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Unlimit Your Life.

THE UNLIMITED

FSP 21473



*underwritten by Santam Structured Life Limited
a registered life insurer and authorised financial services provider (1026)

*The insurance benefit is underwritten by Santam
Structured Life Limited (Reg. No.: 2002/013263/06)

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THE UNLIMITED FAMILY MEMBERSHIP AGREEMENT

ESSENTIAL FAMILY CONNECT

1. WHO IS PART OF THE UNLIMITED FAMILY AGREEMENT?

1.1. You and anybody else who is financially dependent on you and whose names and dates of birth you have provided to us and who we have agreed to include as members. This can include your spouse, children and other adults who are dependent on you.

AND

1.2. Us, The Unlimited Group (Pty) Limited. We bring you the benefits and provide intermediary services in respect of the insurance Cover.

AND

1.3. Insofar as the insurance Cover is concerned, the insurer whose details are on the insurance Policy.

AND

1.4. By making payment of your monthly fee you:

- i. agree and want to be a party to this membership agreement;
- ii. allow us to fulfil on our obligations to you in terms of this agreement.

To allow us to do this, you agree that we can share your information with our partners, business associates, agents, representatives and other relevant third parties; and

- iii. agree that we can market other products and services to you even after this agreement ends, share market innovations with you and you consent that we can submit your information to, and receive information about you from, credit institutions (including credit bureaus) to update, process and monitor your information to guide us in making decisions about product development and suitability of offering, affordability, market conduct and activities related to our business and providing goods and services to you.

1.5. You must be under the age of 65 to enter into this membership agreement. The membership agreement will end when you turn 70.

2. WHAT BENEFITS DO YOU GET AND WHEN CAN YOU USE THEM?

2.1. For your monthly membership fee you get the following benefits:

- i. airtime awards;
- ii. The Unlimited SIM card ("**the SIM card**"); and
- iii. We negotiate rates and terms with service providers on your behalf and arrange insurance cover for you.

2.2. Unless we tell you otherwise, as soon as we have received payment of the first monthly fee you can start using your benefits, but the insurance Cover may be subject to waiting periods in the insurance Policy. The fee includes the premium which is payable by us to the Insurer for the Cover.

2.3. Your use of the benefits is subject to the terms of this agreement and any insurance Policy, schedules, amendments and endorsements.

3. WHAT AIRTIME AWARDS HAVE YOU GOT AND WHEN CAN YOU USE THEM?

3.1. Your Airtime Awards (after we pay the premium for insurance Cover)

3.1.1. CONNECT AIRTIME

Every time we successfully collect your monthly membership fee we will provide you with an amount of airtime equivalent to the Rand value of your monthly membership fee.

3.1.2. DOUBLE AIRTIME

Every time you load airtime onto the SIM card (with a Cell C top up voucher) you will receive the same amount of free airtime from us. For example, if you purchase and load a R20 Cell C voucher onto the SIM card, we will double your airtime by giving you another R20 free.

3.2. You CANNOT convert your airtime awards into data bundles. You can use your airtime awards to make a call, surf the net or send SMS's and MMS's.

4. HOW DO YOU ACCESS YOUR AIRTIME BENEFITS?

4.1. You must RICA first before you can use your SIM card.

4.2. If you have any questions our agents will be able to help you.

5. IMPORTANT: WHEN WILL WE NOT PROVIDE YOU WITH AIRTIME AWARDS?

5.1. If you do not pay your fee you will not be able to use the benefits and we can also take back any Connect Airtime we gave you.

5.2. If you have committed fraud or have not given us all your correct details (now or when you use a benefit).

5.3. If you do not use the SIM card for a consecutive period of 90 days at any time from the Start date of the policy, you agree that we can deactivate your SIM card and give your number to someone else.

6. HOW LONG DOES THIS MEMBERSHIP AGREEMENT LAST?

6.1. This membership agreement is month-to-month. It will renew on the same terms each time we successfully collect the monthly fee.

6.2. You can cancel at any time by giving us a call so that we can assist you and help you make the right decision. There is a cooling-off period of 30 days (calculated from the start date) in which you can cancel and receive a refund **BUT ONLY IF** you have not used any of the benefits.

6.3. We can change this agreement but we will give you 30 days' notice (warning) before we change any of these conditions. We will send you an SMS, email or letter. If you have a preference about how we communicate with you, let us know.

