

MyCover Funeral

Terms and conditions

Why you have this policy

When you or someone else who is covered under your MyCover Funeral plan (that is, an insured person) dies, we will pay out a cash lump sum to help with the funeral and related costs within 24 hours after we have received the claim documents we need.

You, as the policyholder, can insure up to 29 people. Depending on your relationship with them, special conditions may apply.

Your policy documents

This document (the **terms and conditions**), your **policy schedule** and any **communication between us** are all part of your agreement with us.

The terms and conditions

- **Section 1: General terms and conditions** (information about your policy and your responsibilities).
- **Section 2: Benefit terms and conditions** (specific conditions for each insured person).
- **Section 3: Rider benefit terms and conditions** (extra benefits that you can choose and how they work).

Your policy schedule

Your schedule is a summary of your policy and includes the following information:

- The people who are covered under your policy.
- The amounts they are covered for.
- Cover increases.
- Rider (extra) benefits.
- Waiting periods.
- Any special conditions that may apply to an insured person.

It also explains:

- your premium amount;
- how often and how you pay your premium; and
- cashback payments.

If you change your policy, we will update your schedule and use your latest schedule if you claim.

Ongoing communication between us

All communication between us, including emails, letters, telephone conversations and SMSs, form part of your agreement with us. That is why **it is important to tell us how you want us to communicate with you**, for example, via email. You have to make sure that we have your latest contact information. For your security we will record all our telephone conversations, and you can request copies of these recordings.

How to communicate with us

Our contact information is on the last page of this document. If you have any questions about how your policy works or if you want to change it, please contact us.

If you want to cancel your policy

If, after your policy has started, you decide to cancel your policy, please let us know. If you cancel it **within the first 31 days** of your policy and we have not paid out any claims, we will refund the premiums that you have already paid.

Section 1: General terms and conditions

You and the insured persons, as well as anyone acting on your or their behalf, must comply with all the terms and conditions of your policy. If you (or they) don't, we may not pay any claims.

You and other insured persons

You must be 18 years old (but not older than 75) to take out this policy.

You and all other insured persons must:

- be South African citizens or permanent South African residents, living in South Africa for at least nine consecutive months; and
- have a valid identity document or card, except for minor children. They must have valid birth certificates.

If you or other insured persons plan to travel or live outside South Africa for three months or longer, you must let us know. In this case we may cancel cover for you or for those individuals.

Your information

When you take out this policy, change it or claim, you must give us correct and complete information. If your information changes, you must let us know within 31 days after the information has changed.

If the information you give us is incorrect, we may cancel your policy and not pay a claim. You may then also lose all the premiums you have already paid and may have to pay an administration fee and pay back any amount that we have paid out. If this happens, we will SMS or email you, depending on how you prefer us to communicate with you.

If we pay out any amount and find that you gave us incorrect and incomplete information, you will have to pay it back. If we must take legal action to recover the amount, and our case is successful, you will also have to pay the legal costs.

Changing your policy

You can change your policy, for example by adding or removing insured persons or changing the cover amounts. If you change your policy, your premium may also change, and new waiting periods may apply. If you want to change your policy, you can visit a branch, write to us or call us. Sometimes we need the information in writing, but we will tell you when you contact us.

Sometimes certain circumstances force us to change the terms and conditions or the premiums of your policy. We will give you 31 days' notice by SMS to tell you about the change and send you an updated policy.

What, how and when you pay

Your total monthly premium includes a minimum and risk premium. The minimum premium covers the administration cost of your policy, while the risk premium covers the benefits for all the insured persons.

How you pay your premium

When you took out your policy, you had to choose one of the following payment options:

- a debit order; or
- MobiMoney Wallet; or
- cash payments, which include:
 - electronic fund transfers;
 - debit or credit card payments;
 - cash deposits at a Nedbank branch or at participating retailers (Boxer and Pick n Pay).

You can pay your premium using a combination of these payment options. If you make a **cash payment**, please remember to **use your policy or identity number (policyholder's identity number) as reference**.

If you pay your premium with a **debit order** from a Nedbank account, you will get a **5% discount** on your premium. Therefore, if you change the way you pay your premium, the premium amount may also change.

