT

STATUTORY NOTICE TO LIFE INSURANCE POLICYHOLDERS IMPORTANT PLEASE READ CAREFULLY DISCLOSURE AND OTHER LEGAL REQUIREMENTS

(This notice does not form part of the Insurance Contract or any other document) As a Life Insurance Policyholder, or prospective Policyholder, you have the right to the information below:

About the Insurer

Clientèle Life Assurance Company Limited ("Clientèle Life") is an authorised Financial Services Provider (FSP No. 15268) in terms of the Financial Advisory and Intermediary Services Act ("FAIS Act"), authorised to render advice and intermediary services in respect of Category I, Subcategory 1.1 (Long-term Insurance: Category A), 1.3 (Long-term Insurance: Category B1), 1.4 (Long-term Insurance: Category C), 1.20 (Long-term Insurance: Category B2), 1.21 (Long-term Insurance: Category B2-A), 1.22 (Long-term Insurance: Category B1-A). Clientèle Life is also a licensed Life Insurer in terms of the Insurance Act and the product supplier.

Registration No. 1973/016606/06

VAT No. 4230/166/979

The Insurer holds Professional Indemnity Insurance

Postal address: P O Box 1316, Rivonia, 2128

Physical address: Clientèle Office Park, Cnr Rivonia and Alon Roads, Morningside

Nature and extent of benefits, when they are realisable or payable

Refer to Policy Documentation

Restrictions, limitations, exclusions, or penalties for early termination (if applicable)

Refer to Policy Documentation

Charges, fees and investment component (if applicable)

Refer to Policy Documentation

Commission, consideration, fees and charges payable

Refer to Policy Documentation

Cooling off rights

A 31-day cooling off period applies

Details of complaints procedure and services department of Clientèle Life:

- For any policy queries or additional information, or the details of the public officer, or should you wish to lodge a complaint please contact the National Contact Centre on 011 320 3000, Fax 011 320 3133 or email services@clientele.co.za. Website: www.clientele.co.za.
- In the event that your complaint is not satisfactorily resolved, then you may refer the complaint to the Office of the Independent Arbitrator at complaintsarbitrator@clientele.co.za. The Independent Arbitrator has the independence and authority to overturn the initial findings and will only consider cases having previously gone through step (1).
- In the unlikely event that you are still not satisfied with the decision then you can forward your complaint to the FAIS Ombud on 012 470 9080 / 012 762 5000 and/or the Ombudsman for Long-Term Insurance on 021 657 5000.

Details of compliance department of Clientèle Life

Clientèle Life has an active Compliance Department. The Head of Compliance and the Department can be contacted on 011 320 3000.

Details of claims procedure and department of Clientèle Life

Procedures for the submission of claims are detailed in your policy and are important. If you have any difficulty in determining the correct procedures, please contact the Claims Department on 011 320 3000.

About the Financial Service Provider (Independent Intermediary/Broker)

Clientèle Life has entered into a written intermediary agreement with the Independent Intermediary in terms of the Long Term Insurance Act to sell funeral policies on Clientèle Life's behalf. The Independent Intermediary is an authorised Financial Services Provider, FSP Number: 20662, in terms of the Financial Advisory and Intermediary Services Act ("FAIS Act") and is authorised to render advice and intermediary services in respect of the products which it sells. These products are included in the following categories: Category I, Subcategory 1.1 (Long-Term Insurance: Category A), 1.3 (Long-Term Insurance: Category B1), 1.20 (Long-Term Insurance: Category B2), 1.21 (Long-Term Insurance: Category B2-A), 1.22 (Long-Term Insurance: Category B1-A). The Independent Intermediary does not receive more than maximum statutory regulatory commission in terms of the Long Term Insurance Act. The Independent Intermediary holds Professional Indemnity Insurance Cover. Please refer to the statutory disclosure notice produced separately by the Independent Intermediary when the policy is sold for the full details of the following: The financial services that the representatives of the Independent Intermediary has been approved for in terms of its license to render advice and intermediary services; whether the relevant representatives are rendering financial services under supervision; the nature and extent of benefits, when are they realisable or payable; restrictions limitations, exclusions, or penalties for early termination; charges, fees and investment component (if applicable); commission, consideration, fees and charges payable; cooling off rights; and the legal status and relationship with the Insurer.

Broker Name: B3 Insurance Brokers CC

Registration Number: 2006/153328/23

Postal Address: P O Box 347, Springs, 1560

Physical Address: Suite No 8 First Floor, Rand Centre, Fourth Street, Springs, 1559

Telephone and Compliance Number: (011) 747-5400/1

Details of complaints policy and procedure

Department: Complaints Department

Telephone number: 011 747 5400

Email address: complaints@b3.co.za

If your complaint is not resolved to your satisfaction, you may refer it to B3, at the contact details provided above.

About the Underwriting Manager and Binder holder

Batho Batsho Bakopane Funeral Administrators (Pty) Ltd, ("B3 Funeral Administrators") is an Underwriting Manager and has a Binder Agreement with Clientèle Life for purposes of entering into, varying and/or renewing Life insurance Funeral policies under the Long Term Insurance Act. B3 Funeral Administrators is an authorised Financial Services Provider, FSP number: 46572, in terms of the Financial Advisory and Intermediary Services Act ("FAIS Act") and is authorised to render intermediary services in respect of products which it sells. These products are included in the following categories: Category I, Subcategory 1.1 (Long-Term Insurance: Category A), 1.3 (Long-Term Insurance: Category B1), 1.20 (Long-Term Insurance: Category B2), 1.21 (Long-Term Insurance: Category B2-A), 1.22 (Long-Term Insurance: Category B1-A) and Category IV (Assistance business FSP). B3 Funeral Administrators receives a binder fee from Clientèle Life for the functions that B3 Funeral Administrators performs under the binder. B3 Funeral Administrators holds Professional Indemnity Insurance Cover. B3 Funeral Administrators does not directly or indirectly hold more than 10% of the Insurer's shares, or has any equivalent substantial financial interest in the Insurer. B3 Funeral Administrators has not received more than 30% of

its total remuneration during the preceding 12 months from the Insurer.

