

theunlimited.co.za

ALL YOUR PRODUCT BENEFITS UNPACKED.



Unlimit Your Life.

THE UNLIMITED

FSP 21473

*UNDERWRITTEN BY



CENTRIQ

LIFE INSURANCE

*The insurance benefits are underwritten by Centriq Life Insurance Company Limited ("Centriq Life"), a licensed life insurer and authorised financial services provider (FSP 7370).

CONTENTS PAGE

SECTION 1: MEMBERSHIP AGREEMENT

| | Pages |
|---|-------|
| 1. WHO IS PART OF THE UNLIMITED FAMILY AGREEMENT? | 3 |
| 2. WHAT BENEFITS DO YOU GET AND WHEN CAN YOU USE THEM? | 3 |
| 3. WHAT EMERGENCY MEDICAL ASSISTANCE DO YOU HAVE AND WHEN CAN YOU USE THEM? | 4 |
| 4. HOW DO YOU ACCESS YOUR EMS BENEFITS? | 4 |
| 5. WHEN CAN YOU NOT USE YOUR MEDICAL EMERGENCY BENEFITS AND SERVICES | 5 |
| 6. HOW LONG DOES THIS MEMBERSHIP AGREEMENT LAST? | 5 |
| 7. WE WOULD LOVE TO HEAR FROM YOU | 5 |

SECTION 2: INSURANCE POLICY WORDING

| | |
|---|----|
| 1. DETAILS OF THE INSURER | 7 |
| 2. HOW WILL WE COMMUNICATE WITH YOU? | 7 |
| 3. POLICYHOLDER CONTACT INFORMATION | 7 |
| 4. WE WOULD LOVE TO HEAR FROM YOU | 7 |
| 5. SPOUSE, CHILDREN AND ADDITIONAL DEPENDANTS/ BENEFICIARIES | 7 |
| 6. MONTHLY PREMIUMS PAYABLE | 8 |
| 7. WHEN DOES YOUR COVER START? | 8 |
| 8. YOUR POLICY BENEFITS | 8 |
| 9. CLAIMS PROCESS CONDITIONS | 11 |
| 10. COVER EXCLUSIONS | 14 |
| 11. GENERAL POLICY TERMS AND CONDITIONS | 15 |
| 12. WHAT DO THESE WORDS MEAN WHEN USED IN YOUR POLICY? | 16 |

KEY INFORMATION & DISCLOSURES DOCUMENT

SECTION 3: KEY INFORMATION

| | |
|--|----|
| 1. THE INTERMEDIARY AND BINDER HOLDER | 19 |
| 2. IMPORTANT INFORMATION ABOUT YOUR POLICY | 19 |
| 3. HOW TO AMEND/CANCEL YOUR POLICY OR REQUEST INFORMATION | 21 |
| 4. HOW TO CLAIM | 21 |
| 5. HOW TO SUBMIT A COMPLAINT | 22 |
| 6. OTHER IMPORTANT MATTERS | 23 |
| 7. WARNING | 23 |
| 8. PROTECTION AND SHARING OF PERSONAL INFORMATION | 23 |
| 9. THE POLICYHOLDER | 24 |
| 10. YOUR RIGHTS | 26 |
| 11. COOLING-OFF RIGHTS | 26 |
| 12. CANCELLATION OF POLICY | 26 |

SECTION 4: STATUTORY DISCLOSURE NOTICE

| | |
|--|----|
| 1. ABOUT YOUR FINANCIAL SERVICES PROVIDER AND BINDER HOLDER (THE UNLIMITED) | 27 |
| 2. ABOUT THE PRODUCT SUPPLIER (CENTRIQ) | 29 |
| 3. ABOUT THE PRODUCT | 30 |
| 4. PARTICULARS OF FAIS OMBUD | 30 |
| 5. PARTICULARS OF LONG-TERM INSURANCE OMBUD | 30 |
| 6. PARTICULARS OF FINANCIAL SECTOR CONDUCT AUTHORITY | 31 |
| 7. PROCEDURES FOR REGISTERING CLAIMS OR COMPLAINTS | 31 |
| 8. NAME, CLASS OR TYPE OF POLICY | 31 |
| 9. EXTENT AND NATURE OF PREMIUM OBLIGATIONS | 31 |
| 10. CONSEQUENCES OF NON-PAYMENT OF PREMIUMS | 31 |
| 11. COOLING-OFF RIGHT | 32 |
| 12. OTHER MATTERS OF IMPORTANCE | 32 |
| 13. WARNING | 32 |
| 14. SHARING OF INSURANCE INFORMATION | 32 |
| 15. USE OF YOUR PERSONAL INFORMATION | 33 |
| 16. WAIVER OF RIGHTS | 33 |
| 17. CONFLICT OF INTEREST | 34 |

THE UNLIMITED FAMILY MEMBERSHIP AGREEMENT

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, up to 5 of your children and up to 3 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.
- 1.3. 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;
 - iv. you can withdraw your consent at any time. Our contact details are in your agreement.
- 1.4. **The Fee is the total amount you pay us each month for all the membership costs (which include the non-financial services benefits you have with us as set out in this membership agreement and where you have an Insurance Policy, it will include the premium. It will include any subsequent costs for added benefits to your membership and additional premiums for endorsements to your Policy. Payment of the fee entitles you to membership of The Unlimited Family and accordingly, to be notified of further product offerings, as well as preferential pricing should you take the additional products from us.**
- 1.5. **The Premium, which is payable by us to the insurer will be disclosed on the policy or endorsement.**
- 1.6. The Unlimited makes use of DEBICHECK collections services to ensure that We are able to collect Your Premium and Your cover under the Policy. DEBICHECK is a debit order collection and tracking system that allows us to process your debit closer to your salary payment date, thereby improving the likelihood of a successful debit collection.
- 1.7. If we can't deduct the Fee from your bank account (for example, if you don't have funds), you will not have access to your benefits. To allow us to restore your benefits, you agree that if we cannot collect the Fee, including premium, from your bank account in any given month, we can try and collect from your account a further 3 times. If we successfully debit your bank account again, the date of that collection will be the new start date. Any bank charges incurred as a result of failed collections will be for your own account.
- 1.8. You must be under the age of 65 to enter into this membership agreement. The membership agreement will end when you turn 70. Any membership benefits that apply to dependants will end should this membership agreement end for any reason.

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

- 2.1. For your monthly membership fee (after we pay the premium for insurance Cover) you get the following benefits:
 - i. The medical emergency response and related services; and
 - ii. 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 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 EMERGENCY MEDICAL ASSISTANCE DO YOU HAVE AND WHEN CAN YOU USE THEM?

- 3.1. Detailed Terms & Conditions for these service benefits are available on www.theunlimited.co.za/terms/cimsnetcare911/2.pdf or call 0861 990 000 and we will provide you with a copy:

| |
|--|
| 3.1.1. 24-Hour Medical Advice and Information Hotline – Telephonic |
| Qualified nursing staff are available 24 hours a day to provide general medical information and advice via telephone. Telephonic Advice Only. |
| 3.1.2. Emergency Medical Response to scene of a Medical Emergency (primary response) |
| You will be transported by the appropriate road or air transport, with qualified personnel, to the nearest and appropriate hospital facility for an emergency. The cost of the transport will be paid up to the agreed limit. |
| 3.1.3. Emergency Medical Transportation – Pre-hospital |
| In a medical emergency, we will arrange and pay for the emergency medical transportation. You will be taken to a government hospital unless the emergency medical personnel can ascertain whether you have appropriate cover which allows private hospital admission. The cost of transport will be paid up to the agreed limit. |

If the initial emergency medical transportation was provided by the EMS call centre, the following additional benefits are available to the member where applicable and medically justifiable.

| |
|--|
| 3.1.4. Inter-hospital Transfer |
| We will move you from one hospital to another if the hospital that you are being treated at cannot or will not provide the treatment that is required. The hospital we transfer you to will not be your choice of hospital. The cost of the transport will be paid up to the agreed limit. |
| 3.1.5. Compassionate Visits |
| If You are hospitalised outside Your home town (100km or more from Your house), we will arrange and pay for an economy class return transportation for 1 person, up to a maximum of R2 000.00 (incl. VAT) in one year, for your spouse, biological child or parent to visit you. You must have been in hospital for at least 5 days. |
| 3.1.6. Escorted Return of Minors |
| We will arrange and pay for the transportation of your children if they are stranded as a result of your hospitalisation from anywhere in South Africa, into the care of a person chosen by you, within South Africa. |

4. HOW DO YOU ACCESS YOUR EMS BENEFITS?

- 4.1. You must contact the 24-hour Emergency Medical Alarm Centre ("EMS call centre") on 0861 990 000 to use any of your EMS benefits or services.
- 4.2. To use any of the EMS benefits or services, you must provide your policy number, personal particulars, the place and telephone number where you or your representative can be reached, and a brief description of the emergency and the nature of the assistance required.
- 4.3. If you use the benefits without contacting the EMS call centre for approval first, you must notify us within 72 hours of the medical

emergency having occurred.

