FSP LOGO

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Product provided by
Long Life Insurance (Pty) Ltd
Reg: 2018/485180/07

Your Funeral Cover

GENERIC DOCUMENT

Welcome!

Congratulations on your decision to take out a funeral policy. With [FSP Name] and Long Life Insurance you know you are getting the best protection for yourself and your loved ones.

Taken together, this document and your Confirmation of Cover certificate describe how we (Long Life) agree to pay your funeral benefit, on condition that you keep your premium payments up to date and keep to the terms and conditions of this policy.

Please read this document carefully so that you understand your cover, including restrictions, exclusions and waiting periods, and payment requirements.
If there is anything in this document or your Confirmation of Cover document that you do not understand or any of your information that is incorrect, please contact us using the contact details on the last page.

This document consists of the following parts:

- An explanation of insurance related words and phrases used in this document
- A description of your product and benefits including restrictions, exclusions and waiting periods
- Payment terms
- Claims instructions
- Our contact details

The parties to this policy are Long Life Insurance (Pty) Ltd (Long Life) (referred to as 'we', 'us' and 'our') and the person taking out the policy, referred to as " you", "the policyholder" or "main life assured".

{FSP } is a licenced Financial Services Provider, licenced to sell funeral insurance products, and is responsible for administration of these policies including but not limited to:

- Premium collection
- Updating policyholder data.
- Submitting of claim information and relevant documentation to allow Long Life to assess the claims
- Receiving and processing complaints related to the policies and products they are responsible for.

Long Life will be responsible for processing and paying claims submitted and for processing complaints received.

Your Policy

Please note that the insurance related words and phrases used in the policy documentation, and which may appear in other documents that Long Life sends to you in future, may be used in a way that is different to how you understand them in everyday use. It is therefore important to make sure that you understand how they are defined. The definitions are set out in clause 20.

- You are taking out a funeral insurance policy.
- The cover is set out in the Confirmation of Cover document
- Check your selected product for the relevant age bands.
- The policy will pay out a benefit amount in the event of a successful claim in the event of the death of one of the persons covered under the policy.

This policy is underwritten by Long Life, and marketed by [FSP Name]. [FSP name] is licensed to sell funeral insurance products.

Long Life will cover any eligible persons who have successfully applied for this cover, and in the event of a valid claim, agrees to pay the Funeral Benefit to the Policyholder, nominated beneficiary, or the estate of the Policyholder, subject to the terms, conditions and exceptions of this policy.

This policy as amended from time to time, as well as various declarations, authorisations, agreements or voice-recorded conversations relating to this policy will form the basis of the insurance contract and in the event of any conflict between the wording of this policy and that of any of the other documents mentioned above, this policy will prevail.

However, if there is a discrepancy between the contents of the Confirmation of Cover and the policy, the contents of the Confirmation of Cover will prevail.

1. Eligibility

- A potential policyholder is eligible to be covered provided he/she is aged 18 or over but below the maximum age stipulated for the specific product on the Benefit Inception Date.
- The maximum age at Benefit Inception Date for a Policyholder is 84 years. However, if this policy is to be transferred from another insurer, Long Life will accept the transfer only if the existing Policyholder is 100 years old or less at the date of transfer.
- The maximum age at Benefit Inception Date for a spouse is 84 years. However, if this policy is to be transferred from another insurer, Long Life will accept the transfer only if the existing Spouse is 100 years old or less at the date of transfer.
- The maximum age for an extended family member is 84 years at Benefit Inception Date. However if this policy is to be transferred from another insurer, Long Life will accept the transfer only if the existing extended family members are 100 years old or less at the date of transfer
- The maximum age at entry for a child is 20, except as set out in the definition of "Child".

2. Information required

The following information will be required from each Policyholder to take out funeral cover on these products.

2.1. Essential:

- Name and ID Document or Valid Passport
- Contact cell phone number
- Name and Surname and South African ID or Passport Number for all insured persons

2.2. Highly Recommended:

- Residential and/or Postal Address
- Nomination of a Beneficiary
- Name and Surname and South African ID Number or Passport number of Nominated Beneficiary
- Contact details of the Nominated Beneficiary
- Originals or certified copies of ID / Passport / Birth Certificate for the nominated Beneficiary
- Originals or certified copies of ID / Passport / Birth Certificate for all insured persons- Spouse, Children and Extended Family
- For Debit Order clients: Banking Details and Proof of Banking Details

2.3. Note:

- Missing ID / Passport or Birth Certificate documents will create delays at claims time. Ensure these are supplied as soon as possible.
- Recommended (but not Essential) documents can be added at a later stage by delivering them to a branch of the FSP or by letter to the FSP or Long Life
- You will not be able to set up a debit order without proof of banking details.
- When signing up for a new policy at a branch of the FSP, documents will be scanned directly into the system.

