



Smartcall Insurance Administrators (PTY) Ltd
is an authorised Financial Services Provider (FSP No. 32 590)

Smartcall Insurance Administrators (Pty) Ltd

Reg. No. 2002/029121/07
P.O.Box 412041, Craighall, 2024, South Africa
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Claims Call Centre: 82 241 4949 (Toll Free);
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NOTICE TO LONG-TERM 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 long-term insurance policy holder, or prospective policyholder, you have the right to the following information:

LEGAL STATUS OF PROVIDERS

Guardrisk Life Limited (1999/013922/06), hereinafter referred to as "Guardrisk Life", is a public company established in 1999 and registered as the long-term insurer in terms of the Long-Term Insurance Act. As an authorised Financial Services Provider in terms of the Financial Advisory and Intermediary Services Act, Guardrisk accepts responsibility for the activities of its representatives performed within the scope of, or in the course of, their duties as mandated by Guardrisk in the rendering of financial services as defined by FAIS. Our representatives meet the fit and proper requirements as prescribed by FAIS, to assist you in a professional manner with your financial requirements.

YOUR FINANCIAL SERVICES PROVIDER

Smartcall Insurance Administrators Pty (Ltd), FSP Licence no. 32590, hereinafter referred to as "SIA", has been licensed by the Financial Services Board in terms of the FAIS Act, to render advice and intermediary services in respect of Long-Term Category A. A copy of our FSP licence and the conditions of the licence are available on request.

LEGAL STATUS OF REPRESENTATIVES

SIA confirms that its representatives are mandated and entitled to render financial advice and/or intermediary services to you in terms of the FAIS Act. As full time representatives of SIA, representatives receive more than 30% of their remuneration from Smartcall. SIA does not hold professional indemnity and fidelity insurance

YOUR RIGHT WHEN BEING ADVISED TO REPLACE AN EXISTING POLICY:

You may not be advised to cancel a policy to enable you to purchase a new policy or amend an existing policy, unless:

- a) The intermediary identifies the policy as a replacement policy.
- b) The implications of cancellation of the policy are disclosed to you such as:
 - The influence of your benefits under the old policy.
 - The additional costs incurred with the replacement.
- c) The insurer which issued the original policy will contact you, you are advised to discuss the matter with its representative.

YOUR RIGHT TO CANCEL THE TRANSACTION:

In most cases, you have the right to cancel a policy in writing within 30 days after receipt of the summary from the insurer as contemplated in section 48 of the Long-Term Insurance Act. The same applies to certain changes you may make to the policy. The insurer is obliged to confirm to you whether you have this right and to explain how to exercise it. Please bear in mind that you may not exercise it if you have already claimed under the policy or if the event, which the policy insures you against, has already happened. If the policy has an investment component, you will carry any investment loss.

IMPORTANT WARNING:

Please read the contract terms of your policy carefully, and should you have any query please contact our call centre on 082 241 4949 or 011 507 4779. It is very important that you are quite sure that the product or transaction meets your needs and that you feel you have all the information you need before making a decision. It is recommended that you discuss with the intermediary or insurer the possible impact of the proposed transaction on your finances, your other policies or your broader investment portfolio. You should also ask for information about the flexibility of any proposed policy.

Where paper forms are required, it is advisable to sign them only once they are fully completed. Feel free to make notes regarding verbal information, and to ask for written confirmation or copies of documents.

Remember that you may contact either the Long-Term Insurance Ombudsman or the Registrar of Long-Term Insurance, whose details are set out below, if you have any concerns regarding a product sold to you or advice given to you.