- 4.4. If you have a medical aid, the invoice for ambulance transportation will be submitted to your medical aid for payment. If you incorrectly receive an invoice from the ambulance service provider, you may submit the invoice to CIMS South Africa for reimbursement within 2(two) months of the date of the medical emergency. To arrange this, please call us on **0861 990 000**.

5. WHEN CAN YOU NOT USE YOUR MEDICAL EMERGENCY BENEFITS AND SERVICES

- 5.1. For minor (i.e. non-life threatening) illness or injury, which can be treated locally by your family doctor, for example, and which do not require emergency medical transportation.
- 5.2. Where you have hurt or made yourself ill on purpose or put yourself in danger. This includes where you have abused drugs and alcohol.
- 5.3. If you are hurt playing professional sport or sport played in a national or provincial competition.
- 5.4. For your attempt to commit, an unlawful act. If you have not given us all your correct details (now or when you use a benefit).
- 5.5. For your participation in war, invasion, act of foreign enemy, hostilities, civil war, rebellion, riot, revolution or loss which is a direct result of nuclear reaction or radiation.
- 5.6. For any events that occurred before The Unlimited receives your first fee payable in terms of this agreement.
- 5.7. For your failure to pay any fee on or before the due date for payment.

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 – give us a call so we can assist you and help you make the right decision. There is a cooling-off period of 31 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, including any of the benefits (including insurance cover), but we will give you 31 days' notice (warning) before we change anything. We will send you an SMS, WhatsApp, email or letter. If you have a preference about how we communicate with you, let us know. You agree that we can also communicate with you using WhatsApp, including for the purposes of providing you with your membership and policy documents.
- 6.4. **One of the changes we might make is a change to when or the amount you pay in respect of the Fee. This will happen if you accept more membership or insurance benefits from us or annually if we need to do a price increase. We cancel this membership at any time should you not fulfil your duties under this membership or if you are dishonest or fraudulent in your actions, by:**
 - a. **Us giving you immediate notice in writing of cancellation for fraudulent or dishonest actions or the Non-payment of your fees; and**
 - b. **Us giving You 31 days' notice in writing (or such other period as may be mutually agreed and/or otherwise prescribed by this membership).**
- 6.5. In the event of fraud, mis-description, misrepresentation or non-disclosure of material facts at any time, we reserve the right to void or cancel any membership or reject any claim with immediate effect or declare the membership null and void from inception.

7. WE WOULD LOVE TO HEAR FROM YOU

Whether it's a complaint or a compliment, a question or a comment, even if you just want to have a chat about our products or what is important to you, we would love to hear from you.

You can get in touch with us in all the following ways:



on our Facebook, find us as The Unlimited;



on our Twitter handle, find us on @theunlimitedza;



on LinkedIn, look for us as theunlimited;



ALSO, Check out our website: www.theunlimited.co.za; OR



Call us on **0861 990 000**.

INSURANCE POLICY WORDING

LIFE COVER (DEATH CASH BENEFIT) and ACCIDENTAL INJURY CASH BENEFIT and ALL YOUR PAYMENTS BACK ON YOUR DEATH BENEFIT

For the meaning of some of the words used in this policy, look at **Section 12** of this policy.

1. DETAILS OF THE INSURER

Although your policy is administered by The Unlimited Group (Pty) Ltd (FSP Number 21473) "The Unlimited" your life Insurance Policy is underwritten by Centriq Life Insurance Company Limited, a licensed life insurer and an authorised financial services provider (FSP Number 7370), "**the Insurer**".

PLEASE NOTE THAT THIS IS NOT A MEDICAL SCHEME AND THE COVER IS NOT THE SAME AS THAT OF A MEDICAL SCHEME. THIS POLICY IS NOT A SUBSTITUTE FOR MEDICAL SCHEME MEMBERSHIP AND IS NOT A FUNERAL POLICY.

2. HOW WILL WE COMMUNICATE WITH YOU?

An SMS to the cell phone number you provided us with will be the agreed method of giving you any notice required by this policy or by law and our main method of communication will be by SMS to that number.

Alternatively, We will send you an email, letter or We will give you a call if that is your preferred method of how We communicate with you. Let us know.

3. POLICYHOLDER CONTACT INFORMATION

It is important that We have your current contact number (cell phone number), email address, physical and/or postal address on record. If any of your contact details change, you must let us know as soon as possible because **We will always communicate with you using your last known details.**

4. WE WOULD LOVE TO HEAR FROM YOU

You can call us at any time on **0861 990 000**. You can also contact us on:



Facebook (look for The Unlimited);



Twitter (our handle is @theunlimited);



find us on LinkedIn as theunlimited; or



on our Website www.theunlimited.co.za.

4.1. FOR COMPLAINTS AND COMPLIANCE

It is important to us that you are happy with your Policy. 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.

If you are still not happy then refer to How to submit a complaint in the KEY INFORMATION & DISCLOSURE DOCUMENT.

Please contact us for any amendments or further assistance.

5. SPOUSE, CHILDREN AND ADDITIONAL DEPENDANTS/BENEFICIARIES (WHERE RELEVANT)

You can cover yourself, your spouse, up to 5 of your children, and up to 3 other additional dependants.

It is important that we have the correct details of your spouse, your chosen

child/children and/or adult dependants (where such additional cover is given and selected at an additional premium); or your beneficiary details on record. If any amendments are required, or you would like to make sure who can be covered, please contact us for assistance.

IMPORTANT TO NOTE: We require children or additional dependants to be:

- financially dependent on you;
- be a member of your family through blood or by a recognised legal relationship, for children you must be their primary caregiver; and
- Failure to let us know, or non-adherence to these requirements could result in the rejection of a claim or voiding the cover.

6. MONTHLY PREMIUMS PAYABLE

Your premium for the cover of the main member including a spouse is **R17.23 pm**.

If you include your children (up to a maximum of 5) on this Policy, the total additional premium for the cover will be an amount of **R12.31 pm**.

If you include other dependants (up to a maximum of 3) on this Policy, for the premium cover amount of **R9.87 pm** each.

It is important to remember that it is your responsibility to pay policy premiums on time or you will not be covered. Please contact us should you wish to amend the premium collection (due) date.

Please remember that we need 12(twelve) premium payments for each person that is insured on this policy before a claim will be paid for natural death. If you do not make payment, you will not be covered (subject to 11.2 below); if you make payment again, and we accept this, the waiting period will continue until we have collected the required 12(twelve) premium payments per person. Also see 9.3.3 [Waiting Periods] below for more conditions.

We may review the premium rates and change the premium or benefits at any time. Please refer to 11.1, 11.2 [Premiums] and 11.5 below for more conditions.

7. WHEN DOES YOUR COVER START?

As soon as We receive Your first premium You are entitled to Your insurance benefits (the "**Start Date**"), subject to any waiting period that may apply ([see 9.3 below](#)).

If You are unsure when Your cover starts, please contact us at any time to confirm the Start Date of Your insurance benefits.