Broker Name: B3 Funeral Administrators (Pty) Ltd
Registration Number: 2001/016503/07
Postal Address: P O Box 3597, Benoni, 1500
Physical Address: 1 Main Reef Road, Benoni, 1501
Telephone and Compliance Number: (011) 747-5400/1

Details of complaints policy and procedure

Department: Complaints Department
Telephone number: 011 747 5400
Email address: complaints@b3.co.za

If your complaint is not resolved to your satisfaction, you may refer it to B3, at the contact details provided above.

Extent and nature of premium obligations

Your policy document reflects the premiums payable, the due date of payment and the frequency of payment (e.g. monthly or annually). If the premium is paid by debit order, it may only be in favour of the Insurer and may not be transferred without your approval. If you have agreed to a SASSA or Government Salary Deduction, your premium will be deducted and remitted directly to Clientèle Life. If you are on Debit Order, your premiums will be collected by B3 Insurance Brokers CC, who are mandated to collect premiums on Clientèle Life's behalf.

Consequences of non-payment of premiums

The due date for the payment is reflected on your policy schedule. Your payment should be made on or before the due date reflected to avoid the cancellation of the policy.

Warning

Do not sign any blank or partially completed application form. Complete all forms in ink. Keep all documents you receive. Make notes of what is said to you. Do not be pressured into buying the product, make this decision on your own. Incorrect, or full non-disclosure of relevant information may impact any claims arising from your contract of Insurance.

Matters of importance

1. A copy of the sales recording, if applicable, can be made available to you on request; 2. We must give you 31 days' notice in writing of our intention to cancel your debit order; 3. We must give you reasons in writing for the rejection of any claim submitted by you; 4. You are entitled to a copy of your policy free of charge.

Information Authorisation

When you enter into this policy you will be giving Clientèle Life your personal information that may be protected by data protections legislation, including but not only, the Protection of Personal Information Act, 2013 ("POPI"). Clientèle Life will take all reasonable steps to protect your personal information. You authorise Clientèle Life to:

- a. Process your personal information to
 - i. communicate information to you that you ask us for;
 - ii. provide you with insurance services;
 - iii. verify the information you have given us against any source or database; and
 - iv. compile non-personal statistical information about you.
- b. Transmit your personal information to any affiliate, subsidiary or re-insurer so that Clientèle Life can provide insurance services to you and to enable Clientèle Life to further our legitimate interests including statistical analysis, re-insurance and credit control.
- c. Transmit your personal information to any third party service provider that Clientèle Life may appoint to perform functions relating to your policy on our behalf.

You acknowledge that this consent clause will remain in force even if your policy is cancelled or lapsed.

Your personal information will be processed in line with Clientèle Life's Privacy Policy which is available on www.clientele.co.za

Conflict of Interest

We have considered the conflict of interest provisions in terms of the FAIS Act 37 of 2002 and have not identified any actual or potential conflicts of interest, either ownership interest, financial interest, third party relationships, associates or distribution channels as defined. A conflict of interest management policy is available to clients upon request.

Waiver of Rights

The General Code of Conduct stipulates that no financial services provider may request or induce in any manner a client to waive any right or benefit conferred on the client by/or in terms of any provisions of the said Code, or recognise, accept or act on any such waiver by a client. Any such waiver is null and void.

At Clientèle we endeavour to keep you updated with information and offers on our other products. Should you no longer wish to receive this type of marketing information please unsubscribe by going to <https://clientele.co.za/clientele-communications/> and following the prescribed process.

Non-Insurance Summary

As a valued B3 Kopano Family Plan member, you have access to the below offerings through CBC Rewards (Pty) Ltd.

Funeral Assist Benefits including repatriation of mortal remains and grief counselling, provided in partnership with Europ Assistance. Access this service by calling 0860 320 333.

For more information, please visit one of the B3 branches or call B3 on 011 747 5400

NON-INSURANCE TERMS AND CONDITIONS - FUNERAL ASSISTANCE BENEFITS

1. 24-HOUR HELPLINE

Supported by Europ Assistance South Africa (EASA).

1.1. BENEFITS

Assistance with grief counselling in the event of death of an insured life.

1.2. TERMS AND CONDITIONS

- Unlimited telephonic grief counselling is available to you and your family at no charge; however, face to face counselling is for your own cost
- Unlimited service is available to all members covered on the plan as specified in the policy schedule
- In order to make use of the service, the B3 Kopano Family Plan must be active and all premiums must be paid up to date

1.3. PROCEDURE FOR SERVICE UTILISATION

Contact Europ Assistance on 0860 320 333 and select menu item number 8.

2. REPATRIATION OF MORTAL REMAINS

EASA assists the bereaved family and next-of-kin with road or air repatriation of the mortal remains to a funeral home closest to their normal place of residence. All arrangements to transport mortal remains as requested by the family are managed and special care is taken to consider particular customs and beliefs.

2.1. BENEFITS

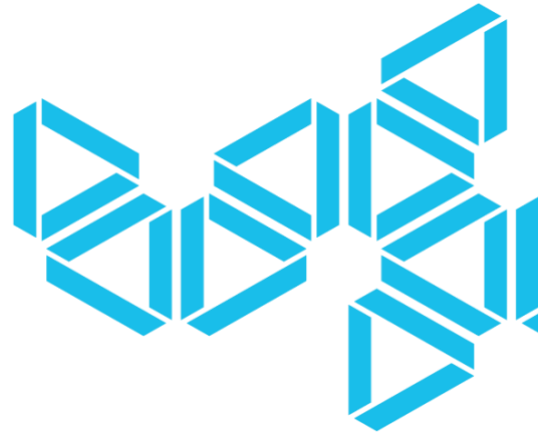
- Repatriation is arranged when the deceased's body is more than 100km from their place of residence within South Africa and neighbouring countries i.e.
- Lesotho, Namibia, Mozambique, Botswana, Zimbabwe and Swaziland
- Assistance with the necessary documentation and co-ordination with the authorities to transport the deceased's mortal remains to the place of residence
- Includes transfer of the ashes to their normal place of residence after cremation
- Where family members are required to identify the deceased or wish to accompany the deceased to the final funeral home, 1 night accommodation to the value of R1,000 is arranged and paid for.