We will let you know when we receive your payment

We will confirm that we have received your premium payments by SMS, regardless of how you choose to pay. If you pay your premiums at participating retailers, it can take up to two days to confirm your payment, but you will have proof that you have paid on your till slip. If you miss a premium, we will SMS you a reminder.

If you pay less than the full monthly premium

If you pay less than the full monthly premium amount, your cover amount will also be less than the amounts shown in your policy schedule, and it may affect your premium bonuses too.

We will SMS you the cover amount you qualify for at the beginning of each month. We will calculate this amount based on the premium amount you have paid the previous month. If you do not receive this SMS, you can phone us to find out how much cover you have.

If you pay more than the full monthly premium

If you pay more than the full monthly premium, we will keep the extra money you pay in a **Future Cover Wallet**. You can then use the money in your Future Cover Wallet to pay your premiums or to claim an **instant payment**. We will pay the instant benefit only into a valid bank account and it may take up to eight working hours. If the account is not a Nedbank account, the payment may take up to two days to show in the account. If there is no money in your Future Cover Wallet, you will not have this benefit.

Grace period

If you cannot pay your premium for a specific month and do not have extra money available in your Future Cover Wallet or a premium bonus to cover the premium and you consequently miss the payment, you have 30 days during which you can pay the premium. This is called a grace period, and we will SMS you to let you know when you are using a grace period.

When we receive your payment, we will first allocate it to the month that you have missed, and if there is money left, we will allocate it to the current month.

Your policy allows for three grace periods (**one grace period in a policy year**), but you cannot use a grace period during a waiting period.

If you have a valid claim during a grace period and you have not paid your premium, your premium for the previous month will be zero, because it was not paid yet. If your premium is zero for two months in a row and there is no grace period, your policy will lapse.

Premium bonus

If you pay your full premiums for 11 months in a row, you do not have to pay your premium for the 12th month.

Extra premium bonus

If you pay your full premiums for 10 months in advance in one payment, you will get an extra premium bonus, which means you do not have to pay premiums for the 11th and 12th month.

How we calculate your cover amount if you have a valid claim

The cover amount we pay will depend on the premiums you have paid for the previous six months. In other words, if we did not receive the full amount, we divide the actual premiums we have received over the past six months by the premiums due over the past six months and multiply it with the cover amount to get the actual cover amount.

Example

Cover amount: R10 000

Premium due: R100 (R600 for six months)

Premium you actually paid over six months: R500

Calculation: $(R500/R600) \times R10\ 000 = R8\ 333,33$

This means you will be covered for R8 333,33 only and not for R10 000.

Cover increases

You can choose a cover increase of 5% or 10% every year. Let us know in writing 30 days before the anniversary date of your policy if you want to increase cover. We will then increase your cover amounts automatically on your policy anniversary date. No new waiting periods will apply to these increases. If you do not choose the cover increase, your cover amounts will stay the same.

If you choose not to increase your cover amounts for two years in a row, the option to increase your cover will fall away permanently, and your cover amounts will stay the same from then onwards.

Starting your policy again

If we had to end your policy because you did not pay your premiums or if you cancelled your policy, you can start your policy again at any time if you are not older than 75 at the time.

We will then automatically cover the insured persons who were initially covered under your policy if they have not reached the maximum age for their category.

Your cover will start again once we have received your first premium. If your waiting periods have not lapsed yet, the remaining waiting periods will still apply. You do not have to pay the premiums you have missed while your policy was not active. We will therefore not pay any claims while your policy was not active.

Payments when you die (beneficiaries)

You must choose who will get the money from this policy when you die. This person is called your **beneficiary**.

If you do not nominate a beneficiary and you die, the money will go to the first qualifying person insured under your policy in the list below:

- your first spouse;
- your oldest child; or
- your oldest parent.

If we cannot pay out the money to them, it will go to:

- your spouse who is not insured under this policy;
- your oldest child who is not insured under this policy; or
- your oldest parent who is not insured under this policy.

If we cannot pay out the money to them, it will go towards your estate.

All the payments we make will be in South African rand, without interest, and we can pay the money into a South African bank account only.

Beneficiaries for your domestic workers

If you insured a domestic worker, you cannot be the domestic worker's beneficiary. Domestic workers must nominate their own beneficiaries. If they do not nominate someone, we will pay the money towards their estate.