8. YOUR POLICY BENEFITS

- 8.1. We agree to pay your claim/s subject to the terms, conditions, exclusions and cover limits; in consideration of, and conditional upon:
 - i. the prior payment of the premium/s by you or on your behalf and receipt of the premium thereof by us or on our behalf;
 - ii. any proposal/application or other information supplied by, or on behalf of you, including any recorded phone calls made to or received by you e.g. sales calls, will be the basis of this agreement of insurance and must be true and complete or benefits may not be paid (see 10.1.6 below);
 - iii. where the insurance is varied or extended, the insurance provided by such Additional Benefit, Special Clause, Variation and Extension or endorsement is subject to the terms, conditions, exclusions and limitations of this Policy;

- iv. compliance by you with all the terms, conditions, limitations and exclusions contained in this policy, which is a condition precedent to our liability under the policy. Any breach entitles the Insurer to cancel the policy or reject any claim/s made; and
- v. 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.

| LIFE COVER (DEATH CASH BENEFIT) | | |
|--|--|--|
| Who is covered? | What is covered? | Benefit limits |
| You, the main member, your spouse (whose names and date of birth you have given us) and for whom the applicable premium/s has been paid (insured person/s). | We will pay on the death of you, your spouse from any cause not excluded under this Policy. | Waiting periods apply (see 9.3 below). R10,000.00 (Ten Thousand Rand) (Natural and Accidental Death). |
| You can also choose to cover up to 5 Children under the age of 21 who are related to you through blood or a legally recognised relationship and you are their primary caregiver and they are financially dependent on you (whose names and dates of birth You have given us) at an additional premium (refer to point 6 above). | We will pay on the death of your Child from any cause not excluded under this Policy. | Waiting periods apply (see 9.3. below). (Natural and Accidental Death) |
| | Child 0 – 11 months | R1,000.00 (One thousand Rand) (Accidental Death Only) |
| | Child 1 – 5 years | R2,000.00 (Two thousand Rand) |
| | Child 6 – 13 years | R3,000.00 (Three thousand Rand) |
| | Child 14 – 21 years | R4,000.00 (Four thousand Rand) |
| | | |
| You can also choose to cover up to 3 additional dependants who are related to you through blood or a legally recognised relationship and financially dependent on you (whose names and dates of birth You have given us); at an additional premium (refer to point 6 above). | We will pay on the death of the named dependant from any cause not excluded under this Policy. | Waiting periods apply (see 9.3 below). R10,000.00 (Ten Thousand Rand) (Natural and Accidental Death) |

| ACCIDENTAL INJURY CASH BENEFITS PLEASE REMEMBER THAT ILLNESS IS NOT COVERED | | |
|---|--|--|
| Who is covered? | What is covered? | Benefit limits |
| You, the main member, your spouse (whose name and date of birth You have given us) and for whom the applicable premium has been paid (insured person/s). You can also choose to cover up to 5 Children | We will pay an insured person the daily amount stated under the Benefit Limits following their admission to hospital for a full day (that is 24 hours in a row) as a direct result of an injury caused by an accident (accidental injury). | Your maximum benefit limit is R100,000.00 per insured event , per insured person. An insured person will be covered for R1,000.00 per day for up to 100 days , for each full day spent in hospital as a direct result of an accidental injury. |

| | |
|---|---|
| <p>under the age of 21 who are related to you through blood or a legally recognised relationship and you are their primary caregiver and they are financially dependent on you (whose names and dates of birth you have given us) at an additional premium (refer to point 6 above).</p> <p>You can also choose to cover up to 3 additional dependants who are related to you through blood or a legally recognised relationship and financially dependent on you, whose names and dates of birth you have given us; at an additional premium (refer to point 6 above).</p> | <p><u>No</u> Waiting periods apply (see 9.3 below).</p> |
|---|---|

| ALL YOUR PAYMENTS BACK ON YOUR DEATH | |
|---|---|
| Who is covered? | Benefit Limits |
| <p>Only you, the main insured is covered. This Benefit cannot be claimed if another Insured Person e.g. Spouse/ Child/Additional Dependant passes away.</p> | <p>Your spouse or the executor of Your estate will be paid an amount equivalent to the value of the total number of Premiums We have successfully collected from You. This amount will be calculated from the first successful collection of Your monthly Premium up to the last Premium successfully collected before Your death. Interest is not applicable and will not be paid.</p> <p>This benefit is in respect of the main member only. To be clear, if You have passed away this benefit will be payable to Your Spouse or the executor of Your estate. It will be paid whether the Policy continues or not. This benefit will not be payable on the death of any other person covered on the Policy.</p> |

8.2. Maximum payment (Accidental Injury Cash Benefits Only)

- 8.2.1. If You have any other health insurance policies, the maximum daily limit per insured person for hospitalisation for an accidental injury cannot exceed R3,00.00 from all policies combined. We are not liable to pay or contribute more than our pro rata portion of the maximum payable daily limit, subject to the maximum limit provided by this policy whichever is the lesser.

9. CLAIMS PROCESS CONDITIONS

These are detailed claims conditions and must be in place or complied with by You so that You can enjoy the benefits of the policy.

9.1. When can You claim?

- 9.1.1. Unless there is a waiting period (see 9.3 below), as soon as We have received the first premium (or additional premium in respect of an insured person), you are entitled to claim Your insurance benefits if an insured event occurs. You can only claim for the benefits covered under this policy if We successfully receive Your monthly premiums and you have complied with this Policy.
- 9.1.2. The insured event must have happened in **South Africa** and after the Start Date.

9.2. Time period to submit a claim?

- 9.2.1. Your claim form and supporting claim documents (see 9.4 below) must be submitted to Us within **30 days** of the insured event. If You do not provide us with the information We need to process Your claim; the Insurer is entitled to reject Your claim.

9.3. Waiting Periods?

- 9.3.1. There is no waiting period for Your Accidental injury cash benefit or if Death is caused by an Accident (Accidental Death).
- 9.3.2. Claims for natural death have the following waiting period for the event giving rise to the claim:
 - 9.3.2.1. For you and dependants, the waiting period starts from the first payment (see 9.1.1 above), and ends after a minimum of 12 (twelve) payments (Death benefit starts after the 12th payment); and
 - 9.3.2.2. **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 (see 9.1.1 above) and this cover will begin when We have received the required 12 (twelve) premium payments.
- 9.3.3. What happens with waiting periods when premiums are not paid:
 - 9.3.3.1. If You do not pay a premium at any time, Your cover in terms of this policy will be suspended and you will have no cover (subject to 11.2 below).
 - 9.3.3.2. If You make a payment, and We accept any further successful premium payments, the policy will reinstate and the waiting period/s will resume from the date We receive the premium/s until such time as We have successfully received the required number of premium payments as noted in 9.3.2 above. This is also subject to 11.2 below.

9.4. How do You claim Your insurance benefits?

- 9.4.1. It's simple, **CALL US on 0861 990 000** and We will guide You through the process.

9.4.2. Process for **ACCIDENTAL INJURY CASH BENEFIT** claims:

- a. You will be required to provide us with a completed claim form, a clear certified copy of the insured persons ID document (who received treatment whilst admitted to hospital), as well as the specific medical information We require to process Your claim (refer to 9.2 above for the time period in which to do so).
- b. The medical information, in the form of Hospital admission forms/Hospital records detailing treatment, that You need to provide us with must be obtained by You from the clinic/hospital or the doctor/nurse that treated the insured patient. That medical information must contain at least the following information:
 - the date and time of the insured person's admission into, and discharge from, the hospital/clinic;
 - contact details of the hospital;
 - the final diagnosis of the accidental injury/ies and the reason for the time spent in hospital;
 - all medication and treatment administered to the insured person;
 - details of any procedures the insured person underwent; and
 - the long-term prognosis for the insured person's injuries.
- c. Please note that where an incident was reported/or should be reported to the SAPS; We could require You to provide us with a copy of the police or accident report.

9.4.3. Process for **DEATH BENEFIT** claims:

- a. You will be required to provide us with a completed claim form, as well as the specific documents/information listed below.
- b. Specific claim validation documents/information that must be submitted to us:
 - A certified copy of the deceased's ID;
 - A certified copy of the death certificate;
 - A copy of the notification of death form completed by a doctor (otherwise called a DHA-1663/DHA-1680 form);
 - A letter of executorship/authority when the benefit is payable to an estate;
 - A copy of the police report (for accidental death claims only); and
 - A copy of the motor vehicle accident report, if applicable (for motor accident death claims only).

In addition to the above specific documentation/information required; if a claim is submitted by Your Spouse, then We will require:

- A copy of Your spouse's ID; and
- A copy of the marriage certificate.

When there is no Spouse; then We will require:

- A copy of the ID of the person claiming; and
- An affidavit by the person claiming confirming they are the sole dependant of the deceased or in circumstances where they are not the sole dependant, a supporting affidavit by another member of the deceased's family confirming that the claimant is authorised to make the claim.

- c. We reserve the right to request additional supporting documents at any time if We are unable to validate the claim with all the information requested above.
- d. **IMPORTANT:** You should ensure that Your spouse and Your family members are aware of this Policy and how they can claim in the event of Your death.

