

ALL YOUR PRODUCT BENEFITS UNPACKED.



Unlimit Your Life.

THE UNLIMITED

FSP 21473



*underwritten by Santam Structured Life Limited
a registered life insurer and authorised financial services provider (11026)

* The insurance benefits are underwritten by Santam
Structured Life Limited (Reg no: 2002/013263/06)

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MASTER AGREEMENT

THIS MASTER AGREEMENT MUST BE READ WITH ANY SCHEDULES YOU RECEIVE FOR POLICIES AND PRODUCTS YOU HAVE WITH THE UNLIMITED. IT CONTAINS IMPORTANT INFORMATION CONCERNING GENERAL DEFINITIONS, CONDITIONS AND CLAIMS HANDLING.

This is an Agreement between You and The Unlimited for the whole Product and between you and the Insurer for the Policy.

This document is made up of 3 Sections, namely:

- Section 1: Definitions;
- Section 2: General Insurance Policy Terms; and
- Section 3: General Terms and Conditions.

The Agreement should be read carefully to ensure that You understand it. If You have any queries concerning this Agreement, please phone The Unlimited on 0861 990 000.

Section 1: Definitions (the meaning of words and terms used in this Agreement):

1. **"Agreement"** means the terms and conditions set out in this document and any Schedule, as well as other documents applicable to Your insurance and your other Products, including the Welcome Letter or application form signed by you, if applicable.
2. **"Additional Dependant/s"** means Your children, Your 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 is to be paid.
3. **"Benefits"** means all the benefits to which You are entitled under this Agreement as set out in the Schedule. Benefits include the Insurance Policy Benefits and our non-insurance products and Services.
4. **"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.
5. **"Cooling-off Period"** means a period of 5 business days from the date You applied for the Benefits.
6. **"Day"** means a period of 24 consecutive hours.
7. **"Fee"** means the total amount You pay Us each month for all the Benefits including insurance benefits, and as set out in the relevant Schedules. The Fee includes any Premium and Additional Premium if applicable – which will be disclosed as required by the relevant Insurance Acts. The Fee:
 - a. is payable in respect of the non-financial services benefits in your product(s) (as well as the insurance benefits); and
 - b. entitles you to membership of The Unlimited and, accordingly, to be notified of further product offerings, as well as preferential pricing should you take additional products from us.
8. **"Hazardous Activity"** means any activity which introduces or increases the possibility of Injury or Death as a result of an Accident. Examples of this include hang gliding or motorised sports and activities such as motorcycling, and high-risk occupations such as working with explosives, as well as underground mining or shaft sinking.
9. **"Inception Date"** means, subject to the terms and conditions of the Agreement, the date on which You are first covered under the Policy and for the non-insurance benefits, being the date on which We successfully collect the first Premium from You.
10. **"Insured Event"** means the event giving rise to a claim under the Policy, and as set out in the Schedule.
11. **"Insured Person"** means You as well as Your Spouse and Children who are covered by the Insurer under the Policy, provided You have given Us their names and dates of birth.
12. **"Insurer"** means the insurer referred to in the Schedule and the entity that will provide the Policy Benefits subject to the terms and conditions of the Policy being met.
13. **"Membership"** means Your membership of The Unlimited which entitles You to the Benefits provided Your Fees are paid in full.

14. **"Policy"** means the contract of insurance between You and the Insurer. The contract is made up of these terms and conditions, the Schedule, the application form signed by you (including all your personal particulars such as your full name and physical address), as well as any information You give Us and/or the Insurer, as well as the Welcome Letter, or alternatively any application form signed by You.
15. **"Policy Benefits"** means the underwritten benefits provided by the Insurer, as set out in the Schedule.
16. **"Pre-existing Condition"** means any medical condition whether affecting your physical, mental or emotional well-being and for which you have had medical treatment or should have sought medical help given your symptoms.
17. **"Premium"** means the amount payable to the Insurer for the cover they provide under the Policy (the Policy Benefits), as set out in the Schedule.
18. **"Product"** means the Policy and the non-insurance product and Services provided by Us or our Services suppliers.
19. **"SP"** means the service provider(s) responsible for providing You with the Services.
20. **"Schedule"** means the document which must be read with this Master Agreement which sets out the details of the Benefits to which You are entitled, as well as the Benefit-specific terms and conditions.
21. **"Services"** means, the services provided by the SP(s). Services are non-insurance benefits.
22. **"Specific Exclusions"** means the exclusions listed in the Schedule which will apply to a specific Benefit listed in that Schedule, over and above the general exclusions listed below.
23. **"Spouse"** means a person to whom You are married by civil law, tribal custom or in terms of any religion. "Spouse" includes a common law spouse or Your life partner who normally resides with You in South Africa and whose name and date of birth You have given Us.
24. **"Waiting Period"** means the period specified in the Schedule, 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 Inception Date.
25. **"We/Us/Our/The Unlimited"** means The Unlimited Group (Pty) Limited, a company registered in South Africa being the administrator of the Agreement (including the Policy).
26. **"Welcome Letter"** means the letter which we send to you in connection with the Benefits and which states Your names, address and Policy number. Your Policy number is the same as the Agreement number.
27. **"You/Your"** means the policyholder under the Policy who is also the main member under the Agreement.

Section 2: Insurance Policy General Terms – to be read with insurance provisions in the Schedule.