DETAILS OF COMPLIANCE, COMPLAINT and FAIS OMBUD

- a) The life insured has the right to write to the insurer's COMPLIANCE OFFICER should they encounter any problem with regards to the policy issued.
- b) The complaint may include any dissatisfaction the life insured experienced in dealings with the intermediary with regards to this policy.
- c) Contact details of the Insurer:

Name: Guardrisk Life Limited (1999/013922/06)
Postal Address: P.O.Box 786015
Sandton
2146
E-mail Address: compliance@guardrisk.co.za
Fax: +27 11 669 1931
Tel: +27 11 669 1000

d) Should a complaint not be resolved to your satisfaction, you may forward such complaint to the Office of the Ombud for Financial Service Providers:

Name: FAIS Ombud (www.faisombud.co.za)
Postal Address: P.O.Box 74571
Lynnwood Ridge
0040
E-mail Address: info@faisombud.co.za
Fax: +27 12 348 3447
Toll free: 0860 324 766

Please note that if you wish to lodge a complaint with the FAIS Ombud against SIA or our representative, you will need to show that you have already attempted to resolve the matter directly with SIA.

COMPLIANCE OFFICER DETAILS:

NAME: National Compliance Company (Pty) Ltd
Practice Number 1307
ADDRESS: 3 Brabham House, Garlicke Crescent
Crowthorne Corner,
Ballito
Tel: 032 946 2921 / 2949
Fax: 032 946 2225

REPUDIATION OF CLAIMS PROCEDURE:

- a) The life insured/beneficiary will be notified, in writing, as to the reasons for the repudiation.
- b) The life insured/beneficiary has the right to approach Guardrisk life directly at the "insurer's" address, in writing, should they wish to make further representations. The dispute must reach Guardrisk life within 90 days of the date of the repudiation letter per point a) above.

OTHER MATTERS OF IMPORTANCE

- a) Keep all documents handed to you.
- b) In the event that there is a potential conflict of interest in any financial advice offered, Guardrisk Life shall at all times place the interest of its clients before its own

POLICY WORDING GENERAL CONDITIONS

Reference throughout this document to the masculine shall include the feminine and the singular shall include the plural where appropriate and vice versa.

1. DEFINITIONS

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|-------------------------------|--|
| Accidental | an unforeseen event which could not reasonably have been expected to occur. The event must result in death caused directly and independently of all other causes by some external and visible means arising from this event, and excludes death by natural causes. |
| Application Form | the form that the Principal Insured completes, signs, and shall be the basis for the nomination of Insureds and the selection of benefits. This form shall also be the Schedule to the policy. This form shall also be known as the Policy Document |
| Children (Child) | the Principal Insured's unmarried minor child who has not yet attained the age of 21 and shall include natural children, legally adopted children, legally fostered children and stepchildren who are financially dependant on the Principal Insured. This age may, at the discretion of the Insured , be extended to 25, in respect of an unmarried child who is a full time student at a registered educational institution There will be no age restriction for children who are either mentally or physically incapacitated from maintaining themselves, provided that the children are wholly dependent on the Principal Insured for support and maintenance, and have been so dependent since at least their 21 st birthday. |
| Commencement Date | the date the insurance risk commenced and from which date premiums are due. |
| Extended Family Member | shall include the natural parents, natural brothers, natural sisters, natural grandparents, natural cousins, natural aunts, natural uncles, children (as per the above definition) of the Principal Insured and/or Spouse , and whose name(s) are stated in the Schedule to this policy. Extended Family may be added to an Individual or Family policy but are not considered to be a "core" policy by SIA. |
| Family Unit/Policy | the Principal Insured , Spouse or Children whose name(s) are stated in the Schedule to this policy. This is considered a "core" policy by SIA. |
| Individual Policy | the Principal Insured , whose name is stated in the Schedule to this policy. This is considered a "core" policy by SIA. |
| Policy for 66-75 years | both the Family and Individual policies available for main members between the ages of 66 and 75 years old are not considered to be "core" policies by SIA. |
| Insureds | all the lives to be insured under this Policy and whose names are stated on the Schedule to this Policy. |