3. Duration

- Your Policy will endure for a period of 1 year from its inception, and will then automatically renew for a period of one year at a time, on the same terms and conditions, subject to your right to give notice to terminate it in terms of clause 11.2.
- Subject to the above, your policy will last as long as we receive premiums for it.
- However claims for insured persons will be permitted on a policy up to 3 months after the death of the Policyholder. Any outstanding Premiums in that time will be deducted from the benefit payment.
- In addition, if the Policyholder passes away, a dependent can take out a new policy tailored for their changed requirements with no waiting period. This can only happen once.

4. Insurable Interest

- A funeral policy is designed specifically to assist in providing for funeral related expenses.
- In funeral insurance terms, you can only have an insurable interest, and therefore include someone on your policy, if you would be wholly or partly responsible for expenses relating to that person's death, such as funeral costs or related burial costs.
- The person taking out funeral insurance on the life of a spouse, child or extended family member must be a person who would bear at least some of those expenses as a result of the death of the insured life.
- In terms of the preceding bullet point, insurable interest will be checked at policy inception.
- Long Life reserves the right to deny a funeral policy claim if it is found at any time that the Policyholder did not have an insurable interest in the life covered.

5. Benefits, and Commencement of Cover

- Subject to applicable Waiting Periods :
  - if your Policy Inception Date is the first day of the month, and you pay the full first premium on that day, cover will start immediately;
  - If your Policy Inception Date is not the first day of a month, but

you pay a proportionate first premium in terms of clause 6, and at the same time a full premium for the following month, cover will start immediately;
    - If your Policy Inception Date is not the first day of the month, but you pay no proportionate first premium in terms of clause 6, but only a full premium on the Policy Inception Date for the following month, cover will nevertheless start immediately; **OR**
    - If your Policy Inception Date is not the first day of the month, but you pay no proportionate first premium in terms of clause 6, but only a full premium on the Policy Inception Date for the following month, cover will start only at the beginning of the following month.
- These benefits do not acquire any surrender value or paid-up value.

5.1. Funeral Benefit

- The Funeral Benefit provides a lump sum payment according to the sum insured as specified in the Confirmation of Cover document, in the event of the death of one of the individuals covered on the policy, while the policy is in force.
- The Confirmation of Cover document specifies which individuals are covered and the applicable benefits and Benefit Inception Dates for each individual, as well as the monthly premium required to keep the policy in force.
- The Policy Inception Date for the Policyholder is the date that the Policyholder becomes covered for this benefit under this policy.
- In the case of a policy that includes child dependents, the Funeral Benefit will only be paid out as many times as the maximum number of children permitted on the policy. If one person ceases to be covered because he/she is no longer a child as defined, a new child may be added to the policy. However, if one of the children dies, the maximum permitted number will be reduced by one.
- Long Life reserves the right to amend the policy conditions, including the premium, on reasonable or actuarial grounds during the first 12 months of the policy. It must give 45 days notice to the policyholder and if the policyholder is not willing to accept the change, it shall be entitled to terminate the policy in terms of paragraph 11.2.1.
- Except for changes attributable to a change of cover, and changes in terms of the preceding bullet point, the premium is guaranteed between annual policy review dates.

5.2. Newborn / Stillborn Benefit

- These benefits are only available on policies that already include the option to add Child Dependents.
- Extra documentation is required to confirm various details when claiming for a newborn / stillborn child. Check the Claim Information document to ensure you know what is required.
- The death of a newborn or stillborn child can only be claimed for if there is space for another child to be named on the policy.

5.2.1. Newborn Benefit

- Subject to the preceding paragraph, you can claim for the death of a Newborn child within 3 months of the date of birth, even if you haven't added that child to the policy already.
- This benefit is only available if the parent of the child is the policyholder or the spouse of the policyholder as a life insured on the policy. Children of children or children of extended family members are not covered by this benefit.
- It is recommended that you add any additional child dependents to the policy as soon as possible after birth or adoption.

5.2.2. Stillborn Benefit

- This benefit is only available for an infant born showing no signs of life after complete birth following 26 weeks of intra-uterine existence i.e. 28 weeks since the first day of the mother's last menstrual period, not including a child whose death was as a result of a wilful abortion or attempted wilful abortion.
- This benefit is only available if the mother of the child is the Policyholder or the Spouse of the Policyholder as a life assured on the policy. Children of Children or Children of extended family members are not covered by this benefit.

5.3. Maximum number of Dependents

- The maximum number of spouses, child dependents and extended family members depends on the product selected.

5.4. Maximum Cover Amounts

- The maximum amount that an adult (18 years or older) can be covered for is R100 000 across all funeral policies with Long Life.
- For example, if you are covered for R30 000 as a policyholder or dependent on another policy, the maximum amount you can be covered for under a new policy is R70 000.
- Your cover amount will remain the same for the duration of the policy unless you update it so make sure to check regularly if your cover amount is sufficient.
- You and the other insured persons on your policy (if applicable) will be covered for the amounts given in the product information as set out in the Confirmation of Cover document, subject to the maximum legislated amounts.
- Long Life will notify policyholders as soon as practicable after inception of the policy and thereafter if their total cover over multiple policies with Long Life breaches legislated maximum amounts and they will be required to make adjustments to their policy. If the policyholder does not adjust the policies to bring them into line with the legislated maximum, Long Life will notify the policyholder that it intends to terminate an identified policy to bring the total cover within the legislated amounts, and if the policyholder still does not adjust the policies as required, Long Life will terminate that policy and notify the policyholder that it has done so.
- If, despite Long Life's notifications that maximum cover amounts have been breached, claims are submitted for more than the maximum amount allowed for an individual, the amount payable by Long Life will be limited to the maximum amount allowed.
- The cover amount for each life insured on the policy is specified in the policy details, but the legal maximum cover amounts for children are as follows:

Child 0 - 5 years:	**R20 000**
Child over 5 but under 13 years:	**R50 000**
Child 14 and above	**R100 000**

6. Payment of Premiums

- The first premium is payable on the Policy Inception Date and thereafter premiums are payable monthly in advance on or before the first calendar day of each month. If the Policy Inception Date is not the first day of a month, you will be entitled to reduce the first premium proportionately to a 30 day month. See clause 5 for the date the cover starts.
- If you pay less than your full premium (after any proportionate payment in terms of the above) , the premium will be treated as not having been paid.
- If you miss your first premium the policy is automatically cancelled.

6.1. Ways to Pay

- Pay in the {FSP} branch with cash or card.
- Pay via Easypay at your local store (if available with this FSP).
- Set up a Debit Order so that payments are automatically deducted from your account each month (if available with this FSP).
- Payments via Mobile App will soon be available.

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6.2. Late Payment

- An SMS or email will be sent to the phone and email address (if applicable) you have given Long Life within 14 days of the Premium Due Date to let you know if your payment is late.
- The duration of the Grace Period is set out in the Confirmation of Cover. During the Grace Period all benefits will remain in force.
- If you claim for an event that occurred during the Grace Period, the benefit payment will be reduced by the premium amount outstanding at the point of Claim Approval.
- If you do not pay within the Grace Period your policy will become lapsed and you will not be able to claim.
- The Grace Period does not apply to the first premium and, if that is proportionately reduced, to the second premium.

6.3. Premium Increase

- You will be notified 45 days in advance of any premium adjustments via SMS or email that will be sent to the phone and email address (if applicable) you have given Long Life.
- Policyholders will be made aware of the date of the annual price increase at policy inception.
- Long Life may also reduce premiums at any time.
- The annual premium increase each year will not exceed the Annual Premium Increase percentage specified in your Confirmation of Cover document.

7. Reinstatement of Cover

- If this policy terminated because of non-payment of premiums the policy can be either reinstated or restarted.
- There are 2 different scenarios as specified below.

7.1. Reinstating the policy

- If your policy has lapsed due to non-payment, you can still reinstate it if you pay your arrear premiums within 2 months of the Lapse Date.
- No new waiting period will be imposed.
- You will keep the Policy Inception Date and the applicable age band pricing will be applied according to the Policyholder's age at the Policy Inception Date and all other insured persons at their Benefit Inception Date.
- You will not be able to claim for insured events that happen while the policy is in a Lapsed state.
- Arrear premiums must be fully paid up before cover can be reinstated.

7.2. Restarting the policy

- If you are behind on your premiums, you can restart your policy. You will not need to pay back outstanding premiums.
- If you re-start the policy within the Lapsed Period, no new waiting period will be imposed. If you want cover after the end of the Lapsed Period it is a new policy and a new waiting period will apply.
- The Policy will have a new Policy Inception Date which means that product

pricing will depend on the Policyholder's age at the new Inception Date.
- You will not be able to claim for insured events that happen while the policy is in a Lapsed state.

8. Waiting Period

- If the insured event occurs during an applicable Waiting Period, benefits are not payable.
- The Waiting Period for the Policyholder starts on the Policy Inception Date.
- The Waiting Period for other individuals on the policy starts on each individual's Benefit Inception Date.
- In the event of a claim for a death that occurs before the deceased's Inception Date, the benefit will not be payable.
- If it can be proved that the individual was covered by a similar funeral policy with another insurer no less than 31 days prior to starting this policy, and with Long Life no less than 2 months prior to starting this policy, the Waiting Period can be waived for this policy provided that the Waiting Period for the previous policy had been completed.
- Waiting periods for new cover amounts may also apply when cover amounts are changed.
- Individual Waiting Periods may apply to individuals added to the policy after the Policy Inception Date.
- The Waiting Period begins from the Benefit Inception Date of each insured person.
- If the Policyholder increases cover or requests additional benefits, a new Waiting Period will apply for the additional cover, calculated from the new Benefit Inception Date. The individual will still be covered for the original amount, provided that applicable Waiting Periods have been observed.

8.1. Death due to Natural Causes

- There is a Waiting Period of 6 months for death due to natural causes.

8.2. Death due to Accidental / Unnatural Causes

- For accidental death or death due to unnatural causes there is no Waiting Period.

8.3. Death due to Suicide

- Notwithstanding paragraph 8.2, a Waiting Period of 12 months will apply from the deceased's Benefit Inception Date where death is caused by suicide, or directly or indirectly by or arising from or resulting from or contributed to by or traceable to any attempted suicide.