Waiting periods

On condition that your policy remains active, a waiting period is the time you have to wait before you can claim, and it depends on the cause of death.

Accidents

There is **no waiting period** if you or another insured person die because of an accident. An accident is an unforeseeable event that happened after your policy started and in a violent, external and visible manner directly caused an injury resulting in death within 90 days after the accident happened.

Death due to natural causes or illnesses

All Insured persons

The waiting period is **six months** from the date your policy starts. Anyone added **within 30 days** after your policy has already started, will have a waiting period of six months from the day we receive your first premium payment for them. If you added anyone **30 days** after the date your policy has started, the waiting period of six months will commence from the day they are added to your policy.

When we won't pay

We will not pay claims as a result of:

- intentional self-inflicted injury, suicide or attempted suicide in the first 12 months your policy;
- insured persons, their dependants, beneficiaries or people acting on their behalf breaching the law, whether they are convicted of a crime or not;
- war, invasion, acts of foreign enemy, terrorism, hostilities (whether war is declared or not), civil war, rebellion, revolution, insurrection or military or usurped power or strike, labour disputes or industrial action; or
- ionising radiation or contamination by radioactivity from any nuclear waste or fuel.

How to claim

When you or an insured person die, your or their nominated beneficiaries or estate executors (the **claimants**) must let us know by phoning us on **0860 333 111** during office hours **within 180 days** from the date of your or the insured person's death. If they do not notify us within 180 days, we do not have to pay the claim.

When they phone we will tell them what information we need for the claim. This information include completed claim forms, death certificates, information about the circumstances leading to a claim as well as medical evidence.

The claimants are responsible for paying the costs of giving us the information, including postage, courier or delivery costs. **We will accept certified copies only.** Claimants can go to their nearest police station and ask a commissioner of oaths to stamp and sign the documents before handing them to us.

Besides any other information, we will need the following documents:

- The death certificate.
- A BI-1663/DHA-1663 form (notification of death).
- A valid identity document or card of the deceased. If the deceased is younger than 18, we will need their full birth certificate.
- A certified copy of the claimant's valid identity document or card.
- A completed claim form or the reference number of the call when the claimant phoned us to submit the claim telephonically.
- A burial order, invoice or receipt for the funeral.
- A certified copy of your or the respective beneficiaries' bank statements for one month.

If we need more information, we may contact any person (including a medical practitioner or hospital) whom we think will be able to give us the information.

Examples of other information that we may ask for

- Proof of the relationship the deceased had with the claimant.
- Proof of ownership of the bank account into which we must pay the money if it is not the beneficiary's account.
- A police report (only if it is an unnatural death, for example an accident).

The claimants can hand the documents in at their nearest Nedbank branch, or they can post, fax or email it to us. Once we have received the documents, we will make sure that they are complete. If we need anything else, we will let the claimant know. Once we have paid a claim for an insured person, we will have no further liability. In the case of a fraudulent claim we may cancel your policy immediately and we will not refund any premiums that have already been paid.

Cancellation of your policy

Besides you or us cancelling your policy, we will also cancel your policy if:

- you die and your spouse or adult child does not keep and continue with your policy; or
- if you have not paid two consecutive premiums, in which case no cover is offered and cancellation is immediate.

If you die, your spouse or adult child can keep your policy

When you die, your spouse or adult child covered under this policy can keep your policy by becoming the new policyholder. To do this they must call us or go to their nearest Nedbank branch within 30 days after you have died. We will then tell them how much they would need to pay each month to keep your policy. They will also have to pay any premiums that are in arrears. If they agree, we will change the policy details. If you don't have a spouse or adult child to take over your policy, any of the insured persons who qualify as a policyholder can take over your policy, but the premium may change.

You cannot use this policy as security

You cannot cede your rights to this policy, which means you cannot use it as security for a loan.

South African law and courts

South African law applies to your policy. If you do not agree with a decision that we have made about your policy or a claim, you can refer your complaint to Nedbank Insurance Complaints. If they do not resolve your complaint, you can refer it to the ombudsman for long-term insurance. The contact information is on the last page.

We may share your private information

We may share information, including personal, credit and insurance information about you and other insured persons with other insurance companies to help them assess individuals and claims fairly and to reduce fraudulent claims. We will not share your personal information for any other reason.