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|--------------------------|--|
| Insurer | Guardrisk Life Limited, registration number 1999/013922/06. |
| Principal Insured | the person whose life is to be insured under this Policy and on whose death this policy shall cease. |
| Spouse | the legal or common law husband/wife of a Principal Insured or such person residing with the Principal Insured , and who is normally regarded by the community as the Principal Insured's husband/wife; a party to a customary union according to tribal law; a union recognised as a marriage under Asiatic religion or a person living with you in a manner of a spouse, living in a relationship of mutual dependence with you, and running and sharing a common household with you, which would be considered by a court to be a common law spouse. |
| Sum Insured | the amount insured in respect of the Principal Insured, Spouse, Child or Extended Family Member as stated in the Schedule. |
| Stillborn Child | a Child that has at least twenty six weeks of intra-uterine existence but showed no life after complete birth. Stillborn shall exclude the intentional termination of the life of the child. |

2. ELIGIBILITY

- 2.1 The **Principal Insured**, in respect of whom benefits are to be insured under this policy, shall be a person who at the **Commencement Date** is at least eighteen years of age but not yet seventy six years of age.
- 2.2 There may only be one **Spouse** insured under this policy at any point in time (if applicable Family Policy is opted for).
- 2.3 Where **Extended Family Members** are included in this policy, the number of lives for this group is limited to a maximum of:
 - 2.3.1 For parents and parents-in-law, a total of four **Insureds**;
 - 2.3.2 For any other extended family as per the definition (of either the **Principal Insured** or the **Spouse**), a total of four **Insureds**.
- 2.4 Only the lives stated on the **Application Form** are insured under this Policy. These lives may be changed subject to clauses 3 and 4 below.
- 2.5 No individual may be covered, in any capacity, by more than 2 policies held with SIA at one time.

3. CHANGES TO INSUREDS

- 3.1 The **Principal Insured** may add a **Spouse, Child** and/or an **Extended Family Member** under the following conditions:
 - 3.1.1 A **Spouse** may be added within 6 months of marriage or within 6 months of the **Principal Insured's** first premium being processed on the SIA system. The **Spouse** added will replace the insurance cover for the **Spouse**, if any, named on the **Application Form**. Waiting periods as per paragraph 9 will apply;
 - 3.1.2 **Children** may be added within 6 months after birth, legal adoption, legal fostering or, in the case of stepchildren, marriage or within 6 months of the **Principal Insured's** first premium being processed on the SIA system. Natural children may be added at any stage of the policy. Waiting periods as per paragraph 9 will apply;
 - 3.1.3 An **Extended Family Member** of the new spouse may be added at the same time as the new **Spouse** per 3.1.1 above but limited to the natural relations as mentioned in the extended family definition above, or within 6 months of the **Principal Insured's** first premium being processed on the SIA system. Any additional **Extended Family Member** is subject to the maximum stated in clauses 2.3 and 2.4 above. Waiting periods as per paragraph 10 will apply;
 - 3.1.4 The **Insurer** reserves the right to accept or decline any new **Insured**.

In the case of 3.1.1, 3.1.2 and 3.1.3, the **Insurer** reserves the right to request evidence of such changes.

- 3.2 Any additions or changes to the **insureds** will be subject to the full waiting periods as per paragraph 9 below.
- 3.3 Apart from clause 4 below, the **Principal Insured** may request the **Insurer** to remove an **Insured** subject to one month's written notice.