9.4.4. Process for **ALL YOUR PAYMENTS BACK ON YOUR DEATH BENEFIT** claims:

- a. For the premium cash back benefit, there must be a valid death benefit claim paid out on Your death. **To be clear, this benefit can only be claimed if the main insured (You) pass away and not if the policy is terminated for any other reason.**

9.4.5. If We approve Your claim, You or any other claimant will be required to provide us with a copy of the claimant's bank statement, that clearly shows the name of the account holder, the account details, as well as the Bank date stamp.

9.4.6. All costs incurred in submitting a claim are for Your account.

9.4.7. Your claim documents can be sent to us by any of the methods below:

THE UNLIMITED – CLAIMS DEPARTMENT

Postal Address: Private Bag X7028, Hillcrest, 3650
 Physical Address: No 3 The Boulevard, Westway Office Park,
 Intersection of Spine Road and The
 Boulevard, Westville, KwaZulu-Natal,
 South Africa, 3610
 Email Address: claimsdocs@theunlimited.co.za
 Fax Number: 086 206 4069

9.4.8. Failure by You to comply with our reasonable requests, non-cooperation in the investigation of claims or the submission of specific claim documents/information may result in the rejection of Your claim by the Insurer.

9.4.9. **There are some more important details in the KEY INFORMATION & DISCLOSURE DOCUMENT provided to You.**

9.5. Who will We pay?

9.5.1. We will pay You, by payment into Your South African Bank Account. If You have died, We can pay Your spouse or the executor of Your estate BUT they will need to give us proof of their status (for example, identity details or letters of executorship) (**see above**). Payment to any of them will discharge Our liability.

9.5.2. If the person We have to pay ("the beneficiary") does not live in South Africa, the insurer may make payment into a foreign bank account, however:

- 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 by South African law and the laws of the country where the bank account is held.

9.5.3. 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.

9.5.4. Please note that if you are a VAT registered vendor, the insurance claim settlement could potentially create a liability to pay output VAT to SARS i.t.o. S8 (8) of the VAT Act.

9.6. Claim rejections

9.6.1. If the insurer rejects your claim, we will notify you of the rejection on their behalf; then you have 90 days from the date of the notification of the decision to challenge the insurer's decision on a claim by writing to us or the Insurer with reasons and representations. If the Insurer's decision remains unchanged, and you want to start a legal process, you have an additional 180 days to do so from the date the final decision is notified to you or your claim will lapse.

9.6.2. There are some more important details in the KEY INFORMATION & DISCLOSURE DOCUMENT provided to You.

10. COVER EXCLUSIONS

Exclusions are specific items, losses or events that are not covered in terms of Your policy. These are specified below and it is important that You read and understand Your policy.

10.1. We will **NOT** pay a claim (note these are general exclusions that apply to all benefits):

- 10.1.1. if You participate in war, invasion, act of foreign enemy, hostilities, civil war/unrest, rebellion, riot, revolution, terrorist attack;
- 10.1.2. for loss which is a direct result of nuclear reaction or radiation;
- 10.1.3. for any events that occurred before We receive Your first premium payable in terms of this policy;
- 10.1.4. if You fail to pay any premium on or before the due date of payment, subject to 11.2 below;
- 10.1.5. if Your claim is because of Your attempt to commit or willingly involving Yourself in any unlawful act (this can include, as an example, where You drive without a valid licence), any dangerous conduct, self-inflicted harm and/or substance abuse (for example, however not limited to, medication or illegal drugs, as well as alcohol and/or alcohol poisoning);
- 10.1.6. if you have committed fraud, or you have not told us the truth (see 8.1(ii) above) or you have not given us all your correct details including about your health (now or when you claim);
- 10.1.7. for additional dependants who are not related to you through blood or a legally recognised relationship and who are not financially dependent on you; and
- 10.1.8. for children who are not financially dependent on you and for whom you are not the primary caregiver and/or over the age of 21.

10.2. In addition to the above general exclusions in 10.1 above, We will **NOT** pay an **ACCIDENT CASH** benefit claim:

- i. if your injuries are treated in a 'casualty unit', or if you are or should be an outpatient or a day case at a hospital;
- ii. if additional treatment and/or where treatment of another medical condition/medical complication caused and/or prolonged your admission to hospital; and
- iii. if your treatment was for pain relief, physiotherapy and/or traction, soft tissue injuries including all admissions for the treatment of sprain and strain injuries and/or for any planned procedure (as examples, pregnancy related treatment or operations), and for treatment for congenital, mental or psychological conditions.

10.3. In addition to the above general exclusions in 10.1 above, We will **NOT** pay **YOUR PAYMENTS BACK ON DEATH** benefit claim:

- i. if there is no valid Death Cash Benefit Claim; and
- ii. if the Death Benefit claim is not for you, the main member and Policyholder.

11. GENERAL POLICY TERMS AND CONDITIONS (that apply to the entire policy)

These and the other terms and conditions in this Policy set out the general and special arrangements, provisions, requirements, legal rules, specifications, and standards that form an integral part of the agreement between you and Us. Your policy document/wording is a very important document and you must read and understand it.

11.1. We may in our sole and absolute discretion offer to increase your cover at no additional cost or obligation to you. We will notify you of any increases by SMS to the number you provided to us. If the premium or cover benefits change for any reason, you will be given 31 days' prior written notice to that effect to the number you provided to us.

11.2. The premium is due in advance and, if it is not received by us by the monthly due date that we agreed with you (Due date), this insurance will be deemed cancelled subject to the below:

11.2.1. If We can't deduct the premium from your bank account (for example, if you don't have funds) in any given month, you will not be covered and all your cover will be suspended. To allow us to restore your cover, you agree that if We cannot collect the premium from your bank account in any given month:

- i) you will be entitled to a grace period of 15 days after the due date in which to pay your premium/s [we do not double debit your account]. If your premium is not received within the grace period, the policy will remain suspended and you will not be covered. If payment is received within the grace period, your cover will restore from the due date – call us on 0861 990 000 to enquire whether you qualify for the grace period payment;
- ii) if payment is not made in terms of (i) above, you agree that we may at our discretion try and collect from Your account a further 3 times; and
- iii) If we cannot collect in the period stated above, this policy will lapse, due to the non-payment of your premium/s and all cover provided under this policy will end.

11.2.2. The Unlimited makes use of DEBICHECK collections services (at no cost to you), this prioritises your debit to ensure that we are able to collect the monthly premium. If we are unable to collect on the debit due date you have given us, we use a tracking system that allows us to process your debit on another date to improve the likelihood of a successful debit collection and that allows you to keep your Policy benefits active, but it remains your obligation to see that all premiums are paid.

11.2.3. We reserve the right to request collection of the premium on a different due date to the one you have provided to us, should this enable a successful premium collection. This will only be done once we have your approval to make this change or alternatively we have notified you 31 days' before making the change. This will become the Policy due date unless we indicate it is simply for a specific debit.

IMPORTANT: your premium may be collected on a different date due to a public holiday or weekend; without notifying you.

11.2.4. Any bank charges incurred as a result of the above will be for your own account.

11.2.5. You will not have cover for unpaid months.

11.3. Cancellation of Policy:

11.3.1 You can cancel your Policy at any time.

IF YOU WANT TO CANCEL THIS POLICY, CALL US ON 0861 990 000 OR EMAIL US ON CUSTOMERCARE@THEUNLIMITED.CO.ZA.

11.3.2. We can cancel this Policy at any time should you not fulfil your duties under this policy, or if you are dishonest or fraudulent in your actions, by:

- a. Us notifying you immediately in writing of cancellation for fraudulent or dishonest actions or the Non-payment of premium (Subject to 11.2.1 above); and
- b. Us notifying you of cancellation after 31 days' notice in writing (or such other period as may be mutually agreed and/or otherwise prescribed by this policy).

11.4. We can change this policy, but we will give you 31 days' written notice (warning) before we change any of these conditions or your benefits. We will send you an SMS, WhatsApp, email or letter. If you have a preference about how we communicate with you, let us know.

11.5. One of the changes we might make is a change to when, or the amount you pay in respect of the premium. This will happen if you accept more insurance benefits from us or annually if we need to do a price increase.