9. Cooling Off Period

- It is your responsibility to read through your full Policy Document and Confirmation of Cover Document and notify us if you have any concerns.
- You can cancel your policy within 30 days of receiving your Policy Documents and any premiums paid in that time will be refunded. However, if you cancel, no claims can be made under the policy and, if a claim has already been made, there will be no refund.

10. Claims

10.1. Nomination of Beneficiary

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- The Policyholder is advised to nominate a person as the nominated Beneficiary in terms of this policy. The nominated Beneficiary will receive the benefit in the event of the Policyholder's death.
- In the case of a claim submitted for the death of any one of the other insured individuals on the policy, the Policyholder receives the benefit payable.
- If the Policyholder and another insured person dies, the nominated Beneficiary will receive both benefits payments.
- If no Beneficiary has been nominated, or the nominated Beneficiary is deceased or otherwise unavailable or unwilling to receive the benefit payment, the benefit will be paid to the Policyholder's estate. In this regard, proof such as a Letter of Authority or Letter of Executorship, granted by the Master of the High Court, or at a Magistrate's Office will be sufficient to prove the details of the estate. If no such proof is available, an affidavit may be acceptable at the discretion of Long Life. Documentary proof of the death or unavailability or unwillingness of the existing Nominated Beneficiary will be required. This can take the form of a death certificate or affidavit or other such acceptable proof as may be required by Long Life.
- Claims that are required to be paid other than to the Policyholder or Nominated Beneficiary on the policy may take longer to process.
- It is the responsibility of the Policyholder to ensure that the Nominated Beneficiary details are kept up to date.
- The policyholder may change the nominated beneficiary at any time by having the new details entered on the policy details at the FSP's premises or by letter to the FSP or Long Life.

10.2. Claims Process

- The separate Claims Instruction document provides a summary of this information on a separate document which can be copied so that you can keep one for your records, and give one to your Nominated Beneficiary so that they have the information on hand if needed.
- Payment by Long Life of the benefits provided in the event of a valid claim in terms of this policy will be a full and effective discharge by Long Life of its liability and obligations in terms of the policy.
- No benefit payable under this policy shall carry interest.

10.2.1. Claim Submission Requirements

At claims stage the following documentation will be required :

The following documents are required for every claim: Note: If submitted at the FSP Branch, all documents will be scanned directly into the system.
• Long Life Funeral Benefit Claim Form #
• Original or certified copy of the Death Certificate of the Deceased (DHA-18 / BI-18 (Unabridged Death Certificate) or DHA-20 / BI-20 (Abridged Death Certificate))
• Original or certified copy of the Notification of Death for the Deceased ○ DHA 1680 / BI-1680 (Death Report by Authorised Person), or ○ DHA-1577 / BI-1577 (Proof of Notice of Death), or ○ DHA-1663 / BI-1663 (Notification of Death/Stillbirth). These can usually be obtained from the funeral parlour or the doctor who certified the death of the deceased.
• Original or certified copy of the ID or Passport or Birth Certificate of the Deceased
• Original or certified copy of the ID or Passport of the Policyholder
• Original or certified copy of the ID or Passport of the Nominated Beneficiary if there is one
• Original or certified copy of the ID or Passport of the Claimant
If the Death was from Unnatural / Accidental Causes...
• Police Report Form To be completed by the Investigating Officer at the police station where the death of the deceased was reported. #
If the Deceased was a Newborn Child...
• Birth Certificate is required for a Registered Newborn
• If the Deceased was an Unregistered Newborn, DHA 1663 / BI-1663 (Notice of Death / Stillbirth) is required.
If the Deceased was a Stillborn Child...
• Original or certified copy of the ID or Passport of the Deceased Child's Mother
• Notice of Death / Stillbirth (DHA 1663 / BI 1663)
• A letter from the attendant who was present at the baby's birth, confirming the mother of the child and at how many weeks the child was born.
• Letter from the mortuary confirming the body is in their care.
If the Deceased was the Spouse of the Policyholder or an Extended Family Member related to the Policyholder by marriage...
• Proof of the Marriage or Customary Union
If the Deceased was a foreign national...
• BI-20 & BI- 1663 form An English translation of the document is required if submitted in another language.
If the Deceased was over 21 and had not yet reached the age of 26 years old on the Date of Death and covered on the Policy as a Child Dependent and registered as a full time student...
• Proof of registration The document must show that the Deceased was registered as a full time student at a recognised educational institution within the three months prior to the Date of Death, if not already supplied to Long Life.
If the Deceased was covered as a Disabled Dependent...
• Proof of Disability, if not already supplied to Long Life
If the Nominated Beneficiary selects to receive benefit payment as an EFT...
• Proof of Banking Details. A stamped statement from the bank will be sufficient.
If Nominated Beneficiary / Policyholder deceased or unwilling or otherwise unavailable to receive the funeral benefit...
• Proof of death / unwillingness / unavailability of Nominated Beneficiary / Policyholder May already exist on the system if Policyholder has been claimed for.
• Proof of authority of the replacement Nominated Beneficiary Letter of Executorship from the Master of the Court or Letter of Authority from the Magistrate's Office or Affidavit proving authority.
• Explanation of the need for a replacement Beneficiary will be required.
If the death was from natural causes and the policy is still in Waiting Period...