4. CESSATION OF BENEFITS

- 4.1 The Policy shall terminate on the earliest of:
 - 4.1.1 The death of the **Principal Insured** except in the following instances:
 - a) If the policy is a Family Policy and there is a surviving **Spouse** on the policy, the surviving **Spouse** will automatically be converted to the new **Principal Insured**. From this point, if further monthly premiums are received after the death of the **Principal Insured**, then the policy will continue, if no further premiums are received within a period of 2 months of the previously paid premium, the policy will lapse.
 - b) If there is no surviving **Spouse** or the policy is an Individual policy and the **Principal Insured** dies, the policy shall terminate, and the remaining members on the policy, including children and extended family members will no longer be covered.
 - 4.1.2 The written request for cancellation by the **Principal Insured** giving thirty days notice from the date of the request;
 - 4.1.3 The lapse of the Policy in terms of clause 7.2.4 below.
- 4.2 Apart from 4.1 above, insurance cover for **Insureds** other than the **Principal Insured** shall cease for:
 - 4.2.1 The **Spouse** – upon the divorce or the permanent separation of the **Spouse** from the **Principal Insured**;
 - 4.2.2 The **Child** - natural or legally adopted by the **Spouse** in the event of clause 4.2.1 arising;
 - 4.2.3 The **Extended Family Member** – the natural grandparents, natural parents, natural aunts, natural uncle's, natural cousins, natural brother and natural sister of the **Spouse** in the event of clause 4.2.1 arising.
- 4.3 This policy is only valid if it is accompanied by a fully completed application form and premiums are fully paid up to date.

5. CONVERSION OF BENEFITS

Upon the **Child** no longer meeting the criteria of being a **Child** as defined in terms of this Policy, the **Child** will automatically be converted to an extended family member on the same policy with the highest cover. The **Principal Insured** may then cancel the extended family member and the **Child** may apply for his/her own policy if they wish, or the **Principal Insured** may change the cover value, if the conversion is not acceptable to either party. For the **Child** to remain on the

Family Policy due to the **Child** being a full time student (as per the definition of a **Child** above), a request in writing containing proof from the students registered educational institution, must be received and accepted by SIA. No additional waiting periods will be applicable upon conversion.

6. PROOF OF AGE

Should a certificate of birth not be available in respect of an **Insured**, the **Insurer** may accept such other evidence of age as at its sole discretion, it considers satisfactory.

7. PREMIUMS

7.1 Amount of Premiums

The amount of premiums payable to secure the benefits under this Policy is stated in the Schedule corresponding with the option selected on the **Application Form**. The **Insurer** reserves the right to review the premium rate annually. Any amendment to the premium will be advised to the **Principal Insured**, in writing, giving ninety days notice to this effect.

7.2 Payment of Premiums

7.2.1 The premiums required to secure an **Insured's** benefit shall be payable from the **Commencement Date**.

7.2.2 All premiums and benefits due to or payable by the **Insurer** shall be paid in the lawful currency of the Republic of South Africa.

7.2.3 No latitude, extension of time or other indulgence which may be given or allowed, whether by agreement or inadvertently by the **Insurer** to the **Principal Insured** in respect of the performance of any obligation in terms of this contract, shall under any circumstances be construed to be implied consent or operate as a waiver or a novation of, or otherwise affect any of the rights of the **Insurer** or stop the **Insurer** from enforcing, at any time and without notice, strict and punctual compliance with each and every obligation of the **Principal Insured**.

7.2.4 All premiums are payable monthly in advance. The period of grace allowed for payment of the premiums is one calendar month commencing on the first day of the month in which the premium is due. If the premiums are not paid within the period of grace, the policy will lapse. If a policy has, more than three times, fallen into the grace period, and then subsequently moved out of grace and back into an active policy due to a premium being paid, without the policy lapsing during that period, the policy may be cancelled by SIA.

7.2.5 If premiums, in whole or in part, are in arrears, then no claim shall be payable. For this purpose payment by the **Principal Insured** to an intermediary, but not to the **Insurer**, shall not suffice to validate any claim.

8. REINSTATEMENT OF LAPSED BENEFITS

8.1 Where the Policy has lapsed, and within 2 months of the policy lapsing, if a further premium is paid by the **Principal Insured**, the policy will be reinstated subject to point 8.3 below. After a period of 2 months of the policy lapsing, the policy will be cancelled, and the **Principal Insured** will need to re apply for a new policy. The **Insurer** reserves the right to either accept or decline reinstatement of the **Principal Insured** or any other **Insured** previously admitted for insurance benefits.

8.2 Reinstatements will at all times be subject to such further conditions as the **Insurer** may determine at that time.