2.2. TERMS AND CONDITIONS

- The EASA call centre is available 24 hours a day, 7 days a week and 365 days a year
- Available to all members covered on the plan as specified in the policy schedule
- In order to make use of the service, the B3 Kopano Family Plan must be active and all premiums must be paid up to date

2.3. PROCEDURE FOR SERVICE UTILISATION

Contact Europ Assistance on 0860 320 333 and select menu item number 8.



INDIVIDUAL FUNERAL POLICY

GENERAL TERMS AND CONDITIONS

RMA Life Assurance Company Limited, Reg No 1990/06308/06 (**RMA Life**) is the Insurer under this policy.

The names of any intermediaries, brokers, and binder holders who are rendering services on this policy are reflected on the Policy Schedule together with the fees they will receive for these services.

This individual policy is underwritten on a group basis. The Policyholder will provide RMA Life with all information required by RMA Life to enable. The group is reflected on the Policy Schedule and the Main Life Assured under this policy must be a member of the group for the Assured Lives to be included in the group of people on whose characteristics the policy is rated.

RMA Life will pay the benefits set out in this policy according to the terms and conditions set within this document. The policy will be amended if and when required as provided for in these General Terms and Conditions, and the amendments will then form part of the insurance contract. Should there be any conflict between this policy and any other document issued by RMA Life, the terms and conditions set out in this policy will prevail.

The Individual Funeral Policy is a funeral policy that will pay a lumpsum upon the death of an Assured Life. Please keep this document in a safe place.

1. Definitions

- 1.1 **Accident/Accidental:** An Accident means a sudden, unexpected, unusual, specific event occurring at a particular moment and a particular place which even the Assured Life could not foresee, anticipate or envisage and which results in visible, violent, external and traumatic death of the Assured Life.
- 1.2 **Natural Death:** is medically defined as death brought on by a disease or age rather than caused by other factors like Accident or crime.
- 1.3 **Age Next Birthday:** Insured's age at a

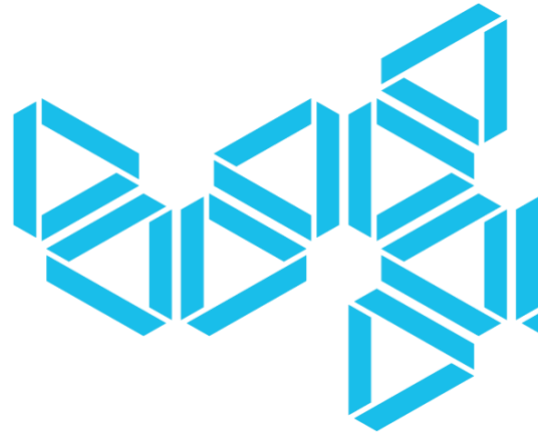
- particular time with the addition of 1 year.
- 1.4 **Assured Life:** This means the person whose life is insured under this policy and upon whose death the benefit will pay out if the conditions of this policy are met. All Assured Lives must be South African citizens or a Permanent Resident, or a person with a legal South African permit. The Assured Lives are the Main Life Assured and his / her Spouse, Children, Parents and Extended Family. The names of the Assured Lives are reflected on the Policy Schedule.
- 1.5 **Beneficiary:** This is the person nominated by the Policyholder to receive the payment of the benefit under circumstances where the benefit is not paid to the Policyholder.
- 1.6 **Benefit start date:** means the date on which cover commences in respect of an Assured Life, which is the day on which the first Premium is paid with respect to that Assured Life.
- 1.7 **Child/Children:** Will mean an unmarried, financially dependent biological Child of the Main Life Assured or Spouse, who has not yet attained the age of 21 and will include: a posthumous Child, a stepchild, a grandchild, a legally fostered Child and an adopted Child and a Stillborn Child.
- 1.8 All ages referred to in this Policy are Age Next Birthday.

The benefit for Children is age-dependent and limited in terms of applicable legislation. The maximum cover amount allowed in terms of legislation is R20 000 for children below 6 and R50 000 for children aged between 6 years and 14 years old. Notwithstanding anything included in the table hereunder, the claim amount will be limited to the maximum amount allowed in applicable legislation.

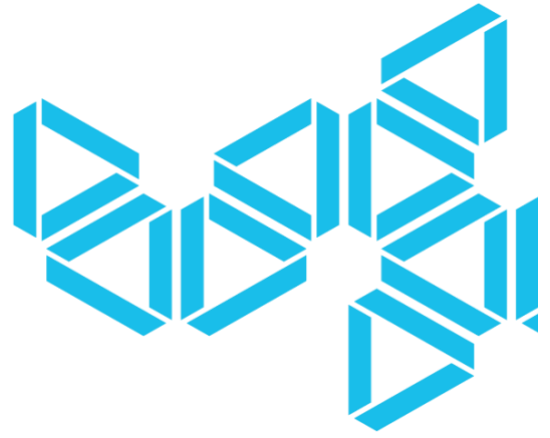
Benefit tables for Children:

Child Age	% Main Life Assured's Cover Amount
Stillbirths	12.5% with a maximum of R3 000
< 1	12.5%
1 – 5	25%
6 – 13	50%
> 13	100%

- 1.9 **Extended Family:** means grandparents, siblings, siblings in law, niblings, cousins, uncles, grand uncles, aunts, grand aunts, additional Spouse, additional Children of the