7. FOR COMPLAINTS AND COMPLIANCE

7.1. It is important to us that you are happy with your benefits. If you are unhappy for any reason, please call us on **0861 990 000** and give us a chance to see if we can set things right.

INSURANCE POLICY: DEATH BENEFITS

DETAILS OF THE INSURER:

Santam Structured Life Limited, is a registered long-term insurer and an authorised financial services provider (FSP 1026) and the entity that will pay the policy benefits subject to the terms and conditions of the policy being met.

TABLE OF POLICY BENEFITS ("Cover")

The premium for the Cover for main member and spouse is R20.20.

If you add your children (up to a maximum of 5) an additional premium of R18.40 will apply.

If you add additional adult dependants (up to a maximum of 3) an additional premium of R12.00 will be added for each additional dependant.

Subject to the acceptance by you of the terms set out in this policy the insurer will provide the following Cover:

ACCIDENTAL DEATH BENEFIT		
Who is covered?	What is covered?	Benefit limits
An insured person (whose names and dates of birth you have given us) and for whom the applicable premium has been paid. You can also choose to cover*: <ul style="list-style-type: none">• Your Children, under the age of 21.• Additional Dependants, above the age of 21 and below the age of 65. *The applicable Premium/s will Apply	The accidental death of you or your spouse from any cause not excluded in this policy.	R40,000.00 (forty thousand Rand)
	The accidental death of an additional dependent person from any cause not excluded in this policy.	R40,000.00 (forty thousand Rand)
	The accidental death of your child from any cause not excluded in this policy.	
	Child 0 – 11 months	R6,000.00 (six thousand Rand)
	Child 1 – 5 years	R12,000.00 (twelve thousand Rand)
	Child 6 – 13 years	R18,000.00 (eighteen thousand Rand)
	Child 14 – 21 years	R24,000.00 (twenty four thousand Rand)

NATURAL DEATH BENEFIT		
Who is covered?	What is covered?	Benefit limits
An insured person (whose names and dates of birth you have given us) and for whom the applicable premium has been paid. You can also choose to cover*: <ul style="list-style-type: none"> • Your Children, under the age of 21. • Additional Dependants, above the age of 21 and below the age of 65. *The applicable Premium/s will Apply	The natural death of you or your spouse from any cause not excluded in this policy.	R20,000.00 (twenty thousand Rand)
	The natural death of an additional dependent person from any cause not excluded in this policy.	R20,000.00 (twenty thousand Rand)
	The natural death of your child from any cause not excluded in this policy.	
	Child 0 – 11 months	R3,000.00 (three thousand Rand)
	Child 1 – 5 years	R6,000.00 (six thousand Rand)
	Child 6 – 13 years	R9,000.00 (nine thousand Rand)
	Child 14 – 21 years	R12,000.00 (twelve thousand Rand)

IMPORTANT: PRE-EXISTING CONDITIONS NOT COVERED

There is no cover under the natural death benefit for any death caused directly or indirectly by a medical condition or illness that you, or any other insured person had before the cover/policy was taken.

Refer to the definition of pre-existing condition in point 6, as well as to point 4, Cover Exclusions.

Examples of pre-existing medical conditions include diabetes, hypertension (high blood pressure), epilepsy and cancer, amongst others.

For illustration only:

1. **Hypertension** (high blood pressure) can lead to death as a result of a stroke/ heart attack and other consequences.
2. **Diabetes** can lead to death, as a result of kidney failure, heart disease or stroke and other consequences.
3. **HIV/AIDS** can lead to death, from pneumonia, tuberculosis and other consequences.

IMPORTANT NOTICE

This long-term Insurance Policy is underwritten by Santam Structured Life Limited (Reg. No. 2002/013263/06). Santam Structured Life Limited agrees to provide the Cover under this Policy during any period of insurance for which You have paid a premium and subject to the terms and conditions of this Policy being met. We will accept any proposal or declaration that You have made to Us as true, and Santam Structured Life Limited shall use that information as the basis for the Cover provided under this Policy. If Santam Structured Life Limited makes any changes to Your Policy those changes will then form part of the Policy. Any reference in this Policy to 'You' shall be deemed to include a reference to Your Children and/or Spouse unless the context indicates a different intention. **PLEASE NOTE THAT THIS IS NOT A FUNERAL POLICY.**