12. WHAT DO THESE WORDS MEAN WHEN USED IN YOUR POLICY?

Subject to all the terms and conditions of this Policy and the contract:

- 12.1. **"accident"** means an external, violent, unexpected and visible event, but which occurs at a time and place that can be identified. For example, a motor vehicle accident, an assault or burns.
- 12.2. **"accident cash benefit"** means the cover payable by the Insurer in the event you or an insured person covered under the policy being admitted to hospital as a direct result of an accidental injury.
- 12.3. **"accidental injury"** means an injury sustained as a direct result of an accident which causes you or any other insured person to be admitted by a doctor to a hospital for a period of 24 hours in a row or more such periods and which injury could not have been attended to as an out/day patient or at home.
- 12.4. **"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.
- 12.5. **"additional dependant"** means any person, whose names and dates of birth you have provided to us, who are financially dependent on you. They must be a member of your family through blood or by a recognised legal relationship. As examples your children, your stepchildren, your aunt, uncle, brother or sister-in-law and/or parents-in-law.
- 12.6. **"additional treatment"** means any treatment you or any other insured person receives for conditions other than the treatment received or required to be received directly related to the insured event

for which you or any other insured person are covered.

- 12.7. **"children/child"** means your biological children, stepchildren, adopted children and children who are related to you by blood where you are their primary caregiver because the biological parents are deceased or have absconded. The Child should usually live with you, be financially dependent on you and under the age of 21.
- 12.8. **"Life cover/death cash 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.
- 12.9. **"insured event"** means a single accident which results in an insured person's admission/s to hospital because of an accidental injury or death (accidental or natural) from any cause not excluded under this Policy.
- 12.10. **"insured person"** means you, your spouse and/or any child or other additional dependant who is covered under this insurance policy.
- 12.11. **"natural death"** means the death, from any cause not excluded, of an insured person as a direct result of a natural cause such as a medical condition/illness (e.g. cancer, stroke or heart attack). In cases of natural death an inquest is not held.
- 12.12. **"premium"** means the monthly amount payable to the insurer for the cover.
- 12.13. **"spouse"** means a named person who you are married to 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.
- 12.14. **"waiting period"** means the period specified in this Policy during which we need to collect a specified number of successful premiums from you before you are entitled to claim under the Policy.
- 12.15. **"We/Us"** means The Unlimited Group (Pty) Limited acting on its own behalf or on behalf of the insurer. We provide intermediary and binder services in respect of this policy.
- 12.16. **"You/Your"** means the policyholder under this Policy.

KEY INFORMATION AND DISCLOSURES DOCUMENT



THIS IS NOT YOUR POLICY DOCUMENT BUT HAS IMPORTANT INFORMATION ABOUT YOUR POLICY, ITS BENEFITS AND HOW IT WORKS. THIS SERVES AS EVIDENCE OF THE FACT YOU HAVE AGREED TO THE COVER PROVIDED IN THE POLICY.

YOU MUST READ THIS AND KEEP IT SAFE. IF YOU HAVE ANY QUESTIONS, PLEASE CALL US ON 0861 990 000.

There are certain facts we are obliged to disclose in terms of legislation, to ensure you not only know about it, but understand it as well. The most important objective of these obligations is to ensure you, the Policyholder, have full knowledge of the financial service providers involved in delivering the service to you, the extent of your cover, the premiums and how you can claim.

1. THE INTERMEDIARY AND BINDER HOLDER

| | | |
|----|-----------------|--|
| a. | Basis of Advice | The Unlimited does not provide advice as defined in the FAIS Act as a feature of its business. In order to ensure that you make a financial commitment to a product that is appropriate to your needs, as determined by you, we strongly recommend that you request all the necessary documentation and information you feel necessary for you to make an informed choice, before you make a final decision. |
|----|-----------------|--|

2. IMPORTANT INFORMATION ABOUT YOUR POLICY

| | | |
|----|--|--|
| a. | Extent of premium obligations you assume as policyholder | <p>The premium for the Cover of the main member and spouse is R17.23 per month. If you include children (max. 5) on this Policy, the additional premium for the Cover will be an amount of R12.31 per month. If you include additional dependants (max. 3) on this Policy, the additional premium for the Cover will be an amount of R9.87 each per month for each additional dependant.</p> <p>This policy renews monthly on payment of the applicable premium. There is no automatic increase in the premium amounts. Any increase will be on 31 days' notice to you.</p> |
| b. | Manner of payment and due date of premiums as well as Start Date of your Cover | <p>See Insurance Policy and/or Membership Agreement. Due Date is as agreed by customer at time of acceptance (on your call log or Application form). As soon as we have received your first premium, you will be covered. This means you can claim on the Policy benefits, except if there is a waiting period. There are only waiting periods on the Death Cash Benefit in this Policy.</p> <p>All calls are recorded and a copy of the call log is available on your request.</p> |
| c. | Type of Policy (general explanation) | <p>The policy is a life insurance policy. This policy is a risk policy under life and health. Which means you have cover when you or another insured person dies and for accidental health events. Please note this is not a medical aid and does not cover illness. This is not a medical scheme and the cover is not the same as that of a medical scheme. This policy is not a substitute for medical scheme membership.</p> |

| | | |
|----|--|--|
| d. | Nature & Extent of the Policy Benefits. | <p>There is Cover for:</p> <p>Up to a maximum amount of R100,000.00 in the event of being hospitalised because of an injury caused in an accident (paid at R1 000 per day for up to 100 days).</p> <p>A lump sum payment in the event of an insured person's death.</p> <p>A lump sum payment equivalent to all payments made in the event of the main member's death.</p> |
| e. | Exclusions and limitations to the Policy Benefits | <p>The following Exclusions apply to all the Policy Benefits:</p> <p>If the insured event happens because of an insured person's participation in war, invasion, act of foreign enemy, hostilities, civil war/unrest, rebellion, riot, revolution, terrorist attack; a loss which is a direct result of nuclear reaction or radiation; for any insured events that occurred before we receive the first premium payable in terms of this agreement or if you fail to pay any premium on or before the due date for payment; if the claim is because of an insured's attempt to commit or willingly involving themselves in an unlawful act (e.g. driving without a licence), dangerous conduct, self-inflicted harm and/or substance abuse (for example, drugs and alcohol). If an insured person has committed fraud, or has not told us the truth about the insured event or has not given us all the correct details including about their health (now or when they claim).</p> <p>The following exclusions also apply in the event of the Accidental Injury Cash Benefit:</p> <p>if the insured person's injuries are treated in a 'casualty unit', or if you are or should be an outpatient or a day case at a hospital; if additional treatment and/or where treatment of another medical condition/medical complication caused and/or prolonged the insured's admission to hospital; if the insured's treatment was for pain relief, physiotherapy and/or traction, soft tissue injuries including all admissions for the treatment of sprain and strain injuries and/or for any planned procedure (as examples, pregnancy related treatment or operations), and for treatment of congenital, mental or psychological conditions.</p> <p>Death Benefit:</p> <ul style="list-style-type: none">• Claims for Natural Death:<ul style="list-style-type: none">• For you and your dependants, the waiting period starts from the first payment and ends after 12 payments. (Same for new dependants added, starting from date they are added to the policy.) Death benefit starts after the 12th payment.• IMPORTANT: If this policy/cover suspends due to non-payment of premium/s and You start paying again, the policy will start again and the waiting period will continue from the last payment until the minimum 12 premium payments have been received. |

| | | |
|----|--|------------------|
| f. | Any representations made by or on behalf of you, the policyholder, to us or to the insurer which were regarded as material the assessment of the risks under the policy | Age limitations. |
|----|--|------------------|

3. HOW TO AMEND/CANCEL YOUR POLICY OR REQUEST INFORMATION

Please contact us on **0861 990 000** should you wish to amend your policy, take out additional cover, cancel your policy or require further information. Alternatively, you may use the following channels to communicate with us:

Postal Address: Private Bag X7028, Hillcrest, 3650

Email Address : info@theunlimited.co.za

Fax Number: 0865 009 307

4. HOW TO CLAIM

Should you wish to claim, please call us on **0861 990 000** and we will provide you with the necessary claim forms and a list of information/ documents that we require. 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.

Claim documentation can be sent to us via any of the following channels:

THE UNLIMITED – CLAIMS DEPARTMENT

Postal Address: Private Bag X7028, Hillcrest, 3650

Physical Address: 1 Lucas Drive, Hillcrest, 3610

Email Address : claimsdocs@theunlimited.co.za

Fax Number: 086 206 4069

IMPORTANT: Please ensure that all documents/information requested is comprehensive/complete as we cannot finalise a claim without this information, failure to provide us with the required claim validation information could result in the insurer rejecting the claim, treating the claim as not taken up/close your claim. Please note that all copies of Identity Document's submitted must be certified.