- Main Life Assured.
- 1.10 **Insurer:** RMA Life is the Insurer, and in return for a stipulated Premium, RMA Life accepts the risks and will payout the benefit if a claim event occurs.
 - 1.11 **Not taken up (NTU):** This is when the Premium Payer does not pay the first Premium payable on the policy. The policy is considered as Not taken up by the Policyholder (NTU) and cancelled from inception.
 - 1.12 **Parent(s):** means the persons who are the biological Parents, Parents-In-Law, adoptive Parents and step-parents of the Main Life Assured.
 - 1.13 **Policyholder:** The person that has taken out the policy, has an insurance contract with RMA Life and is also the Premium Payer. The Policyholder and the Main Life Assured is the same person.
 - 1.14 **Policy start date:** means the date on which the policy becomes effective.
 - 1.15 **Premium:** the amount specified as payment for the policy benefits and confirmed in the Policy Schedule and amended as provided for in this General Terms and Conditions.
 - 1.16 **Repudiation:** In relation to a claim means any action by which RMA Life rejects or refuses to pay a claim or any part of a claim, for any reason, and includes instances where a Claimant lodges a claim –
 - 1.16.1 in respect of a loss event or risk not covered by the policy; and
 - 1.16.2 in respect of a loss event or risk covered by a policy, but the Premium or Premiums payable in respect of those Assured Lives are not paid.
 - 1.17 **Spouse:** means a person who is the permanent life partner (whether in a heterosexual or homosexual partnership) or Spouse or civil union partner of the Main Life Assured in accordance with:
 - 1.17.1 the Marriage Act, 68 of 1961;
 - 1.17.2 the Recognition of Customary Marriages Act, 68 of 1997;
 - 1.17.3 the Civil Union Act, 17 of 2006; or
 - 1.17.4 the tenets of any Asiatic religion.
 - 1.17.5 A permanent life partner is a partner who the Main Life Assured has lived with for longer than 12 months.
 - 1.17.6 A maximum of 1 Spouse will be covered for benefits under this policy at any one time.
 - 1.18 **Stillbirth (Stillborn Child):** Is a Child of a Life Assured that did not breathe or show any other signs of life after being delivered, expelled or surgically removed from its mother after the 26th week of pregnancy. This excludes instances where the mother chooses to have an abortion (i.e., termination of pregnancy).
 - 1.19 **Main Life Assured:** means the individual that is a member of the group and is listed as the Main Life Assured on the Policy Schedule. The Main Life Assured and the Policyholder is the same person.
2. **What documents form part of the policy?**
 - 2.1 The Application Form;
 - 2.2 The Policy Schedule; and
 - 2.3 The General Terms and Conditions (this document).
 3. **Duration and Term of the Policy**
 - 3.1 The insured event for this policy is the death of the Assured Life.
 - 3.2 The term of this policy is 12 months from the Policy start date.
 - 3.3 The policy is automatically renewed for another 12 months on an ongoing basis provided that the group still exists and the Main Life Assured is still a member of the group.
 4. **Will the Premium increase?**
 - 4.1 The Premium will have no automatic increase. However, RMA Life may review and increase Premiums:
 - 4.1.1 Within the term of the policy if there are reasonable actuarial grounds to change or vary the terms, conditions or provisions of the policy; or if the variation will be to the benefit of the policyholder; and
 - 4.1.2 Annually upon renewal. Upon annual renewal the following factors will be taken into account to determine the increase: the size of the group; take-up rate or level of participation by members of the group in the individual policies underwritten on a group basis;



average risk profile (age, gender and location of Assured Lives will be used to determine the groups average risk profile) and claims profile (the average claims ratio of the group will be taken into consideration).

4.2 Should RMA Life review Premiums, RMA Life will give the Policyholder 31 (Thirty-One) days' notice of any Premium change.

5. What benefits does the Policyholder have?

5.1 The Policyholder can choose from the following options in terms of the Assured Lives they would like to cover (where Premiums will be quoted at a Family Option level):

- **Family Option 1:** Main Life Assured only.
- **Family Option 2:** Main Life Assured and Spouse.
- **Family Option 3:** Main Life Assured and up to 6 Children.
- **Family Option 4:** Main Life Assured, Spouse, and up to 6 Children.

5.2 The Policyholder can also choose to insure up to 4 Parents and up to 10 Extended Family members in addition to the options above. When adding Parents and Extended Family members, a Premium rate per insured life is payable.

5.3 A Repatriation benefit is also available to all Assured Lives covered on the policy.

5.4 The benefits that the Policyholder chose will be reflected on the Policy Schedule.

6. How does the body repatriation service work?

6.1 This benefit is available to all Lives Assured on a policy.

6.2 This benefit will only be available if the death claim is valid under this policy.

6.3 This benefit assists the bereaved family and

next-of-kin with the road or air repatriation of the mortal remains of Assured Lives to a funeral home closest to their normal place of residence.

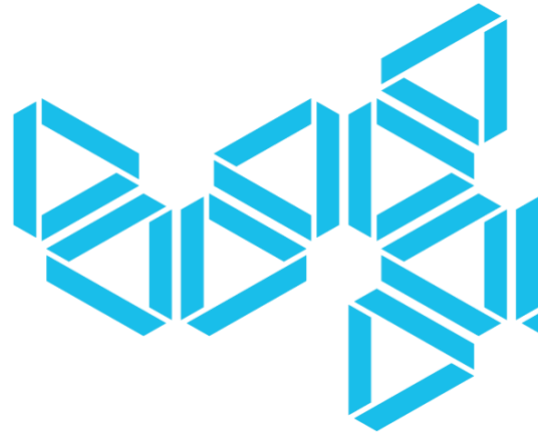
6.3.1 Repatriation is arranged when the deceased's body is more than 100km from their place of residence, within South Africa and neighboring countries i.e., Lesotho, Namibia or Mozambique. All the arrangements to transport mortal remains as requested by the family are managed and special care is taken to consider particular customs and beliefs.

6.3.2 Assistance is provided with the necessary documentation and co-ordination with the authorities to transport the deceased's mortal remains back to the normal area of residence.