8.3 Any waiting period mentioned under clause 10 below shall be reapplied with effect from the reinstatement date at the discretion of SIA.

9. CLAIM PROCEDURE FOR PAYMENT OF DEATH BENEFIT

In consideration of the payment of the premiums and subject to the conditions of the policy, the **Insurer** agrees that it shall pay the benefit per clause 10 below upon receipt at its head office of:

9.1 The signed original policy document/application;

9.2 The original death certificate or a certified copy thereof;

9.3 The original identity document or certified copy thereof of the deceased;

9.4 The original identity document or certified copy thereof of the claimant (if not a company);

9.5 A copy of the form BI 1663;

9.6 If a stillborn child, a letter from the doctor confirming the length of pregnancy;

9.7 Every accidental death claim will require a police report;

9.8 In the case of a **Spouse**, marriage certificate or an affidavit satisfactory to **Insurer**;

9.9 In the case of a legitimate biological child, a certified copy of the **Principal Insured's** or **Spouses** Identity Document and marriage certificate and **Child's** birth certificate;

9.10 In the case of a stepchild, a certified copy of the relevant marriage certificate and the **Child's** birth certificate;

9.11 In the case of an illegitimate or adopted Child, a copy of the adoption certificate, and affidavit or any other documentary proof satisfactory to the **Insurer**;

9.12 All copies shall be certified by a Commissioner of Oaths and originally certified copies to be sent to the **Insurer**;

9.13 Any documentation required by the **Insurer** as proof of the deceased's relationship to the **Principal Insured**;

9.14 Where the deceased is a **Child** over age 21 and was incapacitated by mental or physical infirmity from maintaining him/herself, a declaration signed by a Medical Practitioner setting out the nature of the infirmity of the **Child** from his 21st birthday until date of death;

9.15 In the case of the **Principal Insured** using a passport or refugee number instead of a South African ID number on the system, the claim will only be processed if the identical Passport or Refugee number appears on the certified death certificate of the deceased, and a Residence permit for the main member will be requested.

9.16 Any other evidence the **Insurer** may require.

Please refer to SIA's Claim Call Centre details on the front page for contact information upon claim.

10. WAITING PERIODS FOR BENEFITS

The benefits provided under this policy shall commence as follows:

10.1 Accidental Death:

Upon accidental death of the **Insured**, benefits will be payable from the Commencement date of the policy, with no waiting period applicable.

This shall be defined as an unforeseen event, which could not reasonable have been expected to occur. The event must result in death caused directly and independently of all other causes by some external and visible means arising from this event, and excludes death by natural causes.

10.2 Other Causes

For all Extended Family Policy members, as well as any members, who upon joining, as a main member, or as an extended family member, or as a **Spouse** on a Family plan, are over the age of 65, the following will be applicable:

On the death of the life **Insured** within six months of either the commencement date stated in the schedule, or the reinstatement date in the event of a policy lapsing due to the non-payment of premiums, no benefit will be paid.

For all remaining Core Policies, being all Individual and Family policies (except as mentioned above) as well as members on the 66-75 years old policies who are under the age of 65, the following will be applicable:

On the death of the life **Insured** within three months of either the commencement date stated in the schedule, or the reinstatement date in the event of a policy lapsing due to the non-payment of premiums, no benefit will be paid.

All Core Policies with a cover value of R 15 000 or R 18 000 (Individual and Family policies), which have a Commencement date, or are re-activated, or an upgrade in cover value takes place, on or after the **1st November 2009** the following will be applicable:

On the death of the life **Insured** within six months of either the commencement date stated in the schedule, or the reinstatement date in the event of a policy lapsing due to the non-payment of premiums, no benefit will be paid.

11. PAYMENT OF BENEFITS

11.1 On the death of the Principal Insured:

- 11.1.1 The amount of the benefit is that per the Schedule corresponding with the amount for the "Principal Member";
- 11.1.2 The beneficiary nominated must notify the **Insurer** or their appointed administrator as contemplated in clause 15 below, within six months of the occurrence of any claim, otherwise no claim will be admitted;
- 11.1.3 Payment of the benefit shall be made to the beneficiary nominated and the receipt of the benefit by the beneficiary shall be a good and sufficient discharge to the **Insurer**.