- A. **General Exclusions** (means that the following are NOT covered under this Agreement):
 1. **The Insurer will NOT provide any Policy Benefits in the event that the Insurable Event is due, directly or indirectly, to:**
 - a. Pre-Existing Medical Conditions, including pre-existing Injury, Illness, infirmity or congenital disorder (whether physical and/or mental);
 - b. Any psychiatric disorder including post-traumatic stress disorder and depression;
 - c. Your participation in Hazardous Activities and/or unlawful activities, Your conduct which results in self-inflicted injuries/death including Your abuse of, or adverse reaction to, medication (whether prescribed or not) and substances such as alcohol and drugs.
 - d. Your pregnancy.
 2. **Furthermore, the Insurer will not provide any Policy Benefits if:**
 - a. any Premium not be received by Us on or before the due date for payment;
 - b. **The Insured Event happens outside South Africa (for example: if you are injured and hospitalised or pass away when you are not in South Africa).**
- B. **Claims**
 1. The Insurer can choose to call on a medical practitioner or forensic expert for an independent medical assessment or relevant forensic report.

2. The Insurer can reject a claim and/or cancel Your Policy **if You or another Insured Person did not give Us true, correct and complete information (this will also include cases of deliberate fraud) when applying for insurance, when claiming or when any of Your or their information changed.** Any amounts paid out in terms of a claim would need to be repaid on request by the Insurer.
3. The Insurer will only consider a claim under the Policy if:
 - a. **We are informed about the Insured Event; and**
 - b. **all documentation requested by the Insurer and/or Ourselves, including fully completed claim forms, are received by Us, within 30(thirty) days of the Insurable Event.**
4. Failure to submit a fully completed Claim Form and all requested documentation may result in Your claim being regarded as rejected.
5. All costs incurred in submitting a claim are for Your account.
6. The details of all incidents (for example motor vehicle accidents) that are required to be reported to the SAPS must be provided to Us in the form of an official SAPS report and must include the unique case number (CAS Number) assigned by the SAPS. **The incident must be reported to the SAPS before a claim can be lodged.**
7. The Insurer will pay the Policy Benefits to You into Your South African bank account. Should You fail or not be in a position to provide Us with written details of the bank account into which the Policy Benefits must be paid, You irrevocably authorise Us/the Insurer to pay such proceeds into the account from which the Premium is collected. You/the Estate/the Insured Person hereby indemnify the Insurer and Us against all damages, claims and costs that may be incurred because of said payment.
8. If You have passed away, the Policy Benefits will be paid to:
 - a. Your Spouse whose names and date of birth You have given Us; failing which
 - b. Your South African Estate provided that an Executor has been appointed in terms of duly issued Letters of Executorship. In such circumstances the Policy Benefits will be paid into the Estate account.
9. Should the Insurer/Us not be able to make payment for whatever reason into a bank account provided by Your Spouse and where we have no notification of an Executor to whom we can make payment, The Insurer/We will pay into Your South African bank account from which We have collected the monthly Fee.
10. The Insurer will not pay interest on any Policy Benefits.
11. **FOREIGN BENEFICIARIES**
 - a. If You are a citizen of South Africa or have residential rights but Your beneficiary lives outside the borders of South Africa, the Insurer may in its discretion, make payment into a foreign bank account.
 - i. Your beneficiary will need to meet any requirements of the Insurer; and
 - ii. Any proceeds of a claim will be paid to the value of Rand amount and subject to any requirements made on the Insurer by the laws of South Africa, the country where the foreign bank account is held.
12. **Neither the Insurer nor Us will be responsible for any legal requirements the Beneficiary must satisfy to receive payment of a claim whether it is in a foreign country or in South Africa.**
13. If the Insurer rejects a claim, the onus shall be on You to prove that the claim should be accepted.
14. Disputed claims:
 - a. After the Insurer informs You in writing that a claim has been rejected ("**the Notice**"), You have **90 days from the date specified in that Notice** to make written representations to the Insurer about its decision.
 - b. If You want to challenge the Insurer's decision, **You must serve legal process on the Insurer within 180 days/6 months after the time allowed for representations has ended/after expiry of the 90 days** (as set out in clause 11a above). If legal process is not served on the Insurer within this 180 day period **You will lose Your right to bring legal proceedings against the Insurer challenging its decision.**
15. **If You have more than one Accident Cash Benefit or Illness Benefit in Your products with Us, We are legally not allowed to pay out more than R3000.00 per day spent in hospital as a direct result of an Injury sustained in an Accident OR because of an Illness.**

To be clear, We will Person to R3000.00 per Day in accordance with the Regulations under the Long and Short-Term Insurance Acts.

C. Starting, renewing and ending the Policy

1. Unless the Policy ends for any reason, Your Policy starts on the Inception Date and continues for 30 days as long as You pay the agreed Premiums when they are due (i.e. monthly) and meet all other terms and conditions of the Policy.
2. Your Policy shall be renewed on each date that We collect a Premium from You after the Inception Date.
3. These Policy terms and conditions will continue to apply to the renewed Policy.
4. You may not hold more than 2 current insurance Policies with the Insurer and which provide the same Insurance Benefits. The maximum sum the Insurer will insure You or any Insured Person for under all Policies is:
 - a. R50,000.00 (fifty thousand Rand) in respect of Natural Death Benefits;
 - b. R75,000.00 (seventy five thousand Rand) in respect of Accidental Death Benefits; and
 - c. R150,000.00 (one hundred and fifty thousand Rand) in respect of Accident Cash Benefits.
5. You may cancel this Policy at any time by giving notice to Us by telephone or in writing.

