

TFG Critical Care Family Insurance Policy & Disclosure Notice (collectively, this “Policy”)

Accidental Death, Income Protector (when hospitalized) and Critical Illness: OPTIONAL INSURANCE

1. UNDERWRITER:

This Policy is underwritten by Guardrisk Insurance Company Limited (1992/001639/06) (“Guardrisk”).

2. TYPE OF POLICY:

Short-term insurance: Accidental Death, Income Protector (when hospitalised) and Critical Illness.

3. ADMINISTRATOR:

Foschini Retail Group (Pty) Ltd (1988/007302/07) (“Administrator”) or (“TFG”).

4. DEFINITIONS:

ACCIDENT: means an unforeseen event, which could not reasonably have been expected to occur and was not planned, and which results in the death of the Insured, caused directly and independently of all other causes, by some external and visible means arising from the said event, and excludes death by natural causes;

ADMISSION / ADMITTED: means admission (or being admitted) to a Hospital or a Hospital intensive care unit for a period of more than forty eight (48) hours, as a registered in-patient on the recommendation of a qualified and registered medical practitioner;

CHILD / CHILDREN: means the Principal Insured’s unmarried minor Child/Children who is/are older than 6 (six) months, has/have not yet attained the age of 21 (twenty one) years and shall include natural children, legally adopted children and stepchildren. The Principal Insured can nominate (in writing) a maximum of 4 (four) children under this Policy.

CLAIM EVENT: means the Accidental death of the Insured, or hospitalisation of the Insured; or diagnosis of the Insured with a Critical Illness (as defined at clause 6(c) below) and whilst the Insured is alive;

COMMENCEMENT DATE: means the date on which this Policy starts and is effective;

CRITICAL ILLNESS: means the Insured being diagnosed with a specified illness as defined under the benefits at clause 6(c)(ii) below, after the Waiting Period, which means a first positive diagnosis of the Critical Illness by a Doctor whilst the Insured is alive;

DOCTOR: means a registered medical doctor (with a valid practice number), in terms of the South African Health Professions Council, and qualified specialist physician in the specified Critical Illnesses;

FOSCHINI GROUP: means the Administrator and any of its trading divisions or stores;

HOSPITAL: means any institution within the Southern African Customs Union which in the opinion of Guardrisk meets all of the following criteria: maintains permanent and full-time facilities for the care of overnight residential patients, and has diagnostic and therapeutic facilities for surgical and medical diagnosis, treatment and care of injured and sick persons by or under the supervision of a staff of qualified and registered medical practitioners and continuously provides 24 (twenty four) hours a day nursing services supervised by registered nurses or nurses with equivalent qualifications and is not, other than incidentally, either a mental institution, or a nursing or convalescent home or a place for rest or for the aged, or a place for addicts or alcoholics, or health hydro, natural cure clinic or similar establishment, or an institution providing long-term care for the blind, deaf, dumb or other handicapped persons;

INSURED: means the Principal Insured and / or the Spouse and / or the Child/Children;

PRINCIPAL INSURED: means the Principal Insured life who takes out this insurance with the Administrator and who is a South African Foschini Group accountholder, whose application has been successful and whose maximum age at the Commencement Date does not exceed sixty (60) years;

RELEASE: means the discharge of the Insured from Hospital on the recommendation of a qualified and registered medical practitioner;

SPOUSE: means the legal husband, wife or civil union/common law partner of the Principal Insured and as nominated in writing by the Principal Insured. The Principal Insured can nominate (in writing) a maximum of 1 (one) insured Spouse. The Spouse's age at the Commencement Date must not exceed sixty (60) years;

WAITING PERIOD: means a period of 3 (three) months (i.e. 90 (ninety) days) starting from the Commencement Date and which is applicable to both the Income Protector benefit and the Critical Illness benefit. There is no waiting period applicable to the Accidental Death benefit.

In the event that this Policy lapses but is then re-instated, the Waiting Period for any claim will commence from the date of re-instatement and not the Commencement Date of this Policy.