- Proof of Prior Cover proving that the individual was covered by a similar funeral policy with another insurer no less than 31 days prior to starting this policy, and with Long Life no less than 2 months prior to starting this policy, provided that the waiting period on the previous policy had been completed.

The most up to date Claim Form and Police Report Form can be downloaded from www.longlife.co.za/site/claims or you can collect one at the FSP branch.

- Documents and information can be submitted at the FSP branch or sent directly to Long Life on the following email address or fax number. Additional documents or information that become available can be sent to Long Life directly or submitted via the FSP branch.
    - Email: claims@longlife.co.za
    - Fax:
- If documents are brought into the FSP Branch, the claim will be created there and the Claimant will receive SMS confirmation. The FSP employee will go through the Claims Checklist with the Claimant to check if any documentation or information is missing. Once all information has been added to the claim, the claim will be submitted for assessment and the Claimant will receive SMS notification again.
- If documents are sent to Long Life directly, the Claimant will receive notification when the claim is created and an employee of Long Life will contact the Claimant with regards to any outstanding information and documentation. Once everything has been received, the Claim will be submitted for assessment and the Claimant will receive notification again.
- Take note that the commitment to process claims within 2 business days only starts from when a complete and valid claim with all necessary documentation and information is submitted. If submitting in the FSP Branch the claimant will be warned if they attempt to submit a claim that is incomplete or possibly invalid as it will be better to get the correct documentation before submitting.
- Within those 2 business days (in the case of a valid completed claim), Long Life will assess the claim and make a decision. If approved, the payment will be released before the 2 business days are over. If the claim is Disputed or Rejected, the Claimant will be notified, including the reason for the Dispute / Rejection, and clause 10.2.2 will apply.
- If an alternative nominated Beneficiary is necessary, the 2 business day period will start when the new nominated Beneficiary has been appointed.
- The Claimant can submit some documents at the FSP and others directly to Long Life as required - all documents will be collated by the system into one bundle of documents.
- If the Claimant feels they have been unfairly treated and wishes to escalate the Claim, they can do so in the FSP branch, or by submitting a complaint online at www.longlife.co.za or by emailing claims@longlife.co.za OR complaints@longlife.co.za.

Take note:

- The policyholder or nominated Beneficiary will need to select how they would like the benefit to be paid out. They can be paid via EFT or they can request that the Funeral Parlour receive the benefit directly as payment toward a funeral.
- When receiving the payment as an EFT, the money can only be deposited into the policyholder's or nominated Beneficiary's own bank account.

10.2.2. Claims Disputes

- If Long Life declines the claim, disputes the validity of the claim or the amount of the claim, or voids the policy, they will notify the Claimant or nominated Beneficiary within the time limits set out in Rules 2A.8.1 and 2A.8.2 of the PolicyHolder Protection Rules. The Claimant or nominated Beneficiary can then make representations to Long Life within 90 days of being notified of the rejection or dispute, trying to persuade it to change the decision. This 90 day period is called the Dispute Period. No representations will be considered which are not made within the Dispute period.
- The Claimant or Beneficiary can make representations by submitting a complaint in person at the FSP Branch, by submitting a complaint online via the FSP website or via the Long Life website, or by emailing Long Life using the details given at the end of this document.
- If the dispute is not satisfactorily resolved through engagement with Long Life or FSP, then the Ombudsman for Long Term Insurance or the Ombud for Financial Services Providers should be contacted as required.
- If the dispute is not satisfactorily resolved even after an engagement with the relevant Ombud, legal action may be instituted against Long Life through the service of summons against Long Life. Summons must be served within 270 days of the date the rejection notification was sent by Long Life, failing which all benefits in respect of such claim shall be forfeited and no liability can arise in terms of such claim.
- The claimant may also choose to take legal action against Long Life without first making representations to Long Life or contacting the Ombudsman. If this route is taken, summons must be served on Long Life within 270 days of the date the rejection notification was sent by Long Life. Please note that the Ombudsman will not consider a matter in which summons has been issued against Long Life.

10.3. Claim Notification Period

- Claims must be reported to Long Life as soon as possible after the deceased individual's date of death.
- Full details of the claim and all relevant documentation must be provided to the FSP or Long Life within 180 days of the claim event unless Long Life is satisfied that there are circumstances to extend this.
- If full details of the claim are not received within the maximum period stipulated above, Long Life is not obliged to pay any benefit.

11. Termination or Cancellation of Cover

11.1. Termination of Cover

The Funeral Benefit for a particular life insured on this policy will cease on the earlier of:

- The Policyholder cancelling the policy; or
- The policy lapsing due to non-payment of premiums beyond the Grace Period allowed. Cover will cease and no claims will be approved for insured events that occur while the Policy is in a Lapsed state.