D. Premiums

1. Should We be unable to collect any Premium on or before the due date for payment Your Policy will lapse and You will not be covered.
2. **Should We successfully collect a Premium from You after the due date, the date that We are able to collect such Premium will become the new Policy Inception Date.**
3. Notwithstanding D1 (above), should You fail to make payment on or before the due date/payment 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. Your policy will remain in force for a period of 15 days after that due date/payment date. **This period of grace only applies with effect from the date on which Your second Premium is due.** If You claim during the 15-day grace period, We can deduct the Premium due by You from Your claim amount if the Insurer approves Your claim.
4. If We are unable to collect any Premium from You, for example when Your bank tells Us that the reason for Your missed payment is *"not provided for"* or *"effects not cleared"* (usually when You do not have enough funds available in Your account).
5. **Should We be unable to collect any single Premium from You, Your Policy will lapse (as per clause D1 above). In order to re-instate cover under the Policy, You authorise Us to attempt to debit the Premium from Your account for a further 3(three) consecutive months.** Should We be successful in collecting a further Premium from You within this 3(three) month period, the date of collection of that Premium shall be the new Policy Inception Date, as referred to in clause D2 above.
6. We may increase the Premium, subject to giving You 30(thirty) days' written notice. Notice will be provided by sms/email/facsimile/post.
7. **You authorise Us to collect the Premium from any South African bank account whose details You have given Us.**
8. The Unlimited makes use of NAEDO collections services to ensure that We are able to collect Your Premium and Your cover under the Policy. NAEDO is a debit collection system that allows Us to process Your debit closer to Your salary payment date thereby improving the likelihood of a successful debit collection.
9. The Inception Date may not be backdated.

Section 3: General Terms and Conditions (applicable to Sections 1, 2 and the Schedule, unless the context indicates a contrary intention)

Some of these provisions (for example, regarding the collection of fees or non-insurance benefits) apply to the non-insurance products as the context indicates.

1. The Welcome Letter, alternatively the application form which You signed, shall be read, insofar as Your names, address and policy number are concerned, as being part of the Policy.
2. If You have a short-term insurance policy:
 - a. the Policy constitutes a tax invoice in relation to any Premiums payable by You, as well as a credit note in relation to any refund of Premiums to You, as provided for in paragraph 2.2 of Binding General Ruling (VAT) 14 issued by the South African Revenue Service (SARS) in terms of Section 20(7) and 21(5) of the Value-Added Tax Act, 1991;
 - b. Your VAT registration number (if any) was not provided to Us at time of sale;
 - c. should You be entitled to claim the VAT portion of the Premiums as an input tax deduction, You will only be entitled to do this if you are in possession of the Policy, Welcome Letter, alternatively Your copy of the application form, as well as proof that you have paid the Premiums;
 - d. the Benefits stated in the Policy are the full amounts and are inclusive of all VAT.
3. Should there be any conflict between the provisions of this Section 3 and the Policy (Section 2, which includes the applicable Schedule) the provisions of the Policy will prevail.
4. Fee:
 - a. The Fee includes the Premium and is inclusive of VAT and is payable monthly in advance. The details of the separate charges are in the Schedule.
 - b. The Fee is payable to Us by debit order. Should You cancel the debit order or should there be insufficient funds in Your bank account when We attempt to collect the Fee, We shall be entitled to cancel this Agreement without notice to You.
 - c. We shall not be obliged to accept any Fee paid to Us after the due date.
 - d. **You authorise Us to deduct the Fees from any South African bank account whose details You have given Us. Whilst we shall try to debit your account on the date agreed with you, you authorise us to debit your account on another day should the collection date fall on a Saturday/Sunday or public holiday or as may be necessary to successfully collect and provide you with the product.**
 - e. **You acknowledge that this authority may be ceded or assigned to a third party, if the agreement is also ceded or assigned to that third party.**
 - f. **This authority includes any increase to the Fee (including any premium increase).**
5. Notwithstanding anything else contained in the Master Agreement, in the event that You are a Government employee and have given Us Your Persal number:
 - a. **You authorise Your employer to deduct the Fee from Your salary via Persal (being National and Provincial Government's personnel salary system) and pay the Fee over to the Insurer;**
 - b. **You authorise The Unlimited to deduct the Fee from any of Your bank accounts which You have disclosed to The Unlimited, if the Government is unable to deduct the Fee in favour of the Insurer, from Your salary via Persal.**
 - c. **Should any changes in terms of this Agreement, and resulting from either the cancellation of the Agreement or an increase in Fees, be required, such changes need to be communicated to Persal on or before the 23rd of the month in order to be effective in the following calendar month. If an instruction is received by Persal after the 23rd of the month, for example if an instruction to cancel the Agreement is received by Persal on the 25th of June, the Agreement will only be cancelled effective in August (and the Fee will be deducted from Your salary in July). THIS WILL ALSO IMPACT THE DATE FROM WHEN YOU ARE FIRST COVERED, FOR EXAMPLE, IF THE PAYMENT INSTRUCTION IS ONLY RECEIVED BY PERSAL ON THE 25TH OF JUNE, YOU WILL ONLY BE COVERED FROM 1 AUGUST (PROVIDED THERE ARE NO WAITING PERIODS) – YOU WILL NOT BE COVERED IN JULY. THIS WILL ALSO IMPACT THE DATE FROM WHEN YOU ARE FIRST COVERED FOR EXAMPLE, IF THE PAYMENT INSTRUCTION IS ONLY RECEIVED**

BY PERSAL ON THE 25TH OF JUNE, YOU WILL ONLY BE COVERED FROM 1 AUGUST (PROVIDED THERE ARE NO WAITING PERIODS) - YOU WILL NOT BE COVERED IN JULY.