1. WHEN CAN YOU CLAIM?

- 1.1. Unless there is a waiting period (see 1.2), as soon as we have received your first premium you can start using your insurance benefits (the "Start Date").
- 1.2. Claims for **natural death** [including natural death resulting from venereal disease, Acquired Immune Deficiency Syndrome (AIDS), or HIV or AIDS-related complications] have the following waiting periods for the event giving rise to the claim:
 - i. For you and each dependent, the waiting period starts from the first premium payment and **ends after a minimum of 12(twelve) payments have been received. Remember: The 12(twelve) minimum payments start from when a person is added to the policy.** The waiting period will start from the date we successfully receive the first premium applicable to the insured person and this cover will begin when we have received the required 12(twelve) minimum premium payments.
 - ii. Claims for suicide or any self-inflicted death: For you and each dependant, the waiting period starts from the first premium payment and **ends after a minimum of 24(twenty-four) payments have been received. Remember: The 24(twenty-four) minimum payments start from when a person is added to the policy.** The waiting period will start from the date we successfully receive the first premium applicable to the insured person and this cover will begin when we have received the required 24(twenty-four) minimum premium payments.
- 1.3. If this policy/cover suspends due to non-payment of premium/s and You start paying again, the waiting period/s will continue from the last payment, until the minimum 12 premium payments have been received (or 24 payments for suicide).
- 1.4. The insured event must have happened in South Africa and after the Start Date.
- 1.5. From time to time we may in our sole and absolute discretion offer to increase your Cover at no additional cost to you. We will notify you of any increases by SMS to the number you have on record with us. Any increase in Cover is dependent on your monthly fee being paid.
- 1.6. Amendments to cover or premiums
 - i. We reserve the right to amend, add or change the premium, benefits or terms and conditions of this policy by giving 31 days written notice to you of our intention to do so.
 - ii. Any variations and or changes including any premium rate adjustment will be binding on you and can be applied at any time to the existing terms and conditions after written communication of these changes has been sent.
 - iii. We will notify you of any changes by SMS to the number you provided to us.

2. HOW DO YOU CLAIM YOUR INSURANCE BENEFITS?

- 2.1. It's simple, CALL US on **0861 990 000**. Our agents will guide you through the process if you want to claim or you just have a query.
- 2.2. We will need certain documents from you which help us decide your claim or to provide the service, for example a death certificate or a police report. We may also need you to give us other documents. If you don't give us the documents within 30 days of the insured event, we cannot properly assess or pay your claim or provide the service.
- 2.3. If the person we have to pay ("**the beneficiary**") does not live in South Africa, the insurer may make payment into a foreign bank and:

- i. the beneficiary will need to meet any requirements of the insurer; and
 - ii. the claim will be paid to the value of the Rand amount and subject to any requirements made on the insurer both by South African law and the laws of the country where the bank account is held.
- 2.4. Neither we nor the insurer will be responsible for meeting any legal requirements the beneficiary must meet to receive payment of a claim in South Africa or another country.
 - 2.5. If we decline your claim, we will give you 90 days from the date of our decision to challenge our/the insurer's decision on a claim by writing to us with reasons. If we still decline your claim, and you want to start a legal process, you have an additional 180 days to do so or your claim will lapse.
 - 2.6. Failure to submit a fully completed Claim Form and all requested documentation may result in Your claim being regarded as rejected.
 - 2.7. All costs incurred in submitting a claim are for Your account.
 - 2.8. **There are some more important details on how to claim in the FAIS DISCLOSURE NOTICE attached to this policy.**

3. WHO WILL WE PAY?

- 3.1. You, into your South African Bank Account. If you have died, we can pay your spouse or the executor of your estate or Beneficiary BUT they will need to give us proof of their status (for example, identity details or letters of executorship).

4. WHEN WILL WE NOT PAY A CLAIM (Exclusions)?

We will NOT pay a claim:

- 4.1. For the death benefit, if you or an insured person has a pre-existing health condition that relates to a claim. This is a condition you had or have before the Start Date and includes any pre-existing illness, injury, infirmity or congenital disorder (whether mental or physical).
- 4.2. We will not pay if your claim is because of you willingly involving yourself in an unlawful act, dangerous conduct, self-inflicted harm, riot, civil unrest, terrorist attack and/or substance abuse (for example, drugs and alcohol).
- 4.3. We will only provide Cover for people whose names and birth dates you have given us. They must be South African citizens or have residential rights in South Africa.
- 4.4. If we can't deduct the premium from your bank account (for example, if you don't have funds) you will not be covered. To allow us to restore your Cover you agree that if we cannot collect the premium from your bank account in any given month, we can try and collect from your account for the next three months. If we successfully debit your bank account again, the date of that collection will be the new policy Start Date. Any bank charges incurred as a result of the above will be for your own account.
- 4.5. There is a 15-day grace period from the date your premium was due within which you can make payment to ensure you have Cover. Please note that the 15-days' grace period is only effective from your second month of insurance following your initial Start Date.
- 4.6. If you have committed fraud, or you have not told us the truth or you have not given us all your correct details including about your health (now or when you claim).

5. FOR COMPLAINTS AND COMPLIANCE

- 5.1. It is important to us that you are happy with your Cover. If you are unhappy with us or your policy, please contact us and give us a chance

to see if we can set things right - **0861 990 000**.

- 5.2. If you are still not happy and it is about your **COVER**, then:
- i. the insurer would like to hear from you. Their details are in the attached **FAIS DISCLOSURE NOTICE**; and
 - ii. If this still hasn't helped, this policy is regulated by the **FAIS OMBUD** and the **INSURANCE OMBUD**. Their details are also in the **FAIS DISCLOSURE NOTICE**.

6. WHAT DO THESE WORDS MEAN?

- 6.1. **"accident"** means an unexpected but insured event caused only by violent and/or accidental, external, physical and visible means, which occurs at a time and place that can be identified. For example a motor vehicle accident, an assault or burns.
- 6.2. **"accidental death"** means the death of an insured person as a direct result of an accident. In cases of accidental death, a post-mortem and an inquest are held.
- 6.3. **"acquired immune deficiency syndrome/AIDS"** has the meanings assigned to them by the World Health Organisation and includes, without limitation, Opportunistic Infection, Malignant Neoplasm, Human Immune Deficiency Virus ("HIV"), Encephalopathy (Dementia), HIV Wasting Syndrome or any disease or illness in the presence of a seropositive test for HIV.
- 6.4. **"additional dependant/s"** means your children, you or your spouse's parents, provided these persons live with you and are financially dependent on you. Where applicable, these persons must be noted on the Policy and an additional premium must be paid.
- 6.5. **"children/child"** means your biological children, stepchildren and/or adopted children normally living with you in South Africa, who are financially dependent upon you and who are under the age of 21.
- 6.6. **"death benefit"** means the Cover payable by the insurer in the event of your or any other insured person's death (natural or accidental) from any cause not excluded in the policy.
- 6.7. **"insured event"** means an insured person's death from any cause not excluded in this policy.
- 6.8. **"insured person"** means you, your spouse and/or your children or any person who is covered under the insurance policy.
- 6.9. **"natural death"** means the death, from any cause not excluded, of an insured person as a direct result of a medical condition/illness (e.g. cancer, stroke or heart attack). In cases of natural death an inquest is not held.
- 6.10. **"pre-existing condition"** means a condition (for example, mental, physical injury or illness) which existed prior to the start date of your cover, or reinstatement or reissue date of your policy, and for which you have (or should have) been to a doctor for treatment. This condition would not have a short-term cure (for example, an acute condition like a cold or flu), and needs ongoing treatment or medicine (for example, chronic conditions like hypertension, diabetes, cancer, heart conditions, congenital conditions or HIV/AIDS and related illnesses).
- 6.11. **"premium"** means the monthly amount payable to the insurer for the Cover.
- 6.12. **"spouse"** means a person to whom you are married by civil law, tribal custom or in terms of any religion. A spouse also includes your life partner who normally lives with you in South Africa.
- 6.13. **"waiting period"** means the period specified in this policy during which we need to collect a specified number of successful fees from you before you are entitled to claim under the policy, calculated from the Start Date.

6.14. **"we"** means The Unlimited Group (Pty) Limited. We provide intermediary services in respect of this policy.

6.15. **"you"** means the policyholder under this policy.