5. OPERATIVE CLAUSE:

In return for the timeous and prior payment of the required monthly premium by the Principal Insured and receipt thereof by Guardrisk and subject to the terms and conditions of this Policy, Guardrisk will pay the benefit of the Claim Event. For the Critical Illness benefit, payment will be effected only if the Claim Event occurs during the life of the Insured. For the Critical Illness benefit, if the Insured dies while a claim is pending and where it is accepted and/or not paid, after her/his death, the benefit will be paid to the Principal Insured's nominated beneficiary or to the Principal Insured (where the Insured is the Principal Insured's Spouse and/or Child/Children).

The Waiting Period is applicable to the Income Protector benefit and the Critical Illness benefit.

6. BENEFITS:

a. Accidental Death benefit

This applies to the Principal Insured and/or Spouse and / or the Child / Children. Guardrisk will pay the capital sum of R13 225.00 (thirteen thousand two hundred and twenty five rand) for the Principal Insured and/or Spouse and R6 615.00 (six thousand six hundred and fifteen rand) for the Child/Children, in the event of Accidental bodily injury to the Insured directly and independently of all other causes resulting, within two (2) calendar months, in death. Bodily injury shall be deemed to include death by starvation, thirst and /or exposure to the elements, directly or indirectly resulting from mishap. In the event of the Accidental death of the Spouse or Child/Children, the Principal Insured will always be the nominated beneficiary. In the event of the Accidental death of the Principal Insured, payment will be made to the Principal Insured's nominated beneficiary. No waiting period is applicable to this benefit.

b. Income Protector benefit (when hospitalised)

This applies to the Insured and the Waiting Period is applicable. If, during the period of insurance and after expiry of the Waiting Period, the Insured is Admitted, Guardrisk shall, subject to the terms and conditions of this Policy, pay the daily benefit of R396.00 (three hundred and ninety six rand) for each consecutive twenty four (24) hour period, (calculated from the first hour of Admission), directly to the Insured (or the Principal Insured where the Child/Children have been Admitted) up to a maximum of one hundred (100) twenty four (24) hour periods per twelve (12) consecutive calendar months for all persons insured under this Policy combined, the latter being calculated from the Commencement Date. Where the Insured has been Admitted as a result of a Critical Illness, the daily benefit of R396.00 (three hundred and ninety six rand) will be increased to R792.00 (seven hundred and ninety two rand). The benefit is limited to a combined 100 (one hundred) 24 (twenty-four) hour periods per 12 (twelve) consecutive calendar months in total for the Principal Insured, Spouse and Child/Children combined.

c. Critical Illness benefit

This applies to the Insured and the Waiting Period is applicable.

- i. Subject to the terms and conditions of this Policy and provided that the first diagnosis of the Claim Event is after the Waiting Period, Guardrisk will pay the capital sum of R6 615.00 (six thousand six hundred and fifteen rand) for the Principal Insured and/or Spouse and R3 250.00 (three thousand two hundred and fifty rand) per Child/Children upon the diagnosis of a Critical Illness (as defined below) of the Insured and whilst the Insured is alive (the happening of the Claim Event). The capital amount shall not carry interest. Payment will be made directly to the Insured (or the Principal Insured where claim relates to the Child/Children). Where the Insured is deceased, payment will be made to the Principal Insured's nominated beneficiary or to the Principal Insured (where the Insured is the Spouse or Child/Children).

This benefit shall only be payable once for each Critical Illness per Insured and where the claim for the Critical Illness concerned is accepted by Guardrisk. A claim for a different Critical Illness may not be made (and will not be accepted by Guardrisk) within 12 (twelve) months immediately following the first diagnosis of the Critical Illness which was successfully claimed.

As provided for in the definition of a "Claim Event", the Insured must be alive at the time of the Claim Event.

ii. Critical Illness means any of the following:

a) **Heart Attack:** the Insured suffers from an ischaemic event to the myocardium (heart muscle) that results in the death of part of the myocardium manifested by typical chest pain, new changes to the electrocardiogram and elevation of the cardiac enzymes;

b) **Stroke:** the Insured suffers from a cerebrovascular incident or inoperable brain tumour resulting in neurological sequelae of a permanent nature. This definition includes infarction of brain tissue, intracranial and/or subarachnoid haemorrhage and embolisation from an extracranial source;