11.2 On the death of any other Insured:

- 11.2.1 The amount of the benefit is that per the Schedule corresponding with the amount for the deceased **Insured** and option selected per the **Application Form**;
- 11.2.2 The **Principal Insured** must notify the **Insurer** or their appointed administrator as contemplated in clause 14 below, within six months of the occurrence of any claim, otherwise no claim will be admitted;
- 11.2.3 Payment of the benefit shall be made to the **Principal Insured** and the receipt of a benefit by the **Principal Insured** shall be a good and sufficient discharge to the **Insurer**.

12. THE CORRECTNESS OF STATEMENTS MADE TO THE INSURER

12.1 The **Insurer** relies on the truth, completeness and correctness of all statements submitted. If the benefits granted have been obtained through any misrepresentation or concealment, the policy shall be void and monies paid in respect thereof shall be forfeited. This shall apply to the original application, as well as to any reinstatements.

12.2 Should any benefits have been paid out on the basis of the information provided by the **Principal Insured** to the **Insurer**, and such information subsequently proves to be incorrect in any material respect, the **Insurer** shall have the right to take such steps as may be required to put it in the position it would have been in if the correct information had been provided in the first instance.

13. ALTERATION OF THE POLICY

Any alteration to any of the conditions, definitions, benefits, and privileges of this Policy by either the **Insurer** or the **Principal Insured**, must be given to/by the **Insurer** to/by the **Principal Insured**, in writing, with one calendar month's notice of any such alteration.

14. ADMINISTRATORS

The **Insurer** shall appoint Administrators of the policy. The Administrators shall collect premiums, attend to inquiries and pay claims on behalf of the **Insurer**.

15. INTERPRETATION

15.1 The decision of the **Insurer** as to the meaning of or interpretation of the Policy shall be final and binding on the **Principal Insureds** and every person claiming to be entitled to a benefit in terms of this Policy.

15.2 If any person affected by a decision of the **Insurer** in terms of clause 15.1 above is dissatisfied with the decision, such person shall have the right to refer the matter to arbitration in accordance with the provisions of the Arbitration Act, 1965. Notice of intention to exercise this right shall be given by the person concerned to the **Insurer** within ninety days of the **Insurer's** decision. Before the arbitration commences, the person concerned shall furnish such security for the costs of arbitration as the **Insurer** may reasonably require. The costs of the arbitration shall follow the award of the Arbitrator.

15.3 Should any difference arise between the **Insurer** and the **Principal Insured**, or any other claimant, as to a claim under this Policy, the same shall be referred to arbitration in accordance with the statutory provisions in force at the time, and the obtaining of any award shall be a condition precedent to any right of action against the **Insurer**.

16. FRAUD

This Policy shall be void as from the **Commencement Date** if:

- 16.1 Any claim under this Policy is in any respect fraudulent; or
- 16.2 Any fraudulent means or devices are used or employed by the **Principal Insured** or anyone acting on the **Principal Insured's** behalf, to obtain any benefit under this Policy; or
- 16.3 Any event is occasioned by the wilful act of, or with the **Principal Insured's** connivance.