Should you wish to dispute the rejection of a claim, you are entitled to make representation to the insurer within **90 days** of such decision. If the insurer still declines your claim and you may want to approach Long-term Ombud or start a legal process, you have an additional **180 days** to do so or your claim will lapse. Please send in writing, with full motivation for your claim rejection review, for the attention of The Complaints Officer, Centriq Life Insurance Company Limited:

Postal Address: PO Box 55674, Northlands, 2116

Email: complaints@centriq.co.za

Telephone Number: 011 268 6490

Facsimile Number: 011 268 6495

Effectively the time bar period is **9 months** in total.

5. HOW TO SUBMIT A COMPLAINT

Step 1: Initial Complaints Process

If you have a complaint about this policy or our service in general, you can write to us at info@theunlimited.co.za or call our Customer Care line on **0861 990 000/031 716 9600** or fax us on **0865 009 307**.

Step 2: Dispute Resolution Process

Should the outcome of your complaint not be in your favour then you have the right to request The Unlimited to have the matter reviewed:

- a. We will treat such request as a dispute of complaint submitted;
- b. We will notify you of the Name and contact details of The Unlimited representative that will be tasked to facilitate the dispute resolution process; and
- c. When a decision has been reached, you will be provided with the outcome of such decision in writing with reasons for the decision reached.

Step 3: Representation to The Insurer

Should you not be satisfied with the outcome of your dispute resolution by The Unlimited, and feedback is provided that is not in your favour, you may make representation Centriq Life Insurance Company Limited in writing, by addressing your concerns to:

The Complaints Officer:

Telephone: 011 684 6490

Email: complaints@centriq.co.za (Complaint)

Step 4: External Dispute Resolution

We encourage clients to endeavour to resolve a complaint with us and/ or the Insurance Company **first**, before submitting a complaint to the relevant Ombudsman. However, you may utilise any of the channels provided as you see appropriate.

If you are not satisfied with the outcome of our dispute resolution process, or if our feedback provided to you is not in your favour, then you have the right to have such a decision/process reviewed by an authorised external party being:

Ombudsman for Long-Term Insurance

Postal Address: Private Bag X45, Claremont, Cape Town, 7735

Physical Address: 3rd Floor, Sunclare Building, 21 Dreyer Street, Claremont, Cape Town, 7700

Fax number: 021 674 0951

Telephone number: 021 657 5000

Share call number: 0860 726 890

Email: info@ombud.co.za

Website: www.ombud.co.za

The Financial Advisory and Intermediary Services (FAIS) Ombudsman

If you are not satisfied with the way the product was sold to you or the disclosures that were made to you, you may submit your complaint in writing to the FAIS Ombud at:

Postal Address: P. O. Box 74571, Lynnwood Ridge, 0040

Physical Address: Kasteel Park Office Park, Orange Building, 2nd Floor, c/o Nossob & Jochemus Street,

Erasmus Kloof, Pretoria, 0048
Telephone number: 012 470 9080 or 012 762 5000
Fax number: 012 348 3447 or 012 470 9097
Email: info@faisombud.co.za
Website: www.faisombud.co.za

The Financial Sector Conduct Authority (FSCA)

Postal Address: P.O. Box 35655, Menlo Park, 0102
Physical Address: Riverwalk Office Park, Block B;
41 Matroosberg Road (Corner of Garsfontein and
Matroosberg Roads); Ashlea Gardens, Extension 6,
Menloark, Pretoria, 0081
Telephone: 012 428 8000 or 0800 110 443/0800 202 087
Fax: 012 347 0221
Email: info@fsc.co.za
Website: www.fsc.co.za

6. OTHER 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 31 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 31 days before the cancellation thereof, in writing, of its intention to cancel cover.
- Your insurer must give reasons for rejection of 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 documents 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 the attention on 0861 990 000.
- Your policy documents contain 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.

7. 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.

8. PROTECTION AND SHARING OF PERSONAL INFORMATION

- In terms of South African law, your insurer/underwriter may reveal or

share information in order to prevent fraud and to issue your policy fairly.

- It is recorded that information relating to the parties to this Long-Term Policy Agreement ("agreement") or to persons whose interests are protected by this agreement may be processed for the conclusion or performance of this agreement, or to protect those interests, or to comply with legal obligations, or this agreement will be stated in the Policy.

9. THE POLICYHOLDER ("YOU") HEREBY WARRANT AND UNDERSTAND THAT THE INSURER ("WE") AND THE UNLIMITED, INCLUDING OUR AUTHORISED REPRESENTATIVES MAY:

9.1. Collect Information:

- a. We, including our authorised agents, advisors, partners and service provider/contractors may collect information from you directly; from your usage of our products and services; from your engagements and interactions with Us; from public sources, shared databases and from third parties.
- b. You hereby waive your right to privacy with regard to your insurance/claim and credit information obtained by Us or our authorised agents, advisors, partners and service provider/contractors.
- c. You acknowledge that any insurance information provided by you may be stored in a shared database and used, as well as for any decision pertaining to the continuance of your policy or the meeting of any claim you may submit. You agree that such information may be given to any insurer or its agent and Our authorised agents, advisors, partners and service provider/contractors.
- d. You acknowledge that the Information may be verified against legally recognised sources or databases.
- e. Your information will be confidential and will be processed in accordance with this warranty, it is necessary to conclude or perform in terms of the contract with you; the law requires it, or our or a third parties lawful interest is being protected or pursued.
- f. We, including our authorised agents, advisors, partners and service provider/contractors, may process your information. Information includes amongst others information regarding your criminal or credit history, insurance history, marital status, national origin, age, sex, sex life, language, birth, education, financial history, identifying number, email address, physical address, telephone number, online identifier, social media profile, physical or mental health, disability, pregnancy, biometric information (like fingerprints, your signature or voice), race or ethnic origin, trade union membership, political persuasion, financial history, criminal history and your name.
- g. The processing of information includes the collection, storage, updating, use, making available or destruction thereof.
- h. You must be authorised to provide any personal information of third parties to Us. In doing so you indemnify Us, including our authorised agents, advisors, partners and service provider/contractors, against any and all losses by or claims made against it as a result of you not having the required authorisation.

9.2. Process your information for the following reasons (amongst others):

- a. To enable Us to underwrite policies and assess risks fairly.
- b. To comply with legislative, regulatory, risk and compliance requirements (including directives, sanctions and rules), voluntary and involuntary codes of conduct and industry agreements or to fulfil reporting requirements and information requests.
- c. To detect, prevent and report theft, fraud, money laundering and other crimes.
- d. To enforce and collect on any agreement when you are in default or

breach of the agreement terms and conditions, like tracing you or to institute legal proceedings against you.

- e. To conduct market and behavioural research, including scoring and analysis to determine if you qualify for products and services.
- f. To develop, test and improve products and services for you.
- g. For historical, statistical and research purposes.
- h. To process payment instruments (like a cheque) and payment instructions (like a debit order).
- i. To create, manufacture and print payment instruments (like a cheque) and payment devices (like a debit card).
- j. To do affordability assessments, credit assessments and credit scoring.
- k. To manage and maintain your insurance policy or relationship with Us.
- l. To disclose and obtain information from credit bureau regarding your credit history.
- m. To enable you to participate in the debt review process under the National Credit Act 34 of 2005, where applicable.
- n. For security, identity verification and to check the accuracy of your information.
- o. To communicate with you and carry out your instructions and requests.
- p. For customer satisfaction surveys, promotional and other competitions.
- q. To market to you or provide you with products, goods and services.
- r. To carry out actions for the conclusion or performance of your policy/claim.
- s. To protect your legitimate interests and to pursue Our legitimate interests or of a third party to whom your information is supplied.
- t. We can process your information outside of the borders of South Africa, according to the safeguards and requirements of the law.
- u. We may process your information using automated means (without human intervention in the decision making process) to make a decision about you or your application for any product or service. You may query the decision made about you.