Limited number of policies and maximum cover

You can have cover under more than one funeral policy, but the maximum payment for all your policies combined will be **R100 000**. We may increase the maximum payment from time to time, and if we do, we will SMS you to let you know.

- Children 14 years or older – 100% of your cover amount.
- Children between 6 and 13 years – 50% of your cover amount up to a maximum of R30 000.
- Children between 1 and 5 years – 25% of your cover amount up to a maximum of R10 000.
- Children younger than 1 year – 12,5% of your cover amount up to a maximum of R2 500.

When we limit the amount we pay for a valid claim, we will not pay back any of your premiums.

Section 2: Benefit terms and conditions

You choose who you want to insure under your policy. Certain conditions may apply for each insured person, depending on the relationship you have with them.

You, as the policyholder

Although you are responsible to pay the monthly premiums for your policy, you do not necessarily have to be insured under this policy. In other words, you don't have to be an insured person. However, to be able to insure certain categories of insured persons, you must also be an insured person.

If you are an insured person, your maximum cover is R100 000 and your minimum cover is R5 000. **The amount we will pay for a valid claim depends on the actual policy premiums that we have received.** You must choose who will get the money from this policy when you die. When we pay out valid claims for insured persons other than yourself, we will pay the money to you, except for domestic workers.

Female policyholders (and female spouses) automatically qualify for stillborn cover of 12,5% of your main cover amount, up to a maximum of R1 000 per claim. For the purposes of this policy **stillborn means** the loss of a baby (before or during delivery) who has been in their mother's womb for at least 182 days (almost six months). There is a limit of two claims for this benefit.

Spouses

For the purposes of this policy, **spouse means** a husband or wife or registered customary spouse (a marriage that is negotiated, celebrated or concluded according to indigenous African customary law in South Africa). You can insure more than one spouse, even if you are not an insured person under this policy. To qualify for cover, your spouse must be at least 18 years old but not older than 75.

The maximum cover for a spouse is R100 000 and the minimum cover is R5 000. If you are insured under this policy, the maximum cover for your spouse is limited to 100% of your cover. The cover amount for other spouses added to your policy is limited to a maximum of your first spouse's cover. **The amount we will pay for a valid claim depends on the actual policy premiums that we have received.**

Female spouses insured under this policy automatically qualify for stillborn cover of 12,5% of your cover, up to a maximum of R1 000 per claim. There is a limit of two claims for this benefit.

Children

For the purposes of this policy **children means** natural children, legally adopted children, stepchildren, grandchildren, great grandchildren and registered customary-law children. To qualify for cover, children must be 65 years or younger to be covered under this policy. You can insure minor children (children younger than 21) only if you are an insured person under this policy as well. When they become adult children, they will still have cover.

The maximum cover for a child is 100% of your cover, or R40 000, whichever is less. The minimum cover for a child (excluding a stillborn child) is R1 000.

If there is a valid claim, payment will be limited to the following:

- Children 14 years or older – 100% of your cover amount.
- Children between 6 and 13 years – 50% of your cover amount up to a maximum of R30 000.
- Children between 1 and 5 years – 25% of your cover amount up to a maximum of R10 000.
- Children younger than 1 year – 12,5% of your cover amount up to a maximum of R2 500.

The amount we will pay for a valid claim depends on the actual policy premiums that we have received.

You may add or remove children or change their cover at any time, depending on the limits above and any restrictions we may have on cover levels at the time. We will then let you know what your new monthly premium will be. If you increase the cover for an existing child or add a child, new waiting periods will apply for the increased cover or added child.

Parents

For the purposes of this policy, **parent means** your biological parents and parents-in-law through conventional or registered customary law. To qualify for cover, a parent must be at least 18 but not older than 75. You can insure a parent even if you are not an insured person under this policy.

The maximum cover for a parent is 50% of the policyholder's cover (if they are an insured person) or R37 000, whichever is less. The minimum cover for a parent is R2 000. **The amount we will pay for a valid claim depends on the actual policy premiums that we have received.**

Grandparents

For the purposes of this policy, **grandparent means** biological grandparents and grandparents-in-law through conventional or customary law. To qualify for cover, a grandparent must be at least 35 years old but not older than 75. You can insure a grandparent even if you are not an insured person under this policy.