17. EXCLUSIONS

No claim will be admitted in terms of this Policy if the event giving rise to the claim is caused directly or indirectly by or is in any way attributable to any of the following:

- 17.1 If the cause of death was suicide within the first two years from the **Commencement Date**, or reinstatement date, or the date any **Insured** was added after the **Commencement Date**;
- 17.2 The **Insured** committing any act or deed in violation of criminal law;
- 17.3 Active participation in any riot, insurrection, civil commotion, war (declared or not), terrorism, hostility, civil war, rebellion, revolution, usurpation of power, martial law, kidnapping, hijacking or military action;
- 17.4 Atomic energy, nuclear fission or reaction, or the release of chemical weapons;
- 17.5 Intentional self-inflicted injury;
- 17.6 Any material misrepresentation or non-disclosure;
- 17.7 If the life insured or anyone acting on his behalf wilfully connives to obtain a claim by fraudulent means or devices, all benefits under this policy in respect of that claim will be forfeited;
- 17.8 Participation in speed tests or races, hand-gliding, bungee-jumping, parachute jumping, mountaineering (without ropes), or any other activity Guardrisk Life regards as an excessive exposure to risk;
- 17.9 Participation or attempted participation in aviation in any capacity other than as a passenger in a passenger aircraft. This aircraft must have a valid certificate of airworthiness and must be piloted by a duly licensed pilot (and navigator where required by law).

18. FEE DISCLOSURES

As per the "General code of conduct for authorised financial services providers and representatives" extracted from the Financial Advisory and Intermediary Services Act, 2002, the following fee disclosures are applicable to the products offered:

PLEASE NOTE: The fees disclosed below do not include any further administration costs charged by the distributors of the SIA products.

18.1 Sales Commissions:

A once off sales commission of R 5.00 per newly activated policy is paid.

18.2 Administration and Claims Administration Fees:

The following table discloses the administration fee charge by SIA as well as the outsourced claims administration fee charged per product, which is differentiated by cover value

| No. | Policy Type | Cover Value | SIA Monthly Administration Fee | Outsourced Monthly Claims Administration Fee |
|-----|--------------------------------|-------------|--------------------------------|--|
| 1 | Individual | R 5 000 | R 0.88 | R 0.18 |
| 2 | Individual | R 7 500 | R 1.32 | R 0.26 |
| 3 | Individual | R 10 000 | R 1.76 | R 0.35 |
| 4 | Individual | R 15 000 | R 2.97 | R 0.59 |
| 5 | Individual | R 18 000 | R 3.56 | R 0.71 |
| 6 | Family | R 5 000 | R 1.65 | R 0.33 |
| 7 | Family | R 7 500 | R 2.47 | R 0.49 |
| 8 | Family | R 10 000 | R 3.30 | R 0.66 |
| 9 | Family | R 15 000 | R 5.80 | R 1.16 |
| 10 | Family | R 18 000 | R 6.74 | R 1.35 |
| 11 | Individual 66-75 years | R 5 000 | R 2.54 | R 0.51 |
| 12 | Family 66-75 years | R 5 000 | R 4.32 | R 0.86 |
| 13 | Individual 66-75 years | R 10 000 | R 5.08 | R 1.02 |
| 14 | Family 66-75 years | R 10 000 | R 8.63 | R 1.73 |
| 15 | Extended Family – Children* | Per R 1 000 | R 0.03 | R 0.01 |
| 16 | Extended Family under 65 years | R 2 500 | R 1.22 | R 0.24 |
| 17 | Extended Family under 65 years | R 5 000 | R 2.44 | R 0.49 |
| 18 | Extended Family under 65 years | R 10 000 | R 4.88 | R 0.98 |
| 19 | Extended Family over 65 years | R 2 500 | R 2.86 | R 0.57 |
| 20 | Extended Family over 65 years | R 5 000 | R 5.72 | R 1.14 |
| 21 | Extended Family over 65 years | R 10 000 | R 11.43 | R 2.29 |

* - This fee is quoted per R 1 000 in cover value, which differs depending on the age of the child. The maximum payout for a child as defined would be R 12 000.

19. SURRENDER VALUE

This Policy has no surrender value.

20. ASSIGNMENT OF POLICY

The **Principal Insured** may not cede, pledge or otherwise alienate the benefits or the rights to benefits in terms of this Policy and such benefits shall not be subject to any form of execution or judgment and shall not, on insolvency, or on surrender form part of the estate of any **Insured**.

21. LAW

This Policy shall be subject to the laws of the Republic of South Africa.