6.3.3 This benefit also includes the transfer of the ashes of the deceased to their normal place of residence after cremation.

6.3.4 Where family is required to identify the deceased or wishes to accompany the deceased to the final funeral home, closest to the place of burial, 1-night accommodation to the value of R1 000 is arranged and paid for.

6.3.5 The service is provided through the Europ Assistance Contact Centre 24 hours a day, 7 days a week and 365 days a year.



7. What are the minimum and maximum entry ages?

Insured Life	Minimum Entry Age	Maximum Entry Age	Cease Age
Main Life Assured	18	75	-
Spouse	18	75	-
Children	1	21	25
Parents	18	85	-
Extended Family	1	85	-

8. What is the Insurance Cover amount?

8.1 The cover amount per Life Assured is as follows:

Insured Lives	Minimum Cover	Maximum Cover
Family Options (1 – 4)	R10 000	R100 000
Parents	R5 000	R30 000
Extended Family	R5 000	R30 000

8.2 Cover amount for each Parent and each Extended Family cannot exceed the Main Life Assured's cover amount.

8.3 The Cover amount selected for Family Options will apply to both the Main Life Assured & Spouse.

8.4 The Children Cover Amount will be limited as set out in section 1.

8.5 The Cover amount that the Policyholder is entitled to under this Policy is reflected in the Policy Schedule.

9. How are the Premiums paid?

- 9.1 Premiums are payable monthly or annually.
- 9.2 The Premiums are set out in the Policy Schedule.
- 9.3 The Premiums set out in the Policy Schedule in respect of the Assured Lives shall be paid by the Policyholder.
- 9.4 Premiums may be paid via debit order or EFT.
- 9.5 No cash payments will be accepted.

10. Missing the first Premium

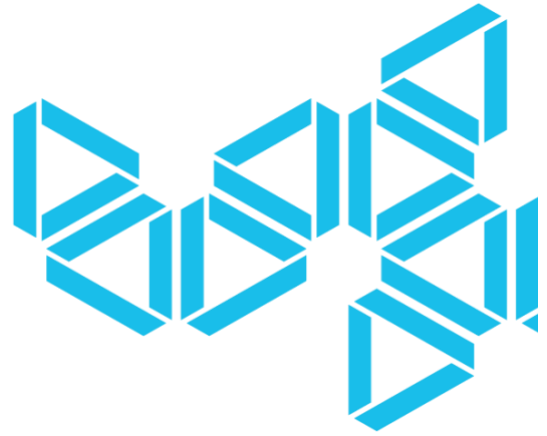
- 10.1 If the Policyholder misses the first Premium payment on the policy, the Policy start date will be moved to the following month.
- 10.2 If the Policyholder fails to pay the first Premium again in the second month, the policy will be deemed Not taken up (NTU) and the Policyholder will be notified of the cancellation of the policy from inception.

11. What happens if Premiums are not paid?

- 11.1 **Grace Period:** RMA Life allows a 31-day grace period for monthly Premiums and 45 days for annual Premiums as Grace Period. Cover continues until the end of the Grace Period. The Grace Period is only applicable after the first Premium on the policy was paid and the policy is in force or incepted.
- 11.2 **Lapse:** The policy will lapse if two consecutive Premiums are missed and/ or the policy will also lapse at any stage if two Premiums are outstanding. If the policy is lapsed, the Policyholder will be informed of the lapse.

12. Can the policy be reinstated?

- 12.1 The policy may only be reinstated once in a 24-month period.
- 12.2 The policy may only be reinstated within a 3-month period after lapse or cancellation occurred.
- 12.3 If reinstatement is requested, all outstanding Premiums must be paid up to date.
- 12.4 No new waiting period will apply for Funeral benefits on reinstatement for Assured Lives that were covered before the lapse or cancellation and to which Assured Lives no waiting period was applicable before the lapse or cancellation.
- 12.5 For those Assured Lives where a waiting period was applicable before the lapse or cancellation, the waiting period will continue



from the date of reinstatement.

- 12.6 The Policyholder can apply for a new policy if the option to reinstate is not available.

13. When does the cover start?

- 13.1 The insurance cover in respect of an Assured Life shall commence on the Benefit Start date reflected in the Policy Schedule.
- 13.2 The start of the cover can vary depending on when an Assured Life was added to the policy.

14. When does the cover end?

- 14.1 Insurance cover in terms of this policy in respect of an Assured Life shall cease on the occurrence of the events mentioned below, whichever occurs first:
- 14.2 This policy is cancelled.
- 14.3 The Policyholder fails to pay the Premium on the due date thereof and fails to remedy such failure within the grace period set out in clause 11.

15. Are there any Waiting Periods?

- 15.1 The following waiting periods are applicable. No Benefits will be paid during the waiting period:
- 15.1.1 Cover for Accidental death starts immediately provided that the policy has commenced i.e., the first Premium is received by RMA Life. If the policy is in arrears but still in force the outstanding premiums will be deducted from the sum insured.
- 15.1.2 A 3 (three) month waiting period shall apply from the Benefit Start Date, in respect of a death due to natural causes.
- 15.1.3 A 12 (twelve) month waiting period shall apply from the Benefit Start Date in respect of a death due to suicide.
- 15.1.4 The waiting period is applicable per Assured Life and will commence when

cover for that Assured Life commences.