However, in the event of the death of the Policyholder, cover will continue for three months from the date of death to give time for a dependent on the policy to take out a new policy with no additional waiting period. If any claims are submitted during this time, any outstanding premiums will be deducted from the benefit payment.

Cover in respect of a child will terminate when he/she ceases to be a child as defined.

11.2. Cancellation of Cover

11.2.1. Initiated by you, the Policyholder:

- You may cancel this policy at any time by giving 31 days notice, in writing, to Long Life of the cancellation of the policy. This notice can also be submitted at the {FSP Branch}.

11.2.2. Initiated by Long Life:

- Long Life may cancel this policy at any time by giving 31 days notice, in writing, electronically and/or telephonically, to you of the cancellation of the policy.

11.2.3. In either instance:

- This cancellation notice will begin from the date of giving such notice.
- The cancellation will be effective from the next Premium Due Date of the policy. If a premium has been paid in advance for a period beyond the date of cancellation of this policy, Long Life will refund the relevant premium/s pro rata.
- Long Life is not liable for any damages suffered by you due to cancellation in terms of the above.

12. Transferability / Cessionability

- No rights or benefits payable under this policy can be ceded or transferred to any third party.
- You may exercise all rights provided for by this policy without the consent of any of the other insured persons.

13. Currency And Law

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- Premiums and benefits payable under this policy shall be paid in the Republic of South Africa and in South African Rands only.
- This policy shall be governed by and interpreted in accordance with South African Law in the courts of the Republic of South Africa.

14. Territory Covered

- No person who is not a South African citizen, a legal permanent resident of South Africa or who ordinarily resides outside of the Republic of South Africa will be covered in terms of this policy.

15. Criminal Activities

- Long Life shall have no liability whatsoever under this policy where any claim arises from or is connected with any contravention of any statute or common law (including fraud).
- In the event of such a claim all benefits afforded in terms of this policy and all premiums paid in respect of this policy shall be forfeited.

16. Misrepresentation, Misdescription Or Non-disclosure

- If a benefit has been paid as a result of any fraudulent action by the Policyholder or by any person claiming any benefit under this policy, that person will be required to repay or return the benefit paid. Long Life shall be entitled to take legal action to recover the benefit and any costs involved.
- If the age of a life insured under a policy has been incorrectly stated to Long Life, the policy benefits will be those which would have been provided under that policy in return for the premium payable had the age been correctly stated.

17. Changes In Details Supplied

- Should there be any changes to the original details supplied by you at the time of application for the policy and/or specified in the Confirmation of Cover document, you must notify the FSP by coming in to the branch, or by notifying the FSP or Long Life in writing, in any event within 30 (thirty) days of such change occurring.
- Should you not notify Long Life or the FSP of such change, Long Life reserves

the right to reject liability in terms of a claim or to cancel this policy.

18. Consent To Disclosure Of Private Information

- It is essential for insurance companies to share claims and underwriting information (as well as credit information) in order to enable the fair assessment and underwriting of risks and to reduce the number of fraudulent claims.
- You hereby consent to the disclosure of any information provided by you or obtained about you, for or in connection with this policy, payment of premiums, all claims and all other material information which Long Life may have about you, to any other insurance company, investigator, Industry body, or authority entitled to the same.
- The above clause also applies to information relating to any other insured person or nominated beneficiary on the policy, and you warrant that you have their consent to disclose that information to Long Life and for Long Life to disclose it to others as set out in this clause 18.
- This consent clause will survive the termination for whatever reason of the policy, including the cancellation or lapsing thereof.
- The information provided may be verified against other sources or databases.

19. Miscellaneous Legal Provisions

- Unless inconsistent with the context, words signifying any one gender shall include the others, words signifying the singular shall include the plural and vice versa and words signifying natural persons shall include artificial persons and vice versa.
- Headings of clauses are inserted for the purpose of convenience only and shall be ignored in the interpretation of this agreement.
- This agreement contains all of the express provisions agreed on by you and Long Life and we both waive the right to rely on any alleged express provision not contained in this agreement.
- Neither of us may rely on any representation which allegedly induced him to enter into this agreement, unless the representation is set out in this agreement.
- No relaxation by Long Life of any of its rights in terms of this agreement at any time shall prejudice or be a waiver of its rights and it shall be entitled to exercise its rights after that as if such relaxation had not taken place.

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20. Insurance Related Words and Phrases Explained

Accidental Death: A sudden and unforeseen event occurring at an identifiable place and time, which has a visible, violent or external cause, and results in the death of the insured individual.

Appointed Executor: This means a person who has been appointed in terms of your Will or by the court and who can claim on the policyholder's behalf if there is no nominated beneficiary.

Benefit Inception Date: This is the date from which an individual insured on the policy is covered for each benefit. This may be different for each insured person and is set out in the most recent Confirmation of Cover document.

Certified copy: A certified copy is a photocopy of an original document, stamped and signed by a Commissioner of Oaths confirming that it is an exact copy of the original and has not been changed in any way. Certifying of document copies can usually be done at a Post Office or Police Station. Certified copies must be less than 3 months old.