c) **Cancer:** the Insured suffers from the presence of one or more tumours classified as malignant and characterised by the uncontrolled growth and spread of malignant cells and with invasion of normal tissue. Hodgkin's disease and the Leukaemias are included in this definition, but excluded are all skin tumours and/or carcinoma-in-situ. Notwithstanding the above, a benign brain tumour or tumours shall be regarded as a Critical Illness in terms of this Policy;

d) **Coronary Artery Surgery:** the Insured suffers from definite coronary artery disease that is diagnosed via accepted angiograph testing and as a direct result undergoes actual surgery to part of or all of the diseased coronary arteries, but excluded are percutaneous angioplasty and/or any intra-arterial procedures not necessitating thoracotomy;

e) **Kidney Failure:** the Insured suffers from end stage renal failure presenting a chronic irreversible failure of both kidneys to function, as a result of which regular renal dialysis is instituted;

f) **Major Organ Transplants:** the Insured requires the actual undergoing as a recipient of a transplant of the liver, heart, pancreas, bone marrow or at least one of the kidneys or lungs; or

g) **Paraplegia:** the Insured suffers from the total and irreversible loss of the use of both legs and/or both arms provided the Paraplegia is a direct result of an accident.

iii. **The Insured must please take her/his copy of this Policy, as soon he/she receives it, to her/his doctor and discuss the various Critical Illnesses above to make sure that the Insured understands what is covered and what is not.**

7. SPECIFIC PROVISIONS APPLICABLE TO THE INCOME PROTECTOR BENEFIT:

a. Specific conditions applicable to this benefit:

To receive the specified daily benefit, the Insured must have been Admitted after the Waiting Period had expired;

Each daily benefit shall be payable at the end of the period of Admission or when 100 (one hundred) twenty-four (24) hour periods have been paid as per clause 6(b) above, whichever is the earlier;

No sum payable under this benefit shall carry interest;

The Insured (or in the event of her/his death, the claimant) shall give notice of a claim to the Administrator not later than 3 (three) months from the date of the Insured's Release from Hospital;

Failure to give notice in the time prescribed shall not invalidate a claim if it can be shown to the Administrator's satisfaction that notice had been provided to it as soon as was reasonably practicable, and in any event within 1 (one) year of Release from Hospital or the date of death.

The Insured/claimant shall furnish at her/his own expense such proof as is required by the Administrator regarding the claim.

b. Specific exclusions applicable to this benefit:

Guardrisk will not be liable to pay this benefit under this Policy if Admission is consequent upon, or contributed to by, cosmetic surgery or any other elective surgery; or for forty eight (48) hours or less.

8. SPECIFIC EXCLUSIONS APPLICABLE TO THE CRITICAL ILLNESS BENEFIT:

Guardrisk will not be liable to pay this benefit under this Policy if:

i any claim arises directly or indirectly from, or is traceable to, a condition for which the Insured was being treated or where she/he is being or has been given

- treatment, or of which she/he was aware, at the Commencement Date, including a disease, physical defect, bodily injury, illness, sickness, condition or other infirmity of the Insured that has its origin prior to the Commencement Date;
- ii the Insured dies as a result of any Critical Illness, the existence of which is only diagnosed after the death of the Insured;
 - iii a positive diagnosis of a Critical Illness was made by a Doctor or other medical practitioner prior to the Commencement Date;
 - iv. the Insured refuses medical treatment as recommended by a Doctor;
 - v. one of the Critical Illnesses as defined has already been successfully claimed in terms of this Policy by the Insured and the Insured has been paid-out this benefit. For clarity, this means that the Insured may claim for another Critical Illness but not claim again for a Critical Illness that has already been successfully claimed and paid-out in terms of this Policy. A claim for a further but different Critical Illness may not be made (and will not be accepted by Guardrisk) within the 12 (twelve) months immediately following the diagnosis of the Critical Illness which was successfully claimed.