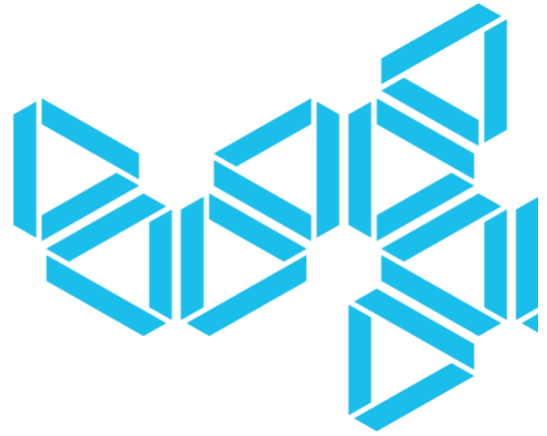
- 15.1.5 Where new cover is added a new waiting period will be applicable to the new cover.
- 15.1.6 Where cover is decreased no new waiting period will be applicable.
- 15.1.7 The waiting period will be waived/reduced if the Main Life Assured had another active policy with similar benefits that was cancelled within 31 days of taking out this policy. Similar benefits refer to the same or less cover amount and benefit payout type (e.g., lump-sum payment) on the following basis:
- 15.1.7.1 The waiting period will be reduced by the number of months the previous policy was active.

16. How long are lives assured covered under this policy?

- 16.1 All Assured Lives are covered for the term of the policy or until the insurance cover is terminated for whatsoever reason in terms of clause 17 below.
- 16.2 Cover for Children will end when the child reaches the age of 25.

17. Can this policy be cancelled?

- 17.1 **Cooling off period:** The Policyholder may cancel the policy within 31 days of receiving the terms and conditions.
- 17.1.1 If the Policyholder chooses to cancel the policy in this period, RMA Life will refund any Premiums already received, in a case where a claim was paid, no refund will be provided.
- 17.2 **The right to cancel:** This policy may be cancelled, by RMA Life and/or the Policyholder at any time during the term of the policy by giving 31 (Thirty-One) Days' notice to the other party.
- 17.3 There will be no refund of Premiums if the



policy is cancelled outside the cooling-off period.

- 17.4 No claim shall be entertained for death that occurred after the termination of this policy.
- 17.5 This policy will terminate when the Main Life Assured passes away.
- 17.6 In any instance where the policy is canceled, is an NTU or ends for whatever reason, the Policyholder and Main Life Assured will be informed.

18. Can I make changes to the policy?

- 18.1 Only the Policyholder may make changes to the policy. Changes can include:
 - 18.1.1 Change debit order details.
 - 18.1.2 Change contact details or personal details.
 - 18.1.3 Change contact details or address.

19. Amendments and/or variations and Waivers

- 19.1 RMA Life will at all times be entitled to amend any provisions of the Policy or the funeral benefits, by sending 31 (Thirty-One) days written notice to the Policyholder.
- 19.2 No amendments, waiver or cancellation of the Policy as a whole or of any terms or condition of the Policy will be effective unless such amendment, waiver or cancellation is in writing and accepted by RMA Life.
- 19.3 Any alteration or variation to this policy may be enforced or put into effect if permitted by legislation within 31 (Thirty-One) days.
- 19.4 Formal notification will be provided before any alterations or variations are made within 31 (Thirty-One) days.

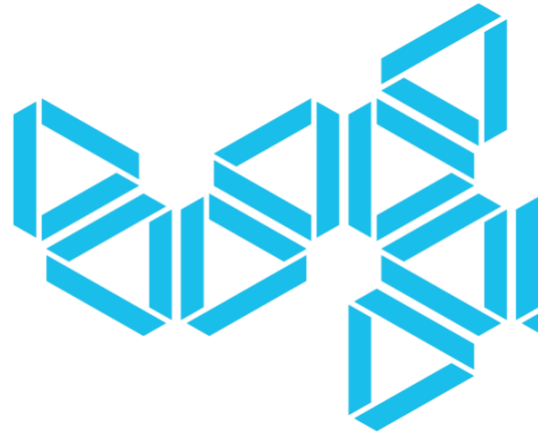
20. Child/Children specific events:

- 20.1 What happens if the Child reaches the maximum age for cover?
 - 20.1.1 The maximum age for cover for Children is 25 years. Cover for the Child will end when the Child reaches the age of 25 years.

- 20.2 There will be no waiting period applicable to changes under this clause.
- 20.3 Stillbirth claims will be limited to 2 claims over the lifetime of the policy (initial 12 months including any renewal thereafter). Stillbirth claims will not count towards the Children limit of 6 and are only payable once the insured Parent's waiting period for natural causes has passed.
- 20.4 If the Stillborn Child has both Parents insured under this policy:
 - 20.4.1 waiting periods applicable to the parents will be applicable to the stillborn;
 - 20.4.2 The Parent with the lower remaining waiting period will be used (where relevant), and
 - 20.4.3 only one Stillbirth claim is payable per Stillbirth death.

21. How to submit a claim for funeral benefits?

- 21.1 Claims may be reported to any B3 branch during normal office hours; or
- 21.2 to the B3 Contact Centre on telephone number 011 747 5400; or
- 21.3 By email to: claims@b3.co.za or []
- 21.4 RMA Life will not pay or be liable for a claim for Funeral Benefits unless written notification of the claim, together with all supporting documents as prescribed by RMA Life is received by RMA Life within 180 days after the occurrence of the Accident.
- 21.5 If any information that is provided on any Assured Life is incorrect, any benefit that becomes payable may be recalculated or declined.
- 21.6 All claims must be reported to B3 within 180 days of the date of death of the Assured Life on the policy.
- 21.7 RMA Life will pay all valid claims within 48 hours of receiving all the required documentation. Should RMA Life require any additional documentation or information to validate the claim, the payment may take



longer. The 48 hours will only apply once the additional documentation or information is received. RMA Life has the right to investigate any claim submitted. Once a claim is under investigation, the 48- hour payment turnaround time will fall away, and the investigation will determine the new timeframe in which a decision will be reached on the validity of the claim. In this instance RMA Life will inform the Policyholder that the claim is being disputed.