6. Provision of the Benefits is restricted to events, including Insured Events, occurring in South Africa.
7. **DISCRETIONARY INCREASED COVER**
From time to time, we may offer to increase Your cover, at no additional cost to You. We will notify You of any increase by SMS to the number You have on record with us.
 - a. Any increase cover that may be provided under this clause is dependent on Your monthly Fee being paid; and
 - b. You have the right to decline any increase cover offered to You under this clause.
8. You may only start this Membership Agreement with Us if You are less than 65 years of age.
9. This Membership Agreement (including the Policy) will end when You reach the age of 70 or on Your death.
10. You may not cede or assign this agreement or the benefits provided in the Agreement. We may cede or assign this Agreement to a third party
11. You and Your Spouse, where applicable, consent to:
 - a. The Unlimited providing and sharing Your personal medical information, and that of Your Spouse and Children, with Our service providers, underwriting managers and/or agents, and to The Unlimited obtaining Your personal medical information from any person or health facility that treated You immediately prior to, and after Your Accident, Death or Illness;
 - b. The Unlimited marketing other products and services to You even after this Agreement ends.
 - c. Should You not wish to receive marketing material and/or services please notify us in writing
12. **It is recorded that information relating to the parties to this Agreement or to persons whose interests are protected by this Agreement may be processed for the conclusion or performance of this contract, or to protect those interests, or to comply with legal obligations, or pursuing our legitimate interests or those of any third party to whom the information is supplied. You consent to such processing.**
13. The Unlimited, acting on behalf of the Insurer in relation to the Policy, may amend or terminate this Agreement at any time. Publication of any amendments or termination by such means as We select will constitute valid notice of the amendments to You and the amendments will be effective on 30 days' notice. **You also authorise The Unlimited to notify You of any amendments via SMS. You may not amend or vary this Agreement. Should You have a preferred method for communication, contact Our Customer Care Line and let Us know.**
14. By paying, alternatively authorising The Unlimited/Insurer to collect, the first Fee (including the Premium) due under and in terms of this Agreement, You shall be deemed to have read and accepted the terms and conditions contained in this Agreement.
15. Allow us, as our customer, to fulfil on our obligations to you in terms of this agreement, in doing this that we can to the extent necessary share your information to our partners, business associates, agents, servants, representatives and other relevant third parties. This will include being able to market other products to you even after this Agreement ends, informing you of other offerings and market innovations even after this Agreement ends, and submitting your information to, and receiving information about you from, credit institutions (including credit bureaus) to update your information and guide us in making decisions about making product development, affordability, market conduct and activities ancillary to our business.
16. Should any clause in this Agreement become illegal, invalid or unenforceable in any respect, the remaining clauses will not be affected.
17. Neither We nor the Insurer are not an agent of the SP. You accordingly waive any and all claims for loss or damages against Us and/or the Insurer arising

- directly or indirectly from any act or omission of the SP(s).
18. Should You exercise Your Cooling-off Period rights, You must notify The Unlimited by telephone on 0861 990 000. The Unlimited will refund any Fees collected from You during the Cooling-off Period.
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Schedule – 1st Priority

This Schedule must be read together with the Master Agreement

1. For information about Claims processes, Complaints Processes and Exclusions applicable to this Policy Schedule please also read Your Master Agreement.
2. The terms and conditions for this Policy are set out below BUT must be read with the terms and conditions for Your Product (this includes the Master Agreement You received) as together this is the Agreement and the full terms and conditions applicable to Your Product with Us.
3. Should there be any conflict between the provisions of this Schedule and the Master Agreement, the provisions of this Schedule shall prevail.
4. If we change your Benefits, we will send you a new Schedule. We will not send You a new Master Agreement. You may request a copy of the Master Agreement.
5. If you have any questions, please contact us on 0873 576 522 (Customer Care and Compliance).

Section 1: Insurance Benefits. These are Policy Benefits that form part of your Agreement and product. They are underwritten by the Insurer. These terms must also be read with the Master Agreement.

A. DEFINITIONS (this explains the words we use for this Policy and should be read with Your Master Agreement definitions too)

1. **"Accident"** means an unexpected but specified future event caused only by violent, 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, a near-drowning or burns.
2. **"Accidental Death"** means the death of You or an Insured Person as a direct result of an Accident. In cases of Accidental Death a post-mortem and an inquest are held.
3. **"Accidental Injury"** means an injury sustained as a direct result of an Accident which causes You or an Insured Person to be admitted by a Doctor to a Hospital for a period of 24 hours (or more) in a row and which injury could not have been attended to as an out/day patient or at home.
4. **"Additional Treatment"** means any and all treatment You receive for conditions other than the treatment received or required to be received directly related to the Insurable Event for which You are covered.
5. **"Beneficiary"** means:
 - a. You, in respect of the Accident Cash benefit and in the event of the Death of an Insured Person;
 - b. Your Spouse in the event of Your Death, and Your Spouse survives You; and
 - c. the Executor of Your estate:
 - i. in the event of the Death of both You and Your Spouse; or
 - ii. should You die in circumstances where You are not survived by Spouse.
6. **"Benefits"** means, collectively, all the benefits to which You and an Insured Person are entitled under this Agreement, namely: the Accident Cash Benefit, the Death Benefit and the Emergency Medical Assistance Benefit and Debit Back Benefit.
7. **"Hospital"** means a place that holds a license to provide treatment for sick or injured persons as inpatients, with organised facilities for diagnosis and surgery and having 24-hour nursing service and medical supervision.
8. **"Insured Event"** means:
 - a. Your or an Insured Person's admission into a Hospital as a direct result of an Accidental Injury for a period of a Day (24 hours in a row) or longer; and
 - b. You or an Insured Person's death, from any cause not excluded.