STATUTORY DISCLOSURE NOTICE IN TERMS OF THE POLICY PROTECTION RULES (LONG-TERM INSURANCE ACT) & THE FINANCIAL ADVISORY AND INTERMEDIARY SERVICES ACT ("FAIS")

1. DETAILS OF THE INTERMEDIARY, BINDER HOLDER AND THE INSURER

DETAILS	BINDER HOLDER	INTERMEDIARY and FINANCIAL SERVICES PROVIDER (FSP)	INSURER
Name & Company Reg. Nr.	The Unlimited Group (Pty) Ltd (The Unlimited) Reg. Nr. 2002/002773/07	The Unlimited Group (Pty) Ltd (The Unlimited) Reg. Nr. 2002/002773/07 VAT Nr. 4360161139	Santam Structured Life Limited Reg. Nr. 2002/013263/06
Legal Status	The Unlimited Group (Pty) Limited is an authorised financial services provider (FSP21473). There are no limitations, restrictions or endorsements on the FSP's licence.	The Unlimited is an authorised financial services provider (FSP21473). We are licensed to provide intermediary services in respect of category 1.1, 1.2, 1.3, 1.6 and 1.20. We accept responsibility for all intermediary services provided by our agents and representatives and confirm that some services are rendered under supervision.	Santam Structured Life is a registered long-term insurer and an authorised financial services provider (FSP1026).
Compliance Department	031 716 9600	031 716 9600	0860 762 745 or 011 685 7600
FAIS Compliance Officer	Moonstone Compliance: Cathy Ingle, Tel: 021 883 8000, Fax: 021 883 8005, Postal Address: PO Box 12662, Die Boord, Stellenbosch, 7613.	Moonstone Compliance: Cathy Ingle, Tel: 021 883 8000, Fax: 021 883 8005, Postal Address: PO Box 12662, Die Boord, Stellenbosch, 7613	Compliance: Lisa Teixeira 0860 762 745 or 011 685 7600
Physical address	1 Lucas Drive, Hillcrest, 3610	1 Lucas Drive, Hillcrest, 3610	7 th Floor, Alice Lane Building 3, Cnr Alice Lane and 5th Street, Sandton, 2196

Postal address	Private Bag X7028, Hillcrest, 3650	Private Bag X7028, Hillcrest, 3650	PO Box 652659, Benmore, 2010
Telephone No.	087 357 7777	0861 990 000	0860 762 745 or 011 685 7600
Facsimile	021 883 8005	0865 009 307	011 784 9858
Email address	cingle@moon-stonecompliance.co.za	info@theunlimited.co.za	SSL.Compliance@Santam.co.za
Website	www.theunlimited.co.za	www.theunlimited.co.za	www.santam.co.za

2. The Intermediary and Binder Holder

(a)	Legal status and any interest in the insurer	The Unlimited does not hold more than 10% of the insurer's shares and has not received more than 30% of the total remuneration from one insurer in the preceding calendar year. The Unlimited is not an associate company of the insurer.
(b)	Conflicts of Interest	We have not identified any conflicts of interest as defined in the FAIS act. Our conflict of interest policy is available on our website at www.theunlimited.co.za
(c)	Insurance cover	The Unlimited holds Professional Indemnity Insurance and Fidelity cover.
(d)	Rand amount of commission payable	The Unlimited acts as a non-mandated intermediary in terms of a Binder Agreement with the insurer. The Unlimited earns binder fees in respect of the binder functions and incidental activities undertaken on behalf of the insurer. The Unlimited can also earn commission up to, but not exceeding, the regulated commission in terms of the Long-term Insurance Act.
(e)	Written mandate to act on behalf of insurer	Yes. Please refer to (d) above.
(f)	Consequences of non-payment of premium	You are required to pay the premium as agreed and in accordance with the payment terms reflected in your policy schedule. The consequences of non-payment of the Premium will be that cover will lapse (i.e. you will not be covered).
(g)	Whether more than 10% of the insurer's shares are held or whether more than 30% of total remuneration was received from the insurer	The Unlimited does not hold more than 10% of the insurer's shares and has not received more than 30% of the total remuneration from one insurer in the preceding calendar year. The Unlimited is not an associate company of the insurer.

(h)	Rand amount of monthly premium, of binder fees and of commissions earned	Please refer to the Insurance Policy for the monthly premium amount. The Financial Services Provider earns the statutory regulated commission. The Financial Services Provider earns a maximum of 50% of the gross written premium payable monthly as a Binder fee.
(i)	Extent of premium obligations you assume as policyholder	The premium payable to the insurer for the main member and spouse is R20.20. The additional premium payable to the insurer for children added to the cover is R18.40. The additional premium payable to the insurer per added additional dependant is R12.00.
(j)	Manner of payment and due date of premiums	See Insurance Policy and Master Agreement. Due Date is as agreed by customer at time of acceptance (on your call log or Application form).