21.8 All benefits under this Policy will be provided to the Policyholder.

22. Documentation to be submitted to RMA:

- 22.1 To enable RMA Life to process a claim, the following documents must be submitted:
- 22.1.1 Completed claim form
 - 22.1.2 RMA Life's Death Notification Form;
 - 22.1.3 Certified Copy of ID of the deceased;
 - 22.1.4 Certified Copy of ID of the Claimant;
 - 22.1.5 Certified Copy of the death certificate issued by the Department of Home Affairs;
 - 22.1.6 Original or certified copy of all four (4) pages of the DHA1663 (Notification of death);
 - 22.1.7 Proof of a South African bank account of the claimant (stamped by the bank);
 - 22.1.8 A police report must be completed and submitted in the event of unnatural deaths; and
 - 22.1.9 A doctor's letter confirming the age of the baby at stillbirth i.e., number of weeks old.
- 22.2 RMA Life will only entertain claims for the Assured Lives reflected on the Policy Schedule.

23. Repudiation of Claims

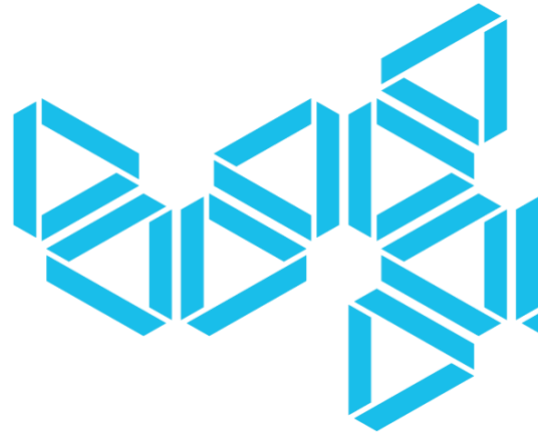
23.1 RMA Life aims to settle all claims; however, claims may be repudiated in circumstances where the claims do not comply with

conditions of the policy. If a claim has been rejected, RMA Life will inform the claimant of the decision and reasons for rejection in writing.

- 23.2 The claimant has up to 90 days from the date of receiving the Repudiation Letter to lodge a complaint to RMA Life's Complaints Officer if they want to object against RMA Life's decision. The Complaints Officer will respond within 15 days, whereby the decision to repudiate the claim may be overturned or upheld. See the Complaints Procedure for the detailed complaints process.
- 23.3 No cover will be provided to any insured life that lives permanently outside the Republic of South Africa.
- 23.4 RMA needs to be informed if a person covered under the policy leaves the country for more than 3 months in a row. This may affect the terms and conditions of the contract, as well as whether or not cover can continue.
- 23.5 If RMA is not informed then RMA has the right to reject any claim and/or terminate the policy, in which event Premiums will not be refunded. RMA can only do so after the Policy Owner receives at least 31 days written notice of the intended termination.

24. What are the exclusions on this policy?

- 24.1 The Benefit will not be paid if death is directly or indirectly caused by or attributable to:
 - 24.1.1 Active participation in war, invasion, acts of foreign enemies, hostilities, warlike operations (whether war is declared or not), civil war, rebellion, revolution, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military action, or usurped power.
 - 24.1.2 In the event that a claim arises as a direct or indirect consequence of the use of nuclear, biological or chemical



weapons, or any radioactive contamination, or attacks on or sabotage of facilities (including, but not limited to, nuclear power plants, reprocessing plants, final repository sites and research reactors) and storage depots, which lead to the release of radioactivity or nuclear, biological or chemical warfare agents, irrespective of whether any of the aforesaid has been performed with the specific use of information technology.

- 24.1.3 The influence of drugs or narcotics, unless administered or prescribed by a medical professional (other than themselves);
- 24.1.4 Operating, learning to operate, serving as a crew member of or jumping, parachuting, or falling from any aircraft or hot-air balloon, including those which are not motor-driven. This does not include flying as a fare-paying passenger;
- 24.1.5 Deliberate exposure to exceptional danger (excluding an attempt to save human life);
- 24.1.6 Criminal acts, participating or attempting to participate in illegal activity and/or being incarcerated in a penal institution;
- 24.1.7 A motor vehicle injury where the life assured is driving whilst under the influence of alcohol (having a blood alcohol level above the statutory limit), in a race, stunt show or speed test.
- 24.1.8 A motor vehicle injury resulting from the member failing to take reasonable measures to ensure the roadworthiness of the motor vehicle.

- 24.2 No benefit is payable if the Insurer is notified of a claim later than 180 days after the date of death.
- 24.3 Benefits are subject to prudential standard

limitations.

25. What are the Policyholder's rights?

- 25.1 The Policyholder may not cash in this policy or transfer/cede the rights under this policy to a third party as security or for any other reason whatsoever.

26. Fraud and Misrepresentation

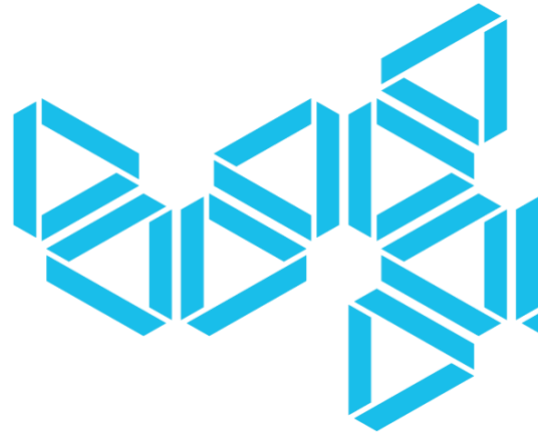
- 26.1 Notwithstanding the provisions of this Policy relating to claims, RMA Life reserves the right to cancel the cover in respect of an Assured Life and declare all Premiums in respect of that life forfeited, should there be evidence of, or an attempted submission of a fictional claim, fraud, misrepresentation or non-disclosure of any material fact.
- 26.2 If RMA Life finds any non-disclosure, misrepresentation or any incorrect information to any material facts or circumstances with regards to the policy, we may reject the application.
- 26.3 Should this information come up during the term of the policy or at claim stage, RMA Life will declare the contract null and void. This will result in RMA Life cancelling the policy contract from inception and no paid Premiums will be refunded.