9. **“Insured Person”** means:
 - a. You in the event of an Accidental Injury or Death;
 - b. Your Spouse in the event of Your Spouse’s Accidental Injury or Death; and
 - c. Your Children, up to a maximum of 5, who are financially dependent on you and under the age of 21 years. If you add your Children there will be an additional Fee.
10. **“Insurer”** means Santam Structured Life Limited, registration number 2002/013263/06, being the insurer and the entity that will pay the Policy Benefits subject to the terms and conditions of the Policy being met.
11. **“Natural Death”** means the death, from any cause not excluded, of You or Your Spouse as a direct result of a medical condition (e.g. cancer, stroke or heart attack) or illness. In cases of Natural Death an inquest is not held.
12. **“Policy Benefits”** means:
 - a. **“Death Benefit”** means subject to the terms and conditions of the Agreement, the benefits payable by the Insurer to the Beneficiary as a result of Death (any cause not excluded under the Agreement) of an Insured Person, and as set out in the Table of Benefits below.
 - b. **“Accident Cash Benefit”** being, subject to the terms and conditions of this Policy, the cover payable by the Insurer to the Beneficiary in the event of You or any other Insured Person being admitted to a Hospital for a Day (24 hours in a row) as a result of Accidental Injury, and as set out in the Table of Benefits below.
 - c. **“Fee Cash Back”** being, subject to the terms and conditions of the Agreement, the benefits payable by the Insurer to the Beneficiary as a result of the Death of You, the main member, and as set out in the Table of Benefits below.

B. TABLE OF POLICY BENEFITS

ACCIDENT CASH and DEATH BENEFITS

Please remember that there is no cover for illness.

(The Premium for cover for You and Your Spouse under these benefits is: R17.23) (The Premium for cover for You and Your Spouse and Children under these benefits is R28.39) Subject to the acceptance by You of the terms and conditions set out in this Policy Schedule and the Master Agreement, the Insurer will provide the following Policy Benefits:

Benefit and Insured Persons covered	How does the Benefit work
<p>Up to R100,000.00 Accident Cash Benefit. You and Your Spouse. You must have provided Us with the names and date of birth of Your Spouse for Us to cover them.</p> <p>You can add Your Children (up to a maximum of 5. You must give us their names and dates of birth. You must have paid the applicable Premium to cover Your Children.</p>	<p>Up to R 100,000.00 in the event that the Insured Person is admitted to a Hospital as a direct result of an Accidental Injury, the benefit shall be paid as follows: R1,000.00 (One thousand Rand) for each Day up to a maximum stay of 100 (one hundred) Days, per Insured Event. The maximum cover provided by the Insurer under this section is accordingly R100,000.00 (One Hundred thousand Rand) per Insured Person per Insured Event.</p> <p>No cover is provided in the event that the Insured Person’s Injuries are treated in a Casualty Unit, or whilst the Insured Person is an outpatient or a day case at a Hospital. Please read Your full terms below for limits and exclusions.</p>

		Death Benefit	
<p>You and Your Spouse. You must provide Us with the names and date of birth of Your Spouse to cover Your Spouse.</p> <p>You can add Your Children (up to a maximum of 5. You must give us their names and dates of birth. You must have paid the applicable Premium to cover Your Children.</p>	R10 000.00 should You or Your Spouse pass away.		
	Child 0 – 11 months		R1000.00
	Child 1 – 5 Years		R2000.00
	Child 6 – 13 Years		R3000.00
	Child 14 – 21 Years		R4000.00
		Fee Cash Back	
<p>Main Member only. This benefit cannot be claimed if another Insured Person passes away.</p>	<p>Your Spouse or the Executor of Your Estate will be paid an amount equivalent to the total number of Fees we have successfully collected from You. This amount will be calculated from the first successful collection of Your monthly Fee up to the last Fee successfully collected before Your death. 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 Member (You) pass away and not if the Policy is terminated for any other reason. Interest is not applicable and will not be paid.</p>		

You are covered for Accidental Death from the first successful Premium collected by Us (the Inception Date).

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:

For you and each dependant, 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.