3. Claims Procedures

Should you wish to claim, please call us on **0861 990 000**. You must notify us within 30 days of your claim arising and provide us with all the documentation and information we ask for so that we can accurately assess your claim. If your claim is not approved you need to make representation to the Insurer within 90 days or lodge a legal process within 180 days. In the event that you are dissatisfied with all these mechanisms, please contact the Long-term Insurance Ombud on the details provided below.

4. Complaints Procedures

If you have a complaint about this policy, you can write to us at info@theunlimited.co.za or call our Customer Care line on **0861 990 000**, or fax us on **0865 009 307**. If the matter is not resolved to your satisfaction you may make representations to the Insurer. Please email SSL.Complaints@Santam.co.za or contact their Market Conduct Department on the details and contact numbers provided. Should you still not be satisfied, please submit your complaint in writing to the **Ombudsman for Long-term Insurance** at:

Private Bag X45
Claremont
7735

Telephone: 021 657 5000
Fax: 021 674 0951
Email: info@ombud.co.za
Website: www.ombud.co.za

5. FAIS Ombud

If you have a problem with the way the product was sold to you or the disclosures that were made to you, please contact The Unlimited for assistance. If you are not satisfied with the reply, you may submit your complaint in writing to the FAIS Ombud at:

PO Box 74571
Lynwood Ridge
0040

Telephone: 0860 324 766 or 012 470 9080
Fax: 012 348 3447
Email: info@faisombud.co.za
Website: www.faisombud.co.za

6. In addition to the FAIS Ombud, you may also contact the **Registrar of Long-term Insurance:**

PO Box 35655
Menlo Park
0102

Telephone: 012 428 8000
Fax: 012 422 2979
Website: www.fsb.co.za

7. **Important Matters**

- You must be informed of any material changes to the information referred to herein. If the information was given orally, it must be confirmed in writing within 30 days.
- If any complaint to the Financial Services Provider or the insurer is not resolved to your satisfaction, you may submit the complaint to the Long-term Insurance Ombudsman or the FAIS Ombud.
- If your premium is paid by means of debit order:
 - o It may only be in favour of one legal entity or person and may not be transferred without your approval; and
 - o The insurer must inform you at least 30 days before the cancellation thereof, in writing, of its intention to cancel cover.
- Your insurer must give reasons for rejecting your claim.
- Your insurer may not cancel your insurance merely by informing your Financial Services Provider. There is an obligation to make sure that the notice has been sent to you. You are entitled to a copy of the Policy free of charge.
- You are entitled to a copy of the voice log of the sale.
- Polygraphs or similar tests are not obligatory and claims may not be rejected solely on the basis of a failure of such test.
- Should you have any complaints about the availability or adequacy of information required to be provided herein, please bring this to our attention on **0861 990 000**.
- Your Policy document contains the name, class and type of Policy, special terms and conditions, exclusions, waiting periods as well as details of procedures to follow in the event of a claim. Should anything not be clear, please contact The Unlimited on the numbers provided above.

8. **Warning**

- Do not sign any blank or partially completed application form.
- Complete all forms in ink.
- Keep all documents you receive.
- Make a note of what was said to you.
- Don't be pressurised to buy the product.
- Incorrect or non-disclosure by you of material facts may have a negative impact on the assessment of a claim arising from your contract of insurance.

9. **Waiver of Rights**

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

10. **Sharing of Information**

Insurers share information with each other regarding policies and claims. This is done in the public interest and in the interest of all current and potential policyholders. The sharing of information includes, but is not limited to information sharing via the Information Data Sharing System operated by TransUnion ITC on behalf of the South African Insurance Association. By the

insurer accepting or renewing this insurance, you or any other person that is represented herein, gives consent to the said information being disclosed to any other insurance company or its agent. You also similarly give consent to the sharing of information in regards to past insurance policies and claims that you have made. You also acknowledge that information provided by yourself or your representative may be verified against any legally recognised sources or databases. By insuring or renewing your insurance you hereby not only consent to such information sharing, but also waive any rights of confidentiality with regards to underwriting or claims information that you have provided or that has been provided by another person on your behalf. In the event of a claim, the information you have supplied with your application together with the information you supply in relation to the claim, will be included on the system and made available to other insurers participating in the Information Data Sharing System.