The maximum cover for a grandparent is 50% of the policyholder's cover or (if they are an insured person) or R20 000, whichever is less. The minimum cover for a grandparent is R2 000. **The amount we will pay for a valid claim depends on the actual policy premiums that we have received.**

Aunts, uncles, nieces and nephews

For the purposes of this policy, **aunts, uncles, nieces and nephews mean** both conventional- and customary-law relationships. To qualify for cover, they may not be older than 65. You can insure them only if you are an insured person under this policy as well.

The maximum cover for them are 30% of your cover or R15 000, whichever is less. The minimum cover is R1 000. **The amount we will pay for a valid claim depends on the actual policy premiums that we have received.**

If there is a valid claim, payment will be limited to the following:

- Children 14 years or older – 100% of your cover amount.
- Children between 6 and 13 years – 50% of your cover amount up to a maximum of R30 000.
- Children between 1 and 5 years – 25% of your cover amount up to a maximum of R10 000.
- Children younger than 1 year – 12,5% of your cover amount up to a maximum of R2 500.

Brothers and sisters

For the purposes of this policy, **brothers and sisters mean** both conventional- and customary-law relationships. To qualify for cover, they may not be older than 65. You can insure them only if you are an insured person under this policy as well.

The maximum cover for them is 30% of your cover or R20 000, whichever is less. The minimum cover is R1 000. **The amount we will pay for a valid claim depends on the actual policy premiums that we have received.**

If there is a valid claim, payment will be limited to the following:

- Children 14 years or older – 100% of your cover amount.
- Children between 6 and 13 years – 50% of your cover amount up to a maximum of R30 000.
- Children between 1 and 5 years – 25% of your cover amount up to a maximum of R10 000.
- Children younger than 1 year – 12,5% of your cover amount up to a maximum of R2 500.

Cousins

For the purposes of this policy, **cousins mean** both conventional- and customary-law relationships. To qualify for cover they may not be older than 65 years. You can insure them only if you are an insured person under this policy as well.

The maximum cover for them 15% of your cover or R10 000, whichever is less. The minimum cover is R1 000. **The amount we will pay for a valid claim depends on the actual policy premiums that we have received.**

If there is a valid claim, payment will be limited to the following:

- Children 14 years or older – 100% of your cover amount.

- Children between 6 and 13 years – 50% of your cover amount up to a maximum of R30 000.
- Children between 1 and 5 years – 25% of your cover amount up to a maximum of R10 000.
- Children younger than 1 year – 12,5% of your cover amount up to a maximum of R2 500.

Domestic workers

For the purposes of this policy, **domestic workers mean** gardeners, house cleaners and au pairs. To qualify for cover, they must be at least 15 years but not older than 65. You can insure a maximum of five domestic workers under your policy even if you are not an insured person under this policy.

Each domestic worker will get their own policy schedule, which will specify their beneficiaries. When domestic workers die, the policyholder cannot be the beneficiary.

The maximum cover for domestic workers is 100% of the policyholder's cover (if they are an insured person) or R15 000, whichever is less. The minimum cover is R2 000. **The amount we will pay for a valid claim depends on the actual policy premiums that we have received.**

Special packages

Sometimes we may offer special packages. We then group the same insured persons or different insured persons together. The rules, eligibility and limitations of cover mentioned in the **Benefit terms and conditions** and **Limited number of policies and maximum cover** sections will still apply, but we will offer one special premium for the entire package. Every time we offer a package like this, the special terms and conditions that apply to the package will be an addendum to the special packages section of your policy. For now, we only offer the **immediate family package**.

Immediate family package

This special package offers cover for one spouse and five minor children under this policy for a specified premium if you are an insured person under this policy as well.

The same terms and conditions for spouses and children apply, except for the following:

- The cover amount is limited to 100% of your cover or R40 000, whichever is less. The minimum cover is R5 000. In terms of legislation, extra limits apply to minor children, depending on how old they are when you claim. Please check your policy schedule for these limits.
- When minor children turn 21, we will transfer them to the adult-child category automatically.
- The premium will not increase.
- If you do not insure five minor children at once, you can add them later (up to five minor children in total).
- Once you have insured a minor child, you cannot insure another minor child when the first child turns 21.
- If an insured minor child under this special package dies (regardless of whether we pay the claim or not), you cannot insure another minor child.
- If an insured spouse under this special package dies (regardless of whether we pay the claim or not), you cannot insure another spouse.
- A female policyholder or female spouse automatically qualifies for stillborn cover.
- If you have more than five minor children, you can add them, but we will treat them according to the Children section under Benefit terms and conditions, and you will have to pay a separate premium for them.