9. GENERAL EXCLUSIONS:

Guardrisk will not be liable to pay any benefit under this Policy if:

The Principal Insured or Spouse is over 65 (sixty five) years of age at the time of the Claim Event;

The Child/Children is over 21 (twenty one) years of age at the time of the Claim Event;

A claim for such benefit arises directly or indirectly from or is traceable to:

- wilful self-injury or the Insured is affected temporarily, influenced or otherwise, by alcohol, narcotics, insanity or drugs;
- where the Insured commits suicide (whether sane or insane) or attempts to commit suicide;
- any bodily injury, defect, illness, sickness, condition or other infirmity that has its origin prior to the Commencement Date;
- traveling by air other than as a passenger and not as a member of the crew or for the purpose of any trade or technical operation therein or thereon;
- ionizing radiations or contamination by radioactivity from any nuclear fuel or nuclear waste from the combustion of nuclear fuel or from any nuclear weapons material. For the purpose of this exception only, combustion shall include any self-sustaining process of nuclear fusion;
- the Insured refusing medical treatment as recommended by a medical practitioner;
- the result of the Insured's deliberate exposure to exceptional danger (except in an attempt to save human life);

- war, mutiny, riot, military rising, military or usurped power, martial law or state of siege, or any event which determines the proclamation or maintenance of martial law or state of siege, insurrection, rebellion, revolution, invasion, act of foreign enemy, hostilities, warlike operations (whether declared or not), armed international conflict (whether war be declared or not), terrorist or insurgency activities, uprising, civil commotion or war, rebellion, sedition, sabotage or any activity associated with the foregoing, any act (whether on behalf of any organization, body or person or group of persons) calculated or directed to overthrow or influence any State or Government or any provincial, local or tribal authority with force, terrorism or violence, or the defence, quelling, investigation or containment thereof by any security force, or any attempt to perform any act aforementioned, or the act of any lawfully established authority in controlling, preventing, suppressing, or in any other way dealing with any occurrence referred to in the aforementioned;

- Participation in criminal activities; and

- engaging in hazardous sports such as (but not limited to): aviation sport, paragliding, underwater diving, hang-gliding, game hunting, spear fishing, rock climbing, cycle racing, mountaineering, racing of any kind (whether as passenger or as driver) involving the use of any power driven vehicle, vessel or craft, skydiving / parachuting, para-sailing, go-carting, drag racing, rally driving, bungy-jumping, winter sports involving snow or ice, polo or horseback, steeple-chasing, or professional football or rugby.

If Guardrisk alleges that by reason of any of the provisions of this Policy, it is not liable to pay any of the benefits, the burden of proving the contrary rests on the Insured.

10. PREMIUM AND INTEREST PAYMENT:

The premium payable is the monthly amount specified in the TFG credit facility statement of account, which is subject to review once every calendar year. The Principal Insured will be notified of any premium increases. The Principal Insured authorises the Administrator to debit and collect the premium from her/his TFG credit facility and to pay it over to Guardrisk on her/his behalf in the amount as specified, and TFG's credit facility terms and conditions will apply in addition to the terms and conditions of this Policy.

The premium will be debited monthly to the Principal Insured's TFG credit facility and the premium is due monthly. If payment of the full TFG credit facility instalment is not received by the Administrator by the due date, this Policy and its insurance cover shall lapse at midnight on the last day of the last month for which a full instalment has been received. Instalments due with effect from the second month of the currency of this Policy will be accepted if paid within 30 (thirty) days of the due date, failing which this Policy and its insurance cover shall lapse.

The premium payable will attract interest where the TFG credit facility payment plan attracts interest and such interest will be retained by the Administrator, and will be levied at the same rate applicable to the credit facility's payment plan.

11. CESSATION OF COVER:

Cover under this Policy shall automatically cease on the day that:

- the installments that are due are unpaid (and as provided for in clause 10 above) i.e. the Principal Insured's TFG credit facility is in arrears;
- the Principal Insured's TFG credit facility is terminated or closed;
- The Principal Insured's credit facility is frozen as provided for under the National Credit Act 34 of 2005;
- the Accidental Death Benefit becomes payable in respect of the Principal Insured under this Policy;
- the Administrator ceases to participate in the Policy;
- the Policy terminates;
- the Principal Insured dies; or
- the Principal Insured reaches the age of 65 (sixty five), whichever of the aforementioned events first occurs.

Where the Spouse reaches sixty five (65) years of age, cover in respect of the Spouse only shall lapse and/or where the Child/Children reaches 21 (twenty one) years of age, cover shall lapse in respect of the Child/Children only. Cover for the Principal Insured shall not lapse until the latter reaches the age of sixty-five (65) years or until any of the other events in this clause occur.