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 (i.e. the Fee) 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

Spouse unless the context indicates a different intention. Please note that this is not a medical scheme and the cover is not equivalent to that of a medical scheme. **THIS POLICY IS NOT A SUBSTITUTE FOR MEDICAL SCHEME MEMBERSHIP. PLEASE NOTE THIS IS NOT A FUNERAL POLICY.**

Terms and Conditions applicable to the Policy (This must be read with the Terms and Conditions in the Master Agreement)

- C. Insuring Clause** (means the circumstances under which the Insurer will provide cover under the Policy).
The Insurer will pay the Beneficiary should You or another Insured Person covered under the Policy:
- suffer an Injury as a direct result of an Accident (an Accidental Injury) and which results in the Insured Person's admission to a Hospital for at least a Day (24 hours in a row); and /or
 - die; and
up to the limits of indemnity set out in the Table of Policy Benefits.
 - in respect of the Fee Cashback benefit if You the main member dies up to the limits of indemnity set out in the Table of Policy Benefits.
- D. Claims (It is IMPORTANT that you read the Claims Clause in Your Product along with these Terms as it is applicable to Your Claim under this Policy. Should you require a copy of those terms and conditions, please contact our Customer Care on 087 357 6522)**
- You may not cede, transfer or assign any of Your rights in terms of this Policy Benefit.
 - From the Inception Date of this Policy Benefit the following Waiting Periods apply:**
 - 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:

For you and each dependant, 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.
 - The Waiting Periods only apply in the event of Natural Death.
 - Waiting Periods shall reapply should this Policy lapse and be reinstated on the successful collection of a Premium.
NO claim shall be paid if the Natural Death occurs before the Waiting Periods have been met.
- E. Specific Exclusions to the Policy Benefits (these should be read together with the exclusions in the Master Agreement):**
- Admission to a Hospital for observation purposes only will Not be covered under Your Policy Benefits.
 - Admission to Hospital for Accidental Injuries that reasonably could have been treated as an outpatient or in casualty.
 - Where Your or an Insured Person's admission to Hospital is extended because of Additional Treatment which is not directly attributable to the Accidental Injury.

Section 2: Services (Non-Insurance Benefits). In this section we describe your non-insurance benefits and services that are made available by Us or Our service providers and that form part of Your Product. They are provided by Our service partner, they are not underwritten by the Insurer. These benefits and services are available to You and Your Spouse, whose names and date of birth You have provided to Us. Reference to You shall include reference to them unless the context clearly indicates otherwise. These terms must also be read with the Master Agreement.

A. Definitions (what the words that apply to these benefits mean – please read with the Master Agreement definitions as well as the definitions in Section 1 above)

1. **“Acute Illness”** means any sudden and unexpected deterioration of health which is life-threatening, and qualifies you for immediate Emergency Medical Transportation. Acute Illness excludes Bodily Injury.
2. **“Beneficiary”** means You or any other person you have on this Agreement whose names and dates of birth you have given Us. You and they must be a South African permanent resident/s or be in possession of a valid work permit/s where applicable.
3. **“Bodily Injury”** means an accidental, sudden, unforeseen and violent injury sustained by You as a direct result of an Accident, which, if left unattended will result in permanent disability and/or death, and qualifies for immediate Emergency Medical Transportation.
4. **“Netcare 911 Alarm Centre”** means a twenty-four (24) hour a day professionally staffed Alarm Centre in Gauteng, which will enable You to obtain the Netcare 911 Benefits, by contacting Netcare 911 telephonically on 087 357 6522.
5. **“Netcare 911 Doctor”** means the doctor or doctors appointed by the Netcare 911 Alarm Centre.
6. **“Emergency Medical Transportation”** means:
 - a. the provision of emergency medical transportation by road or air, whichever is the most appropriate, to the nearest Medical Facility where appropriate medical care is available and which will accept You in the event of a Medical Emergency; and
 - b. medical care during such transportation provided by paramedics.
7. **“Medical Emergency”** means any Accident, Acute Illness or Bodily Injury that requires emergency medical transportation for You to be urgently treated and/or hospitalised at the closest most appropriate Medical Facility.
8. **“Medical Facility”** means an institution that holds a license to provide treatment for sick, ailing or injured persons as inpatients, for example an Emergency Room/ Hospital. Medical Facility includes, without limitation, Government hospitals.

B. Medical Evacuation Service (“Netcare 911 Benefit”)

Provided You have paid the Fee, Netcare 911 will provide You with the services set out in the Table below should You be involved in a Medical Emergency in South Africa:

NETCARE 911 BENEFIT TABLE	
Netcare 911 will provide You, Your Spouse and Children (if they are on Your Product) with the following services:	
SERVICE	BENEFIT LIMIT PER INCIDENT
Medical Advice and Information Hotline	Telephonic Advice Only
Emergency Medical Advice and Assistance Line	Telephonic Advice Only
Referrals to Crisis Lines	Telephonic Advice Only
Referrals to Medical Practitioners & Facilities	Telephonic Advice Only
Emergency Medical Response	Full cost - subject to negotiated tariff
Emergency Medical Transportation – Pre-hospital	Full cost - subject to negotiated tariff

Inter-Hospital Transfer	Full cost - subject to negotiated tariff
Medical Repatriation	Full cost - subject to negotiated tariff
Escorted Return Of Minors	Full cost - subject to negotiated tariff
In-Hospital Medical Monitoring	Telephonic Monitoring Service
Compassionate Visits	Up to R 2,000 per year
Repatriation of Mortal Remains	Up to R 5,000 per year

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. As this is a telephonic advisory service, neither The Unlimited nor Netcare 911 represent or warrant that an accurate diagnosis will be made.

2. 24-Hour Emergency Medical Advice and Assistance Hotline - Telephonic

When You call the Telephonic Emergency Medical Advice and Assistance Hotline (Netcare 911 Alarm Centre), Netcare 911 operators will:

- i. guide You through a medical crisis situation;
- ii. provide emergency medical advice; and
- iii. arrange the support You require via the 24-hour Netcare 911 Alarm Centre. This telephonic service includes referrals to crisis lines in cases of:
 - iv. family and domestic abuse;
 - v. rape;
 - vi. trauma;
 - vii. child abuse;
 - viii. bereavement;
 - ix. HIV;
 - x. Suicide Hotline – Life Line; and
 - xi. Poison Hotline – In-House.