If we change any of the terms and conditions for this special package, we will let you know.

You can have more than one immediate family package, on condition that you have enough space available under this policy.

Section 3: Rider benefit terms and conditions

You can choose to add extra benefits to your policy. These benefits are called rider benefits. They cannot exist on their own, but must be linked to one or more of the eligible people insured under your policy. The rider benefits you have chosen are also in your policy schedule.

We may introduce new rider benefits or cancel existing ones. When this happens, we will let you know. Except for the cashback benefit, you will follow the exact same procedure as you would for claiming a funeral benefit.

The rider benefits we currently offer, as well as their specific terms and conditions, are listed below.

Family supporter benefit

You can choose this benefit only if you are an insured person under this policy as well, and you must be 65 year or younger at the time.

The purpose of this benefit is to give your family a monthly income for a fixed period after you have died to help them with everyday family expenses. We explain the amount and the period we will pay this benefit in your policy schedule, and we will pay the money to your beneficiary. **Remember that the amount we will pay for a valid claim depends on the actual policy premiums that we have received.**

The same waiting periods as your funeral cover apply to this benefit.

This benefit and the premium for this benefit will end when:

- your policy ends;
- we have paid a valid claim for this benefit; or
- you turn 66, whichever happens first.

Premium waiver benefit

You can choose this benefit only if you are an insured person under this policy as well, and you must be 65 year or younger at the time.

The purpose of this benefit is to pay this policy's premiums to give your family continuous cover after you have died. We explain the amount and the period we will pay for in your policy schedule. We will pay the premium automatically and will not pay the money to your beneficiary. While we pay this benefit, the policy may not be changed. **Remember that the amount we will pay for a valid claim depends on the actual policy premiums that we have received.**

This benefit and the premium for this benefit will end when:

- the policy ends;
- we have paid a valid claim for this benefit; or
- you turn 66 years old; whichever happens first.

Cashback benefit

You can choose this benefit only if you are an insured person under this policy as well, and you must be 65 years or younger at the time.

The purpose of this benefit is to give you cash back over regular intervals. You may cancel the cashback benefit and take it up again by letting us know in writing 30 days in advance. If you do this, the benefit will depend on the terms and conditions applicable at the time. We will use the total premiums you have paid during the cashback interval to determine the benefit amount.

We will pay the money only if your premium payments are up to date. We will pay it into the bank account that we have on record for you at the time. The cashback amount under this benefit will change in line with the premiums payable for your policy.

The cashback benefit will not continue if you start your policy again after it has lapsed. You will have to apply again, and the terms and conditions applicable then will apply. You will also lose all the cashback premiums that you have already paid.

This benefit and the premium for this benefit will end when:

- your policy ends; or
- we have paid a funeral benefit for you, as the policyholder.

Funeral support benefit

When you or another insured person die, you or your beneficiary can call the Value for Life Call Centre on 0860 000 538 to claim the following benefits:

Funeral Support Services

- Repatriation of mortal remains to closest place of burial
- Transportation of single relative to accompany remains.
- 1-night accommodation if required
- R1,000 Grocery shopping voucher should you make use of our repatriation benefit.

Legal Services

- 24-hour telephonic legal advice
- 30-minutes free face-to-face consultation
- Free standard legal documentation
- 50% discount on attorney transfer and bond registration fee
- Assistance with UIF forms, maintenance application forms, Landlord / Tenant dispute and consumer complaints etc.

Trauma, Assault & HIV Benefit

- R5,000 cover for medical treatment for bodily injuries.
- R5,000 cover face-to-face trauma counselling such as;
- Rape
- Hi-jacking
- Child abuse
- Suicide of close family members
- Death of next-of-kin
- Domestic violence and/or abuse
- Kidnapping/Abduction
- Armed robbery and assault
- Woman abuse, etc.
- 24-hour telephonic counselling
- R5,000 cover tests, medication & consultation for HIV.