27. What are the responsibilities of the B3 and RMA Life staff?

- 27.1 All staff, who are not authorized FAIS Representatives, may explain to Policyholders the policy benefits, and the processes to be followed (Factual information only).
- 27.2 However, only B3 and RMA Life staff who are authorized FAIS Representatives may give financial advice to the Policyholder.

28. What are the Policyholder's responsibilities?

- 28.1 The claimant is responsible to answer all questions on the application form, claim form, or any other form that he/she might complete during the life of the policy, correctly and honestly.



28.2 The Policyholder warrants that he will provide all information required in the sole discretion of RMA Life to underwrite this policy and to assess claims under this policy.

28.3 Any neglect to complete these forms correctly, RMA Life may decrease the benefits or cancel the policy or insurance under the policy.

28.4 This may also result in the claim being repudiated.

28.5 For legal purposes, you should not sign any blank or incomplete forms.

29. What are the charges and fees?

29.1 All the charges and fees for this policy are included in the Premium as indicated in the Policy Schedule.

30. GENERAL PROVISIONS

30.1 **Policy review:** RMA Life reserves the right to change the policy from time-to-time and will notify the Policyholder and Main Life Assured of any policy changes.

31. Liability of RMA Life

31.1 RMA Life will pay benefits after the first Premium has been received if the claim is valid and no policy waiting periods are applicable.

31.2 After benefits have been paid, RMA Life will have no further liability towards the claim.

32. Currency and the law

32.1 RMA Life will make all payments in South African Rands (ZAR). Should the law of South Africa change, the conditions of this contract will be amended.

32.2 RMA Life shall only make payment into South African bank accounts.

33. No rights to other individuals

33.1 Unless otherwise provided, nothing in this Policy shall give any rights to benefit other

than to the Policyholder or the claimant. Any extension providing indemnity to any person other than the Assured Life shall not give any rights of claims to such person, the intention being that the Claimant shall claim on behalf of such person.

34. Non-disclosure and Misrepresentation

34.1 This Policy shall not be void or voidable by reason of any:

34.1.1 Inadvertent misrepresentation, misdescription or non-disclosure;

34.1.2 Inadvertent breach of condition or warranty;

34.1.3 Inadvertent act, error or omission of the Policyholder, provided that notice be given to RMA Life as soon as reasonably practicable after the Policyholder becomes aware of the same. If required, the Policyholder shall pay any pro-rata additional Premium due, following such notice. It is the Policyholder's responsibility to ensure that the information for the Policyholder and Lives Assured and their Beneficiary(ies) are always accurate and kept up to date.

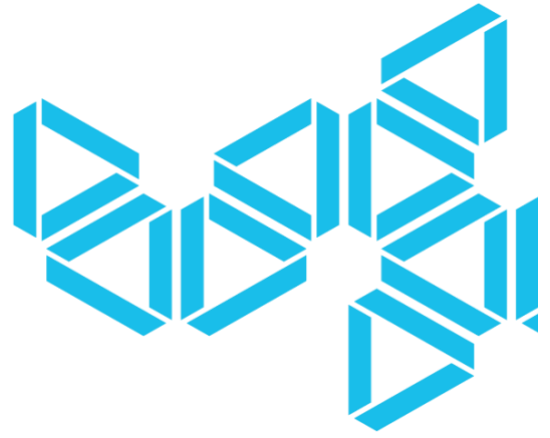
34.1.4 The Policyholder needs to inform RMA Life as soon as any life assured or contact information changes.

35. Commission and Fees

35.1 The commission is charged for each Premium. Premiums are worked out based on the total commission charge reflected in the Policy Schedule, according to the applicable legislation, and VAT will only be charged for Brokers who are VAT registered.

36. Policy Replacement

36.1 **Similar Policy:** Means a product with benefits made available by an Insurer and has homogenous features to a product offered by RMA, identifiable by the following attributes:



- 36.1.1 Benefits
- 36.1.2 Exclusions
- 36.1.3 The duration of a policy
- 36.1.4 Policy Conditions
- 36.1.5 Waiting Periods

36.2 **Replacement Policy:** Means a new policy or a variation of an existing policy due to any reason other than the annual Premium increase, where:

- 36.2.1 The Policyholder or Main Life Assured was also the Policyholder or Main Life Assured in respect of another policy, and the Life Assured was covered under the previous policy in the last 31 days.
- 36.2.2 The previous policy termination event occurred in anticipation of, or as a consequence of effecting the new policy or variation.
- 36.2.3 If you have never had a funeral policy or not been a member of a group funeral policy and you take out cover, your cover is new to RMA, as it is the first time you are insured on a funeral policy.
- 36.2.4 A new policy can be the above or it can be a funeral policy from a different Insurer. This would happen if you cancelled funeral cover with one Insurer and take out cover with RMA Life. In this case, you have a new policy, but your cover is not new because you already had cover on a previous policy.

37.3 If you have a complaint about how the policy was sold to you, and RMA Life could not resolve your query to your satisfaction, you may contact the FAIS Ombud at:

37.3.1 THE FAIS OMBUDSMAN

P.O. BOX 74571, Lynwood Ridge, 0040

Telephone: 012 762 5000

Fax: 012 348 3447

E-mail: info@faisombud.co.za

37.4 If you have a complaint about the policy itself or any claim under the policy and RMA Life could not resolve your query to your satisfaction, you may contact the Ombudsman for Long Term Insurance at:

37.4.1 THE OMBUDSMAN FOR LONG TERM INSURANCE

Private Bag X45, Claremont, Cape Town, 7735

Telephone: 021 657 5000

Share call: 0860 103236

Email: info@ombud.co.za

.... End...

37. Complaints or Queries

- 37.1 If you have any questions or complaints about the policy, please call the B3 contact center on 011 747 5400 or RMA Life on 086 010 2532.
- 37.2 If you are not satisfied with the outcome or answer, you may send your complaint in writing to: complaints@b3insurance.co.za or complaints@randmutual.co.za