3. Emergency Medical Response to the scene of a Medical Emergency (Primary Response)

In the instance of a Medical Emergency, taking logistical constraints into account (e.g. availability of suitable landing sites and prevailing weather conditions), an appropriate road and/or air response will be undertaken utilising an ambulance, a rapid response vehicle or a helicopter, whichever is the most medically appropriate - all of which are manned by appropriately qualified and experienced emergency care practitioners, paramedics or doctors. Such transport will be despatched to the scene of a Medical Emergency where appropriate life-saving support will be provided. If necessary, You will be stabilised before Emergency Medical Transportation is provided.

4. Emergency Medical Transportation – Pre-hospital

In the event of Your involvement in a Medical Emergency, Netcare 911 will arrange and pay for Emergency Medical Transportation where required, subject to the limits specified in the Netcare 911 Benefit Table. For the avoidance of doubt:

- a. You will be transported to a Government hospital (and not a private hospital) in the event that You do not have sufficient and current medical aid cover, or in the event that the Netcare 911 personnel are unable to establish whether You are a paid-up member of a medical aid, e.g. due to the fact that You are unconscious;
- b. The decision as to whether Your circumstances constitute a Medical Emergency for which Emergency Medical Transportation will be provided shall be in Netcare 911's sole and absolute discretion;
- c. The choice of which Medical Facility You are transported to shall be in Netcare 911's sole and absolute discretion. You waive any and all claims against Us should You suffer any loss and or damages as a direct or

indirect result of Netcare 911's choice of Medical Facility.

- d. Medical considerations including the degree of urgency, Your state and fitness to travel and other relevant considerations including, but not limited to, airport availability, weather conditions and distance to be covered as assessed by the Netcare 911 doctor and support staff will determine whether Emergency Medical Transportation will be provided by medically equipped fixed-wing air ambulance, helicopter, scheduled commercial flight or road ambulance.

5. Inter-hospital Transfer

After the initial Emergency Medical Transportation arranged by Netcare 911, an Inter-hospital or inter-facility transfer comprises the one-way transportation by road or air ambulance, whichever is most medically appropriate in the opinion of the Netcare 911 doctor, to a more suitable or appropriate Medical Facility for managing Your condition.

a. Upgrade Transfer:

If the Netcare 911 doctor, in consultation with Your attending doctor, determines that You should be transferred and admitted (one way transfer) to an alternate Medical Facility (because the necessary treatment cannot be continued at the present facility) Netcare 911 will arrange and pay for Your transportation to another Medical Facility which is willing to accept You and where treatment can be provided (after You have been stabilised), subject to the limits specified in the Netcare 911 Benefit Table. This service does not include diagnostic transfers for medical procedures or investigations.

b. Downgrade Transfer:

Transfer to a step-down Medical Facility will only be approved on a medically justified basis as authorised by the Netcare 911 Doctor. This transfer will be to the most appropriate and closest facility to the Medical Facility where You are being treated as an inpatient, and is limited to a single transfer per hospitalised event.

c. Medical Repatriation:

In the event that you are hospitalised outside Your hometown, (being a distance greater than 100 km from Your ordinary place of residence), Netcare 911 will arrange and pay, up to the limits specified in the Netcare 911 Benefit Table, for Your repatriation to a Medical Facility in or near Your hometown provided the provision of such service is, in the sole opinion of the Netcare 911 doctor, regarded as being medically justified (long-term inpatient treatment is required) and that medical supervision is required for such transfer. Netcare 911 will determine the means of transportation and timing of the repatriation in their sole discretion.

6. Escorted Return of Minors

In the event of Your Emergency Medical Transportation, should your Children be stranded, due to an accident for example, Netcare 911 will arrange and pay for their transportation, under supervision where necessary, into the care of a person nominated by You in South Africa.

7. Telephonic In-hospital Medical Monitoring

Netcare 911 will monitor Your medical condition for the duration of Your hospitalisation outside of Your hometown. If required, Netcare 911 will keep a nominated family member or business colleague informed of Your medical progress.

8. Compassionate Visits

In the event of Your Emergency Medical Transportation, and Your hospitalisation outside Your hometown (being a distance greater than 100km from Your normal place of residence) for a period exceeding 5(five) consecutive Days, Netcare 911 will arrange and pay for economy class return transportation for 1 person (either Your spouse, biological child or biological parent) to visit You, subject to the limit specified in the Netcare 911 Benefit Table.

9. Repatriation of Mortal Remains:

In the event of Your death outside Your hometown (being a distance greater than 100km from Your ordinary place of residence) Netcare 911 will arrange the transportation of Your mortal remains to a location in Your hometown within South Africa, subject to the limit specified in the Netcare 911 Benefit Table.

Your Duties

10. You must contact the Netcare 911 Alarm Centre and provide Your membership 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.
11. Where You need a medical transfer or relocation You or Your representative must inform Netcare 911 of the names, addresses and telephone numbers of the treating hospital, the attending doctor and, if available, Your family doctor.
12. If an emergency requires that You are taken directly to a Medical Facility without first contacting the Netcare 911 Alarm Centre, You must notify Netcare 911 within 72(seventy-two) hours of the Medical Emergency having occurred.
13. In the event that Netcare 911 refuses to provide you with any services for which they are responsible in terms of this Agreement, You must institute legal action against Netcare 911 within 90(ninety) days of such refusal, failing which, You will lose Your right to bring any action against Netcare 911 related to such claims, which will accordingly prescribe.
14. If You have a medical aid, the invoice for ambulance transportation will be submitted to Your medical aid for payment. If You do not have a medical aid and You incorrectly receive an invoice from the ambulance service provider despite having contacted the Netcare 911 24 hour Alarm Centre, You may submit the invoice to Netcare 911 for reimbursement within 2(two) months of the date of the Medical Emergency, together with supporting documentation to: Netcare 911, c/o Cims South Africa, P.O. Box 1468, Sunninghill, 2157.