Child Dependent: Means a child of the Policyholder or Policyholder's Spouse who:

- Is unmarried;
- Is substantially financially dependent upon the Policyholder or the Policyholder's Spouse; and.
- Has not yet reached the age of 21.

"**Child of the Policyholder or Policyholder's Spouse**" includes:

- a biological child (including a stillborn child),
- a grandchild,
- a step-child,
- a legally fostered child, and
- an adopted child.

If the child covered is not a child by birth i.e. an adopted child or step-child, or in cases where the relationship is unclear, Long Life will require proof of relationship.

In addition, the age of a "child" will be extended:

- to a person who has not yet reached the the end of his/her 25th year in the case of an unmarried child registered for full time studies at a registered educational institution (Proof of Registration must be provided); and
- for life in the case of an unmarried, financially dependent child of the Policyholder or Policyholder's Spouse who is permanently and totally physically disabled and/or mentally disabled. Long Life will require proof of the disability; and in both cases
- the person was added to the policy as a Child before he/she reached the age of 21 .

Claimant: The person who has told us about a claim. A letter of authority may be required if the claimant is not the Policyholder or nominated beneficiary.

Commissioner of Oaths: A Commissioner of Oaths is a person who is authorised to verify affidavits, which are statements in writing and on oath, and other legal documents. Every Post Office or Police Station should have a Commissioner of Oaths able to certify documents.

Confirmation of Cover: Also referred to as the Policy Schedule.
The Confirmation of Cover document forms part of this Policy and includes a list of all insured persons, the nominated beneficiary, premium/s payable and applicable benefits. The Confirmation of Cover will be amended as policy details change.

Debit Order: An agreement whereby the FSP or Long Life is given permission to take premium payments directly from the Policyholder's bank account. A Debit Order Mandate can be set up at policy inception or once the policy is active. Debit Order details can be changed or the Debit Order cancelled by the Policyholder requesting such changes at a branch of the FSP.

Debit Order Date: The date on which the agreed amount is debited to the debit order bank account as per the details supplied.

Dispute Period: If Long Life declines the claim, disputes the validity of the claim or the amount of the claim, or voids the policy, they will notify the Claimant or nominated Beneficiary. The Claimant or nominated Beneficiary can then make representations to Long Life within 90 days of being notified of the rejection or dispute, trying to persuade it to change the decision. This 90 day period is called the Dispute Period. No representations will be considered which are not made within the Dispute period.

Eligible : This means having the right to do something, having satisfied the necessary conditions.

Estate: This means the policies, assets and money a person leaves behind when they die.

Extended family member: Means a member of the Policyholder's extended family.

Financial services provider (FSP): The authorised financial services provider that sells the funeral insurance policy to you. This is usually your funeral parlour.

Grace Period: This is the period after the Premium Due Date until the Lapse Date, which is there to give you an opportunity to pay arrear premiums without the policy lapsing. The duration of this period is set out in the Confirmation of Cover document. It is at least 30 days after the Premium Due Date but can be up to 3 months. Claims can be submitted during this time but any premium payments outstanding at the point of claim approval will be deducted from the benefit payment. If outstanding premiums are not paid within the Grace Period, the policy will lapse.

Immediate Family: Immediate Family means the Spouse and Children of the Policyholder.

In force: A policy is "in force" while premiums are being paid and are up to date, or the policy is in the grace period, and the policy benefits have not expired or been cancelled.

Insurable interest: In funeral insurance terms, you can only have an insurable interest, and therefore include someone on your policy, if you would be wholly or partly responsible for expenses relating to that person's death, such as funeral costs or related burial costs.
Long Life reserves the right to deny a funeral policy claim if it is found at any time that the Policyholder did not have an insurable interest in the life covered.

Insured event: An insured event is one which allows a valid claim to be made on the policy. In the case of a funeral policy, the death of one of the individuals covered by the policy is an insured event.

Insured persons: The eligible individuals who are listed on the Confirmation of Cover document as being covered under this policy.
Only the Policyholder, the Policyholder's immediate family and extended family members may be named as insured persons on this policy.

Lapse Date: This is the date, at the end of the grace period, when the policy lapses and is no longer in force.

Lapsed Period: This is the period of 2 months after the Lapse Date, during which you can reinstate the policy by bringing the premiums up to date. If you do this, the policy continues as if it had not lapsed (except that no claims can be made for insured events that arise during the Lapsed Period). If you do not bring the premiums up to date in the Lapsed Period the policy will automatically be cancelled.

Material information: Information that affects our decision to cover an insured person on the terms and conditions in this policy.

Natural death: Death that occurs from natural causes such as disease or old age, rather than from an act of violence or injury sustained in an accident.

Newborn Benefit: If a Newborn Child dies, the death will be covered by the policy as if that child had been named in the Confirmation of Cover, subject to there being space on the policy for an additional child to be named.

Newborn Child: Means a Child of the Policyholder or Policyholder's spouse from birth to the end of his/her third month.