Guardrisk shall not be affected by any arrangements that may be made between the Administrator and the Principal Insured in any reduction of the number of installments originally agreed on or extending the period for the repayment of the indebtedness beyond that originally agreed upon.

12. CLAIMS NOTIFICATION PROCEDURE:

The Administrator must be notified of all Accidental Death benefit claims within 3 (three) months of Accidental death of the Insured.

The Insured (or in the event of her/his death, the claimant) shall give notice of an Income Protector claim to the Administrator not later than 3 (three) months of Release from Hospital.

The Administrator must be notified of all Critical Illness claims within 3 (three) months of first diagnosis of the Insured.

Claimants should approach their closest TFG store and request a claim form. The details thereon must be fully completed. The store staff will provide any assistance required.

In addition, the claimant must take the following documents to the store:

a. Accidental Death benefit

- certified copy of the deceased's death certificate;

- certified copy of the deceased's identity document;
- certified copy of the claimant's identity document;
- certified copy of the claimant's marriage certificate (or other proof of legal marriage);
- BI-193 form (in the event of claiming for an adopted Child); and
- certified copy of the medical report.

b. Income Protector benefit (when hospitalised)

- certified copy of the Insured's identity document;
- certified copy of the Insured's marriage certificate (or other proof of legal marriage);
- certified copy of a letter from the Hospital confirming Admission and discharge / Release from the Hospital;
- certified copy of the Hospital account clearly indicating the exact period of hospitalisation and the reason therefore. For both benefits, affidavits may need to be provided. The claim form has details on this; and
- BI-193 form (in the event of claiming for an adopted child).

c. Critical Illness benefit:

Where the Insured is alive at the time of submitting the claim:

- certified copy of the Insured's identity document;
- certified copy of the medical certificate completed by the Insured's Doctor. This must be a Doctor that is approved by the Administrator; and
- any other medical information the Administrator may need.

Where the Insured is deceased at the time that the claim is submitted:

- all the documents mentioned in clause 12(c) above;
- certified copy of the claimant's identity document;
- certified copy of the deceased's death certificate; and
- sworn affidavits will also be needed and attached to the claims documentation:
 - if the deceased was not married, and a child or parent is not the claimant: a sworn affidavit explaining why the child or parent is not claiming;

- if the deceased was married, and the spouse is not the claimant: a sworn affidavit explaining why the spouse is not the claimant; and
- if the surname of the claimant is different to that of the deceased: a sworn affidavit explaining why there are different surnames

Additional information may be required in the case of all benefits, including information from any bank regarding bank account details, and any doctor or other person concerning the health of the Insured before and/or during the currency of this Policy, whether the Insured is alive or deceased at the time the information is requested. In respect of the Accidental Death benefit, if required by Guardrisk, the Insured's representative shall consent to a post-mortem examination of the Insured by a physician appointed by Guardrisk.

The store staff will arrange for the telefaxing of these documents to TFG's Insurance Claims Department. Contact details for the Insurance Claims Department are:

- fax number: 021 937 5274;
- sharecall number: 0860 000 388; and
- email: : Claimsadmin@tfg.co.za

In the event of general queries, the Customer Services number is 0860 576 576. Please contact TFG's Insurance Claims Department for a copy of TFG's Claims Process. The sharecall number is 0860 000 388.

Where the Insured or claimant disputes Guardrisk's repudiation or rejection of her/ his claim (which the Administrator does on behalf of Guardrisk), the Insured/claimant has 90 (ninety) days from the date of receipt of the rejection letter to appeal this decision in writing to Guardrisk.

If the appeal is not successful or the dispute is not resolved at the end of this 90 (ninety) day period then the Insured/claimant has an additional 180 (one hundred and eighty) days to institute legal action against Guardrisk by serving summons on it, failing which Guardrisk is no longer liable in respect of the claim.

13. MISREPRESENTATION:

This Policy shall be voidable in the event of misrepresentation, misdescription or non-disclosure by or on behalf of the Insured of any relevant particular, to Guardrisk, in which event any and all premiums so paid or payable shall be forfeited to Guardrisk. It is the responsibility of the Insured to let the Administrator know if any of her/his circumstances change and where this could affect the outcome of a potential claim and/or invalidate this Policy and its benefits.