9.3. Share your information with the following persons (amongst others) whom has an obligation to keep your information secure and confidential:

- a. Attorneys, tracing agents, debt collectors and other persons that assist with the enforcement of agreements.
- b. Debt counsellors, payment distribution agents and other persons that assist with the debt review process under the National Credit Act 34 of 2005.
- c. Payment processing services providers, merchants, banks and other persons that assists with the processing of your payment instructions.
- d. Insurers, brokers, other financial institutions that assist with the providing of insurance and assurance.
- e. Law enforcement and fraud prevention agencies and other persons tasked with the prevention and prosecution of crime.
- f. Regulatory authorities, industry ombudsman, governmental department, local and international tax authorities and other persons that we under the law have to share your information with e.g. Credit bureau.
- g. Our partners, service providers, agents, sub-contractors and other persons we use to offer and provide products and services to you.
- h. Persons to whom we cede our rights or delegate our obligations to under agreements.

10. YOUR RIGHTS

You have the right to access the information we have about you by contacting the Insurer or The Unlimited at the contact details provided above.

- a. You have the right to request Us to correct or delete the information we have about you if it is inaccurate, irrelevant, excessive, out of date, incomplete, misleading, obtained unlawfully or no longer authorised to be kept. You must inform Us of your request.
- b. You may object on reasonable grounds to the processing of your information. You may not object to the processing of your information if you have provided consent or legislation requires the processing. You must inform Us of your objection at the contact details provided above.
- c. You have the right to withdraw your consent which allows us to process your information; however, we will continue to process your information if permitted by law.
- d. You have the right to file a complaint with Us or the Information Regulator, once established, about an alleged contravention of the protection of your information.

11. COOLING-OFF RIGHTS

If this policy has a duration of 31 days or more, no benefit has yet been claimed or paid, and an event insured against has not yet occurred, you have the right to cancel this policy, via written notification, within 31 days after the later of the receipt of this disclosure document or the policy summary, or from a reasonable date on which it can be deemed that you received this disclosure document or policy summary. The product supplier will refund all premiums or moneys paid by the premium-payer, minus any cost of any risk cover enjoyed by yourself or any market loss. The product supplier will comply with your request for cancellation within 31 days after the product supplier receives your cancellation notice.

12. CANCELLATION OF POLICY:

- 12.1. You can cancel Your Policy at any time.
IF YOU WANT TO CANCEL THIS POLICY, CALL US ON 0861 990 000 OR EMAIL US CUSTOMERCARE@THEUNLIMITED.CO.ZA.
- 12.2. We can cancel this Policy at any time should You not fulfil Your duties under this policy, or if You are dishonest or fraudulent in Your actions, by:
 - a. Us notifying You immediately in writing of cancellation for fraudulent or dishonest actions or the Non-payment of premium; and
 - b. Us notifying You of cancellation after 31 days' notice in writing (or such other period as may be mutually agreed and/or otherwise prescribed by this policy).

IMPORTANT INFORMATION – PLEASE READ CAREFULLY – DISCLOSURE AND OTHER LEGAL REQUIREMENTS

(This notice does not form part of the Insurance Contract or any other document)

As a Life insurance policyholder, or prospective policyholder, you have the right to the following information:

Various laws require compliance by Product Suppliers (Centriq), Binder Holders (The Unlimited)) and Financial Services Providers (The Unlimited) with various disclosure requirements to help you in making informed decisions about the insurance products that you buy. It also aims to make sure that Centriq and The Unlimited act honestly, fairly, with due skill and diligence and in your interests and the integrity of the financial services industry.

This Disclosure Notice has certain information about Centriq and The Unlimited that you are entitled to, together with information about the Ombud and the industry regulator, called the Financial Conduct Sector Authority. Please read it carefully and call The Unlimited on 0861 990 000 if you have any questions or if you need more information.

1. ABOUT YOUR FINANCIAL SERVICES PROVIDER AND BINDER HOLDER (THE UNLIMITED)

| | |
|---|---|
| Name | The Unlimited Group (Pty) Limited ("The Unlimited") |
| Company Registration Number | 2002/002773/07 |
| FSP Number | 21473 |
| Postal Address | Private Bag X7028, Hillcrest, 3650 |
| Physical Address | 1 Lucas Drive, Hillcrest, 3610 |
| Tel Number | 0861 990 000 |
| Fax Number | 0865 009 307 |
| Email | info@theunlimited.co.za |
| Website | www.theunlimited.co.za |
| Legal status (who accepts responsibility for the actions of the agent who spoke to you). | The Unlimited is an authorised financial services provider (FSP21473) |
| Whether services are rendered under supervision | Some of The Unlimited's representatives render services under supervision. |
| Whether more than 10% of insurer's shares are held and whether more than 30% of total remuneration, including commission, was received from the insurer in the preceding year/ last 12 months | The Unlimited does not hold more than 10% of Centriq's shares and has not received more than 30% of its total remuneration from Centriq in the preceding calendar year. The Unlimited is not an associate company of Centriq. |
| Whether professional indemnity insurance and fidelity guarantees are held | The Unlimited holds professional indemnity and fidelity insurance. |
| Details of financial services provider's complaints procedure | If you have a complaint about this policy or our service in general, you can write to us at info@theunlimited.co.za or call our Customer Care line on: 0861 990 000/031 716 9600 or fax us on 0865 009 307. |

| | |
|---|--|
| | <p>Our complaints procedure can be found at https://theunlimited.co.za/legal/complaint-process</p> <p>If you are not satisfied with the outcome of your complaint, you have the right to ask The Unlimited to have the matter reviewed. We will treat such request as a dispute and provide you with the relevant contact details of the persons attending to the dispute resolution process. When a decision has been reached, you will be provided with the outcome of such decision with reasons. If you are not satisfied with the outcome of your dispute resolution by The Unlimited, you may make representation to Centriq whose detail appear below.</p> <p>We encourage you to try resolve a complaint with us and/or the Insurer first, before submitting a complaint to the relevant Ombudsman. However, you may use any of the channels provided as you see appropriate.</p> <p>If you are not satisfied with the outcome of our dispute resolution process, then you have the right to have such a decision/ process reviewed by an authorised external party being either The FAIS Ombud, The Long-Term Insurance Ombud or the Financial Sector Conduct Authority whose details appear below (i.e. 4,5 and 6).</p> |
| Details of Compliance Officer | <p>Moonstone Compliance Ms CL Payne Tel: 021 883 8000 Email: cingle@moonstonecompliance.co.za Post: PO Box 12662, Die Boord, Stellenbosch, 7613</p> |
| Details of the financial services The Unlimited is authorised to provide in terms of the relevant licence and of any conditions or restrictions applicable thereto | <p>The Unlimited must inform the Registrar of any business information change within 15 days. It must keep a list of all Key Individuals and Representatives and provide a copy of the register to the Registrar.</p> <p>The Unlimited accepts responsibility for services provided by our representatives and confirms that some services are rendered under supervision – please refer to the FSCA's webpage to view a full list of our representatives. Steps to follow:</p> <ol style="list-style-type: none"> 1. Go to www.fsca.co.za 2. Click on "Regulated Entities" 3. Under the heading "Regulated Entities and Persons" click on "FAIS" 4. Click on "Financial Service Providers" 5. Insert our FSP Number 21473 in the field "Search for FSP No" 6. Click on "Details" and select the information that you wish to view. |

| | |
|--|---|
| | <p>We may not provide business under a name that has not been changed in accordance with the provisions of the FAIS Act.</p> <p>Our products must qualify as financial products, as contemplated by the FAIS Act.</p> <p>We are licensed to provide intermediary services in respect of category 1 Life Insurance sub-categories A, B1, B2, B1-A, B2-A and Non-Life Insurance Personal Lines, Personal Lines A1 as well as Non-Life Insurance Commercial Lines</p> <p>The Unlimited does not provide advice as defined in the FAIS Act as a feature of its business. In order to ensure that you make a financial commitment to a product that is appropriate to your needs, as determined by you, we strongly recommend that you request all the necessary documentation and information you feel necessary for you to make an informed choice before you make a final decision.</p> |
| Rand amount or percentage of premium payable in respect of fees, commissions etc. | <p>The premium for the Cover of the main member and spouse is R17.23 per month.</p> <p>If you include children (max. 5) on this Policy, the additional premium for the Cover will be an amount of R12.31 per month.</p> <p>If you include additional dependants (max. 3) on this Policy, the additional premium for the Cover will be an amount of R9.87 per month each. The Unlimited earns a maximum of 42% of the gross written premium payable monthly as a Binder fee.</p> <p>The Unlimited earns the statutory regulated commission of up to 3%, but not exceeding the regulated commission in terms of the Long-Term Insurance Act.</p> |
| Contractual arrangements with product suppliers including any restrictions or conditions | <p>The Unlimited acts as a non-mandated intermediary in terms of a Binder Agreement with Centriq. The Unlimited earns binder fees in respect of the binder functions and incidental activities undertaken on behalf of Centriq.</p> <p>In accordance with our conflict management policy, we place a high priority on our clients' interests. We will endeavour to identify, manage and as far as reasonably possible avoid any such instances. Our conflict of interest policy is available on our website at www.theunlimited.co.za.</p> |