Nominated Beneficiary: The person nominated by the policyholder and named in the policy to be the person to whom the cover amount is paid upon the death of the Policyholder. Policyholders are strongly encouraged to nominate a beneficiary to prevent delays at claims time. Claims that relate to the death of an insured person other than the policyholder are paid to the policyholder. The nominated beneficiary does not need to be an insured person in terms of the policy.

Parent: Includes the parent of the Policyholder or Policyholder's Spouse where the Policyholder or Policyholder's Spouse is a biological child, a step-child, a legally fostered child or an adopted child of the parent.

Policy Anniversary: The date one calendar year from the Policy Inception Date of the policy, and the same date every year thereafter for the life of the policy. If a Policy Inception Date is 4 January, the first Policy Anniversary will be the following 4 January

Policy Inception Date: Date that cover starts for the Policyholder under the policy. The date is set out in the Confirmation of Cover document.
Policy review date: The month in which we will review your policy every year, as set out in the Confirmation of Cover. This is the date on which we will automatically increase the Premium (if applicable) and may make changes to the policy conditions.
Policyholder: Refers to you, the owner of the policy and main insured person named in the Confirmation of Cover document.
Premium: The amount due monthly for all cover under the policy, as per the Confirmation of Cover.
Premium Due Date: The date in each month as set out in the Confirmation of Cover document, on which the monthly premium is due for payment.
Premium guarantee period: The length of time for which Long Life guarantees premiums will not change, other than through standard annual premium escalations, if any.
Premium Payer: The Policyholder is responsible for payment of premiums.
Premium Increase Percentage: The percentage amount whereby the premium increases every year, as set out in the Confirmation of Cover document.
Reinstatement Date: Date of reinstatement of the policy.
Reinstatement of cover: This is when cover that has lapsed but not been cancelled is reinstated.
Spouse: With regards to the Policyholder, is the person with whom he/she is joined in marriage or the person with whom he/she is living as if married. If the Policyholder is married to more than one person, only one person can be listed as the Spouse on the policy, additional Spouses must be covered as extended family members. Marriage means: • a marriage or union in accordance with the Marriage Act, 1961, the Recognition of Customary Marriages Act, 1998, or the Civil Union Act, 2006, or the tenets of a religion; or • a union where two persons are living together as if married, with the commitment of continuing to do so permanently provided that - ○ They have been doing so for at least 6 months; and ○ Neither one of them is already joined in a marriage as defined with another person. The Policyholder must be able to provide Long Life with satisfactory proof of the union upon request.
Stillborn Child: An infant born showing no signs of life after complete birth following 26 weeks of intra-uterine existence i.e. 28 weeks since the first day of the mother's last menstrual period, not including a child whose death was as a result of a wilful abortion or attempted wilful abortion. A claim can only be submitted for a Stillborn Child under the following circumstances: • The policy must have space for another child to be added. • The Mother is a Policyholder or Spouse of the Policyholder and is covered as a life assured on the policy.
Sum assured: The amount of cover that the policyholder applied for and Long Life agreed to for each life assured.
Unnatural Death: A death caused by external causes such as injury or poisoning which includes death due to intentional injury, such as homicide or suicide, and death caused by unintentional injury in an accidental manner.
Waiting Period: Period after Policy Inception Date / Benefit Inception Date during which time premiums are payable but Long Life will not pay out claims in respect of that benefit.

21. Contact Details

{FSP Name}	
Telephone:	{FSP PHONE}
Email Address:	{FSP EMAIL}
Website Address:	{FSP website URL}
Address:	{FSP HEAD OFFICE ADDRESS}

Long Life Insurance Pty (Ltd)	
Telephone:	**(010) 4480751**
Email Address:	**customerservices@longlife.co.za**
Website Address:	**www.longlife.co.za**
Address:	**Delmat House** **27-29 Jan Hofmeyr Rd** **Westville** **3629**

Particulars of the Ombudsman for Long Term Insurance :		**Office of the Ombud for Financial Services Providers (FAIS Ombud) :**	
Telephone:	0860 103 236 / 021 657 5000	**Telephone:**	012 762 5000 / 012 470 9080
Fax Number:	021 674 0951	**Fax Number:**	086 764 1422 / 012 470 9097 012 348 3447
Email:	info@ombud.co.za	**Email:**	info@faisombud.co.za
Website:	www.ombud.co.za/	**Website:**	www.faisombud.co.za
Postal Address:	Private Bag X45 Claremont 7700	**Postal Address:**	PO Box 74571 Lynnwood Ridge 0040

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Particulars of the Prudential Authority (PA):		**Particulars of the Financial Sector Conduct Authority (FSCA):**	
Telephone:	012 428 8000 / 012 313 3911	Telephone:	012 428 8000 / 012 428 8012 080 020 2087 / 080 011 0443
Fax Number:	012 313 3197 / 012 313 3929	Fax Number:	012 347 0221
Email:	PA-Info@resbank.co.za	Email:	info@fsca.co.za
Website:	www.resbank.co.za/	Website:	www.fsca.co.za
Postal Address:	P.O. Box 427 Pretoria 0001	Postal Address:	PO Box 35655 MENLO PARK 0102