14. NO SURRENDERS OR CESSIONS:

This Policy may not be surrendered, assigned or transferred.

15. CONDITION PRECEDENT:

Strict compliance by the Principal Insured and by the Administrator with all the provisions, conditions and terms of this Policy shall be a condition precedent to liability on the part of Guardrisk hereunder.

16. CANCELLATION:

This Policy may be cancelled by the Principal Insured giving thirty (30) days notice in writing to Guardrisk, care of the Administrator, or it may be cancelled by Guardrisk giving thirty (30) days notice in writing to the Principal Insured at the latter's last known address. Cover will cease at midnight on the last day for which the premium has been paid.

17. POLICY AMENDMENTS:

Guardrisk may amend the terms and conditions of this Policy upon giving the Administrator written notice of such intention at least 30 (thirty) days before any premium rate adjustment, and 90 (ninety) days before any other Policy amendment, unless the amendment is to increase the Policy benefits without increasing the premium, in which case no advance notice will be required. The Administrator must inform the Principal Insured of any material amendment of the terms and conditions.

18. VALUE ADDED TAX:

It is hereby agreed that all sums insured, amounts and limits reflected in this Policy and Foschini Group credit facility statements of account are inclusive of VAT.

In terms of a ruling issued by the South African Revenue Service, this Policy together with proof of payment of premium constitutes an alternative to a tax invoice, debit note or credit note as contemplated in sections 20(7) and 21(5) of the Value - Added Tax Act 89 of 1991 respectively.

19. FRAUD:

If any claim under this Policy is in any respect fraudulent, or if any fraudulent means or devices are used by the Insured or anyone acting on her/his behalf to obtain any benefits under this Policy, all benefits under this Policy, including premiums, shall be forfeited.

20. JURISDICTION AND GOVERNING LAW:

Only the courts of the Republic of South Africa shall have jurisdiction to entertain any claims arising out of or in respect of this Policy and the law of the Republic of South Africa shall apply to this Policy.

The parties hereby consent to the jurisdiction of the High Court of South Africa, Gauteng Local Division, Johannesburg, in respect of all claims and causes of action between them, whether now or in the future, arising out of or in respect of this Policy.

21. PAYMENTS:

All payments are to be made in the currency of the Republic of South Africa and where payment is to be made to Guardrisk it shall be made at Guardrisk's Head Office unless Guardrisk allows otherwise.

22. INDULGENCE, LENIENCY OR EXTENSION

No indulgence, leniency or extension of time which the Administrator or Guardrisk may grant or show to the Insured, shall in any way prejudice the Administrator or Guardrisk, or preclude the Administrator or Guardrisk, from exercising any of their rights in the future.

23. COMMISSION OR OTHER REMUNERATION PAYABLE TO THE ADMINISTRATOR:

A binder and intermediary fee of 20% (twenty percent) of the total monthly premium is payable to the Administrator, which is included in the monthly premium.

24. TREATING CUSTOMERS FAIRLY

The Administrator has created a superior solution – encompassing products, processing and service – tailored to each of its customers' requirements. The Administrator will, at all times, deliver a superior customer experience, simplifying and improving its customers' lives. The Administrator will achieve this through a motivated team of skilled people, absolute fairness in its treatment of its customers and partners and complying with the principles and outcomes of Treating Customers Fairly. These are:

- You are confident that your fair treatment is key to the Administrator's culture
- Products and services are designed to meet your needs
- The Administrator will communicate clearly, appropriately and on time.
- The Administrator is not licensed to give advice. Queries regarding advice must be referred to Guardrisk.
- The Administrator's products and services meet your standards and are of an acceptable level
- There are no barriers to access the Administrator's services or to lodge any complaints

25. ADDITIONAL DISCLOSURE DETAILS:

- Contact and other details of the Administrator:

The Administrator is an Authorised Financial Services Provider in terms of the Financial Advisory and Intermediary Services Act (FSP No. 32719) and a registered credit provider in terms of the National Credit Act (NCRCP# 36)

Physical Address: Stanley Lewis Centre, 340 Voortrekker Road, Parow East, 7500

Postal Address: P.O. Box 6020, Parow East, 7501

Telephone Number: 021 938 1911

Fax Number: 021 938 5274

VAT number: 4210187250

External Compliance Officer: Loren Basson, telephone: 0861 273 783

The Administrator is a company incorporated in terms of South African company legislation. It performs services as an intermediary under the Short Term Insurance Act and Financial Advisory and Intermediary Services Act, entering into short-term policies. It has an agreement with Guardrisk, a cell captive insurer, and has the necessary mandates to act on behalf of Guardrisk.