2. ABOUT THE PRODUCT SUPPLIER (CENTRIQ)

| | |
|-----------------------------|--|
| Name | Centriq Life Insurance Company Limited |
| Company Registration Number | 1943/016409/06 |
| FSP Number | 7370 |

| | |
|--------------------------------------|---|
| Postal Address | PO Box 55674, Northlands, 2116 |
| Physical Address | The Oval, Second Floor, West Wing, Wanderers Office Park, 52 Corlett Drive, Illovo, 2196 |
| Tel Number | 011 268 6490 |
| Fax Number | 011 268 6495 |
| Email | info@centriq.co.za |
| Website | www.centriq.co.za |
| Details of the compliance department | The Internal Compliance Officer is contactable at the numbers above. Email: compliance@centriq.co.za |
| Details of claims department | The Claims Team is contactable at the numbers above. Email: claims@centriq.co.za |
| Details of complaints department | In the event of a complaint, please contact the Complaints Resolution Consultant at the number above. Email: faiscomplaints@centriq.co.za / complaints@centriq.co.za |

3. ABOUT THE PRODUCT

| | |
|---|---|
| <p>Your product is a Life insurance product.</p> <p>If the policy was sold to you on the telephone, recordings of the telephone discussion can be made available to you on request.</p> | <p>The Unlimited has agreements with Centriq in terms of which remuneration is payable for the insurance business. Please refer to your Terms and Conditions for a detailed breakdown of the insurance premium.</p> |
|---|---|

4. PARTICULARS OF FAIS OMBUD

| | |
|------------------|---|
| Name | The FAIS Ombud |
| Postal address | P O Box 74571, Lynwood Ridge, 0040 |
| Physical Address | Kasteel Park Office Park, Orange Building, 2 nd Floor, c/o Nossob & Jochemus Street, Erasmus Kloof, Pretoria, 0048 |
| Tel Number | 012 762 5000/012 470 9080 |
| Fax Number | 012 348 344/012 470 9097/ 086 764 1422 |
| Email | info@faisombud.co.za |
| Website | www.faisombud.co.za |

5. PARTICULARS OF LONG-TERM INSURANCE OMBUD

| | |
|----------------|---|
| Name | The Ombudsman for Long-Term Insurance |
| Postal address | Private Bag X45, Claremont, Cape Town, 7735 |

| | |
|------------------|--|
| Physical Address | 3 rd Floor, Sunclare Building, 21 Dreyer Street, Claremont, Cape Town, 7700 |
| Tel Number | 021 657 5000 / 0860 103 236 |
| Fax Number | 021 674 0951 |
| Email | info@ombud.co.za |
| Website | www.ombud.co.za |

6. PARTICULARS OF FINANCIAL SECTOR CONDUCT AUTHORITY

| | |
|------------------|--|
| Name | Financial Sector Conduct Authority |
| Postal address | PO Box 35655, Menlo Park, 0102 |
| Physical Address | Riverwalk Office Park, Block B, 41 Matroosberg Road (Corner of Garsfontein and Matroosberg Roads), Ashlea Gardens, Extension 6, Menlo Park, Pretoria |
| Tel Number | 012 428 8000/0800 203 722 |
| Fax Number | 012 347 6941 |
| Website | www.fsca.co.za |

7. PROCEDURES FOR REGISTERING CLAIMS OR COMPLAINTS

The process for you to submit a claim is explained in your policy Terms and Conditions. If you have difficulty in determining the correct procedures, please contact The Unlimited on 0861 990 000.

You are required to advise The Unlimited within a prescribed number of days of a loss/claim – these details are in your Terms and Conditions. Please make sure you do so in the set time and provide the information required to assess your claim.

If you aren't happy with the assistance provided, then you may contact the Compliance Officer at the address provided on this notice. In addition, the addresses of the FAIS Ombud, the Ombudsman for Long-Term Insurance, and the Financial Sector Conduct Authority, are provided above should your complaint still not be satisfactorily resolved.

8. NAME, CLASS OR TYPE OF POLICY

Full details about the name, class and type of policy you have are reflected on your Terms and Conditions. Should you require any explanation about the terms, conditions, exclusions, provisions, premiums, or any other information, please contact The Unlimited for assistance.

9. EXTENT AND NATURE OF PREMIUM OBLIGATIONS

Your Terms and Conditions reflect the premium payable and the frequency of payment (i.e. monthly). The Unlimited is authorised to accept premium payment from you on behalf of Centriq

10. CONSEQUENCES OF NON-PAYMENT OF PREMIUMS

The due date for the payment is the date you agreed telephonically with The Unlimited or is as reflected on your application form. This date may change depending on DebiCheck tracking as explained in your Terms and Conditions.

Your payment should be made on or before this date to avoid the cancellation of the policy. Should you fail to make payment on or before this date, you have a period of grace for the payment of premiums. You will be notified of the non-payment and given a grace period of 15 days to pay the outstanding premium during which time your policy will remain in force. In the case of a monthly policy, this provision will apply with effect from the second month of the currency of the policy.

11. COOLING-OFF RIGHT

If this policy has a duration of 31 days or more, no benefit has yet been claimed or paid, and an event insured against has not yet occurred, you have the right to cancel this policy from a reasonable date on which it can be deemed that you received the policy documents. The Unlimited will refund all premiums or moneys paid by the premium-payer, minus any cost of any risk cover enjoyed by yourself and will comply with your request for cancellation within 31 days after it receives your cancellation notice.

You are required to pay the premium as agreed and in accordance with the payment terms set out in your policy. The consequences of non-payment of the Premium will be that cover will lapse (i.e. you will not be covered). You will be entitled to a grace period of 15 (fifteen) days after the due date (except in the first month) in which to pay your premium. The 15 (fifteen) day grace period only applies with effect from the second month of the currency of the policy.

12. OTHER MATTERS OF IMPORTANCE

- (a) You must be informed of any material changes.
- (b) Polygraph or similar tests are not obligatory and claims may not be rejected solely on the basis of a failure of such a test.
- (c) If your premium is paid by debit order, the debit order must be in favour of The Unlimited and may not be transferred without your approval.
- (d) Centriq, and not The Unlimited, must give reasons in writing for the rejection of any claim submitted by you.
- (e) Centriq must give you 31 days' written notice of its intention to cancel your policy.

You are entitled to a copy of your policy free of charge.

13. WARNING

- (a) Do not sign any blank or partially completed application form.
- (b) Complete all forms in ink.
- (c) Keep all documents you receive.
- (d) Make notes as to what is said to you.
- (e) Do not be pressured into buying the product.
- (f) Failure to provide correct or full relevant information may influence an insurer on any claims arising from your contract of insurance.

14. SHARING OF INSURANCE INFORMATION

Insurers share information with each other regarding policies and claims with a view to prevent fraudulent claims and obtain material information regarding the assessment of risks proposed for insurance. By reducing the incidents of fraud and assessing risks fairly, future premium increases may be limited. 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 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 regard 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.

Sharing of insurance information is done in accordance with applicable legislation, as well as our Privacy Notice which can be found on our website: www.centriq.co.za

15. USE OF YOUR PERSONAL INFORMATION

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

You authorise us to:

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

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

Processing of your personal information is always done in accordance with applicable legislation, as well as our Privacy Notice which can be found on our website: www.centriq.co.za

16. WAIVER OF RIGHTS

No Financial Services Provider, Binder Holder or Product Supplier may request or induce, in any manner, a client to waive any right or benefit conferred on the client, or recognise, accept or act on any such waiver by a client. Any such waiver is null and void.

17. CONFLICT OF INTEREST

We have considered the conflict of interest provisions in terms of the FAIS Act 37 of 2002 and the Policyholder Protection Rules and have not identified any actual or potential conflicts of interest. Our conflict of interest management policy is available on our website and upon request.