SPECIFIC EXCLUSIONS (means that the following are not covered by Netcare 911 under this Agreement)

Netcare 911 is under no obligation to provide any services to You in circumstances resulting, directly or indirectly from:

15. Services being rendered without Netcare 911's authorisation or intervention.
 16. Minor (i.e. non-life-threatening) illness or injury which, in the sole opinion of the Netcare 911 doctor, can be adequately treated locally, by your family General Practitioner, for example, and which do not require Emergency Medical Transportation.
 17. Wilful and self-inflicted injury or self-induced illness, as well as insanity, alcoholism, drug or substance abuse or self-exposure to needless peril (except in an attempt to save human life).
 18. Professional Sport or sport undertaken on a national or provincial competitive basis.
 19. Your commission of, or Your attempt to commit, an unlawful act.
 20. Your active participation in war (whether declared or not), invasion, act of foreign enemy, hostilities, civil war, rebellion, riot, revolution or insurrection nor for any consequence or loss which is a direct result of nuclear reaction or radiation.
 21. Any events which occurred prior to the receipt by The Unlimited of Your first Fee payable in terms of this Agreement.
 22. Your failure to pay any Fee on or before the due date for payment.
- Terms and Conditions applicable to the Netcare 911 Benefit**
23. If You are transported to a Medical Facility by another service provider, Netcare 911 will only reimburse You to the limit of the tariffs which it has negotiated with its service providers. You will be liable for any shortfall.
 24. Netcare 911 may at any time, and at their own cost, institute proceedings in Your name to obtain compensation or secure an indemnity from any third party in respect of any loss or injury giving rise to the provision of services by Netcare 911.

25. Neither Netcare 911 nor their agents and/or employees are liable or responsible for the negligence, whether gross negligence or otherwise, wrongful acts and/or omissions of any person or persons or legal entity which provide direct or indirect services to You in terms of this Agreement.
26. Netcare 911 may appoint independent contractors for the delivery of medical services. Although every effort is made to monitor the appointed service providers, any liability remains with the appointed service provider.

Section 3 – General Terms and Conditions applicable to this Schedule

1. The total Fee for this Product is:
 - a. For You and Your Spouse R112.00 per month.
 - b. For You, Your Spouse and up to 5 of Your Children (under 21 years) R110.00 per month.
2. The Fee is made up as follows:
 - a. The Premium for the Insurance Benefits is:
 - i. Main Member and Spouse R17.23 per month
 - ii. Main Member, Spouse and up to 5 of Your Children (under the age of 21 years) R28.39 per month
 - b. The Non-Insurance and provision of membership to the Product is:
 - i. Main Member and Spouse R82.76 (includes R10.16 VAT) per month.
 - ii. Main Member, Spouse and 5 of Your Children (under the age of 21 years) R81.61 (includes R10.02 VAT) per month.
3. For information on how to claim for Your Insurance Benefits (Accident Cash and Death), please refer to Your Master Agreement. You can also always call Us on 087 357 6522.
4. Your Master Agreement contains important information and must be read as part of this agreement.

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. no.	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. 2002/013263/0
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 license.	The Unlimited is an authorised financial services provider (FSP 21473). We are licensed to provide intermediary services in respect of category 1.1, 1.2, 1.3, 1.6, 1.18 and 1.20.	Santam Structured Life Limited is a registered long-term insurer and an authorised financial services provider (FSP1026).

		We accept responsibility for all intermediary services provided by our agents and representatives and confirm that some services are rendered under supervision.	
Compliance Department	031 716 9600	031 716 9600	0860 762 745 or 031 716 9600
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: Rouxann le Roux 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 of Alice Lane and 5 th Street, Sandton, 2196
Postal address	Private Bag X7028, Hillcrest, 3650	Private Bag X7028, Hillcrest, 3650	PO Box 652659, Benmore, 2010
Telephone No	0861 990 000	0861 990 000	0860 762 745 or 011 685 7600
Facsimile	021 883 8005	086 500 9307	011 784 9858
Email address	cingle@moonstonecompliance.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 in respect of the policy: Main Member and Spouse is R17.23 including VAT. Main Member Spouse and Children is R28.39 including VAT.
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 087 357 6522. 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, please email ssl.complaints@santam.co.za

Should you still not be satisfied, please submit your complaint in writing to the Ombudsman for Long-Term Insurance at:

PO Box 45007,
Claremont, 7735
Telephone: 021 657 5000
Email: info@ombud.co.za

5. FAIS Ombud and Registrar of Long-Term Insurance

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: 012 470 9080
Fax: 012 348 3447
Email: info@faisombud.co.za.

In addition to the FAIS Ombud, you may also contact the Registrar of Long-Term Insurance:

PO Box 35655, Menlo Park, 0102

6. 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 the 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 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 attention on 0861 990 000.
- Your policy document contains the name, class and type of policy 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. 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.

9. 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.