The Administrator has Fidelity Guarantee insurance and Professional Indemnity insurance.

For a copy of the Administrator's Complaints Resolution policy, the Principal Insured must call Customer Services on 0860 576 576.

For a copy of the Administrator's Conflict of Interests Policy, the Principal Insured must call Customer Services on 0860 576 576.

- Contact and other details of Guardrisk:

Guardrisk is an Authorised Financial Services Provider in terms of the Financial Advisory and Intermediary Services Act (FSP number 75).

Physical Address: 102 Rivonia Road, Sandown, Sandton, 2196

Postal Address: P.O. Box 786015, Sandton, 2146

Telephone Number: 011 669 1000

VAT number: 4250138072

Guardrisk Compliance Officer is available on the above numbers or at compliance@guardrisk.co.za

Claims disputes: claimsrejection@guardrisk.co.za

You can access our Complaints Resolution Policy at : www.guardrisk.co.za or e-mail: complaints@guardrisk.co.za

You can access our Conflict of Interest Mangement Policy at : www.guardrisk.co.za

- Other matters of importance:

You, the Insured, must be informed of any material changes in the detail provided above about the Administrator and Guardrisk;

This is an optional product and you have voluntarily chosen to take it out and have not been forced to do so. You have the right to reject the offer or proposal of insurance;

If the information about the Administrator and Guardrisk was given orally, it must be confirmed in writing within 30 (thirty) days;

If any complaint to the Administrator and / or Guardrisk is not resolved to your satisfaction, you may submit the complaint to the Registrar of Short Term Insurance;

A polygraph or any lie detector test is not obligatory in the event of a claim and the failure thereof may not be the sole reason for repudiating a claim;

- If the premium is paid by debit order:

It may only be in favour of one person and may not be transferred without your approval; and

Guardrisk must inform you at least 30 (thirty) days before the cancellation thereof, in writing of its intention to cancel such debit order;

Guardrisk and not the Administrator must give reasons for repudiating your claim;

Guardrisk may not cancel your insurance merely by informing the Administrator;

There is an obligation to make sure the cancellation notice has been sent to you;

You are entitled to a copy of this Policy free of charge; and

You confirm that you have read and understood the contents of this Policy.

- Warnings to Insured:

- Do not sign any blank or partially completed forms;

- Complete all forms in ink;

- Keep all documents handed to you;

- Make a note as to what is said to you;

- Do not be pressurised to buy the product; and

- Incorrect or non-disclosure by you of relevant facts may influence Guardrisk / the Administrator regarding any claims made.

26. COMPLAINTS PROCEDURE:

For all complaints, please first write a letter of complaint to us, the Administrator, as we would like to try and resolve it. If we have not been able to assist satisfactorily then you may elevate your complaint to Guardrisk.

If any insurance complaint to the Administrator or Guardrisk is not resolved to your satisfaction, you may submit the insurance complaint to the following regulators:

- **The Short Term Insurance Ombudsman** – in the event of claims problems not satisfactorily resolved

P O Box 32334, Braamfontein, 2017

Tel: 011 726 8900, Share call: 0860 726 890, Fax: 011 726 5501

E-mail: info@osti.co.za Website: www.osti.co.za

- **The FAIS Ombud** – in respect of complaints about the selling of the insurance product by the Administrator or Guardrisk

P O Box 74571, Lynwood Ridge, 0040

Tel: 012 470 9080 Share call: 0860 324 766 / 0860 FAISOM

Fax: 012 348 3447

E-mail: info@faisombud.co.za Website: www.faisombud.co.za

- **The Registrar of Short Term Insurance (Financial Services Board)** – if any complaint to the Administrator or Guardrisk is not resolved to your satisfaction

P O Box 35655, Menlo Park, 0102

Tel: 012 428 8000, Fax: 012 347 0221

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