Personal Health Advisor

- 24-hour emergency medical advice
- Assessment of symptoms and referral
- Explained medical terms, results of tests and info relating to medication
- Counselling for chronic ailments.



Important notice and contact details

There is certain information that we must give you in terms of the law. This section of the document has important information that does not form part of your policy terms and conditions.

As a policyowner, you have the right to the following information:

1 The insurer

Name : Nedgroup Life Assurance Company Limited Reg No 1993/001022/06
Postal address : PO Box 149175, East End, 4018
Physical address : Nedbank Park Square, 9 Park Avenue, Umhlanga, 4321
Tel : 0860 333 111
Fax : 0860 065 435
Email : clientservices@nedgrouplife.co.za

Nedgroup Life Assurance Company Limited (**Nedgroup Life**) is a registered insurance company and an authorised financial services provider (licence number FSP40915). Nedgroup Life is a wholly owned subsidiary of Nedbank Group Limited.

2 Regulatory compliance

Nedgroup Life is a member of the Association for Savings and Investment South Africa (Asisa) and subscribes to the applicable Asisa codes and standards. For any compliance or regulatory matters about the Financial Advisory and Intermediary Services (FAIS) Act, 37 of 2002, or any other applicable legislation, you can contact our compliance or public officer:

Compliance officer

Tel: 031 820 8448 Fax: 0860 066 641 Email: compliance@nedbankinsurance.co.za

Public officer

Email: publicofficer@nedbankinsurance.co.za

To comply with the requirements of the FAIS General Code of Conduct, Nedgroup Life has adopted and implemented a conflict of interest policy, which is available on our website at nedbank.co.za/insurance. If you do not have access to the internet, you can phone our Client Services Contact Centre on 0860 333 111 to get a copy.

3 Claims procedure

If you have a claim, you must let our Claims Department know immediately.

Tel: 0860 333 111 Fax: 0860 065 437 Email: claims@nedgrouplife.co.za

4 Complaints procedure

We recommend that you take the following steps to resolve the issue:

First, try to resolve the problem by contacting our Nedbank Insurance Contact Centre.

Tel: 0860 333 111 Fax: 0860 065 437 Email: clientservices@nedgrouplife.co.za

If you are still not satisfied, escalate the complaint to the complaints resolution officer:

Tel: 0860 333 111 Fax: 0860 066 641 Email: complaints@nedbankinsurance.co.za

If possible, you must send your complaint in writing. We will acknowledge receipt of your complaint within three working days. The complaints resolution officer then has 20 working days to resolve your complaint. We will notify you in writing of their decision. If a complaint is resolved in your favour, we will offer an appropriate solution or compensation. If your complaint is not resolved in your favour, we will tell you why. You can then refer the matter to the ombudsman for long-term Insurance if you wish to take it further.

5 The ombudsman for long-term insurance

If you are still not satisfied with the outcome of your complaint that you have registered with our complaints resolution officer, you can contact the ombudsman for long-term insurance:

Postal address: Private Bag X45, Claremont, 7735

Tel: 0860 103 236

Fax: 021 674 0951

Email: info@ombud.co.za

6 The FAIS ombudsman

If you have a complaint about advice or intermediary services that you have received from us and it has not been resolved to your satisfaction within six weeks of registering your complaint with the complaints resolution officer, you can refer the matter to the FAIS ombudsman:

Postal address: PO Box 74571, Lynnwood Ridge, 0040

Tel: 012 470 9080

Fax: 0860 324 766

Website: faisombud.co.za

7 Unclaimed benefits

If there are unclaimed benefits under your policy, we will take all reasonable steps to contact you or your beneficiaries, including a thorough search of all our client databases and using information and services of external database compilers or tracing agencies, where appropriate. It is your responsibility to ensure that your contact information is always up to date.

We may charge any reasonable direct administrative and tracing costs against your unclaimed benefits if the first tracing attempt is unsuccessful. These tracing costs will be market related. We may end the services of a tracing agent or choose not to appoint a tracing agent if the value of your policy is less than R1 000 and the costs of tracing exceed this benefit.

We will pay all valid claims against these unclaimed benefits according to Asisa's standard on unclaimed benefits, which is available on their website at asisa.org.za.