episodic

Episodic Health (Pty) Ltd is an authorised Financial Services Provider, FSP 49319. Underwritten by African Unity Life, a licensed life insurer and authorised Financial Services Provider, FSP 8447.

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Funeral Plan

Terms & Conditions

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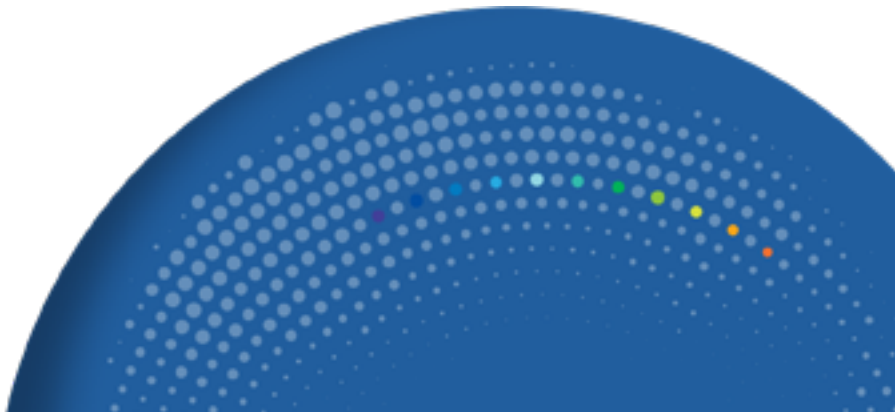

Introduction

Overview

This document contains important information that forms part of your insurance contract for the Episodic Funeral Plan. It should be read together with the details of your cover as set out in your policy certificate.

This insurance policy is a legal contract between you and African Unity Life

- 'We', 'us' and 'our' refer to African Unity Life Limited ("AUL" or "African Unity Life"), a licensed insurance provider and an authorised financial service provider. AUL is the underwriter of the Episodic Funeral Plan.
- 'You' and 'your' refer to the individual (the Policyholder) named in the cover summary of the policy certificate.

The contract includes:

- All the information you gave to us or Episodic Health (Pty) Ltd ("Episodic") when you requested a quote via phone, e-mail or through their website.
- All the details of the Policyholder, the Insured Members of your cover and the cover amounts selected by you, as contained in the summary of cover of the policy certificate.
- The policy wording, which is this document, containing the terms and conditions that apply to your cover.
- The policy schedule stipulating the summary of cover and material details of the insured and insurer.

It is important that you understand the details of your cover. Please read the policy wording carefully so that you are aware of what your and our responsibilities are. If you do not adhere to the terms of your policy it could affect your cover or your claims.

Entities

African Unity Life Ltd, registration number 2003/016142/06, is a licensed long-term insurer in terms of the Long-Term Insurance Act of 2017 and an Authorised Financial Services Provider (FSP 8447) in terms of the Financial Advisory and Intermediary Services Act of 2002 as amended.

Episodic Health (Pty) Ltd, registration number 2013/217008/07, is an Authorised Financial Service Provider (FSP 49319).

The Episodic Funeral Plan is created and underwritten by African Unity Life for Episodic. Episodic is an Intermediary appointed to perform Policy Distribution and Administration.

Definitions

In this document where the context requires, words importing the masculine shall include the feminine and words importing the singular shall include the plural and vice versa. The following expressions shall have the following meanings:

Entry Date

The date that an Insured Member (principal insured, a dependant or extended family member) is added to a policy.

Commencement Date

The date the Principal Insured entered into the Policy. This date is subject to the Insurer accepting the application and should be stated on both the Application and Policy Schedule.

Principal Insured or Policyholder

The person whose life is to be insured under this Policy and on whose death all other insurance cover on their Policy Schedule shall cease (unless the Policy is transferred to another policyholder).

Insured Member

Includes all the lives insured under the policy entered into by the Principal Insured. This includes the Principal Insured, their Dependants and Extended Family Members nominated on the Policy.

Dependant

An Insured Member on your policy that form part of the Family Plan. Your nominated Dependants may be your Spouse and/or Children as defined below. You may add up to 6 Dependants in total to a Family policy.

Extended Family Member

An Insured Member on your policy that does not form part of the Family Plan as a Dependant but is nominated with a specific cover amount. Extended Family Members are specifically those relations of the Principal Insured and not of their Spouse or other relation as defined below.

Beneficiary

The Beneficiary of a policy is a natural or legal person that has been nominated by the Principal Insured to receive the benefit upon the death of an insured member.

Premium Payer

The Premium Payer makes the premium payments on the policy. This may be the Principal Insured or a person that has an insurable interest in the Principal Insured's life. The Premium Payer can also be the Beneficiary on the policy.

Cooling-Off Period

An opportunity for the Principal Insured to cancel the Policy, providing no benefit has been paid or claimed within a period of 31 days after receipt of the Policy Schedule.

Accident

An unforeseen event which could not reasonably have been expected to occur.

Accidental Death

An unforeseen event, which could not reasonably have been expected to occur. The event must result in death caused directly and independently of all other causes by some external and visible means arising from this event and excludes death by natural causes.

A defined accidental event is where an Insured Member sustains accidental bodily injury which results, within 3 (three) months thereof, in their death, solely and independently of any other cause; or in the event of the disappearance of an Insured Member and the granting of a High Court order presuming their death.

Natural Death

A death by natural causes is the end result of an illness or an internal malfunction of the body not directly caused by external forces. Indicated as Natural death on the death certificate.

Suicide

The act or an instance of taking one's own life.

Unnatural Death

Any death other than death due to accident or suicide. Indicated as unnatural on the death certificate.

Your Responsibilities

Honesty and Good Faith

The insurer relies on the truth, completeness and correctness of all information submitted by you. All dealings between you and us must be done in good faith.

If you are dishonest by misrepresenting or concealing any required material information or if you used fraudulent means to get your policy, then we will cancel your policy as from the commencement date. You will lose your right to claim and we will not pay back any premiums we have received.

If any benefits have been paid out based on incorrect information or fraudulent behaviour then we will not only cancel your policy but we may also take legal steps to recover any expenses from you.

Examples of dishonest/fraudulent behaviour include giving us false information or documentation about: the cause of death on a claim, the age or identity of an Insured Member or their relationship to you.

Keep to the Terms and the Law

You must make sure that you keep to all the rules, terms, conditions and processes set out in this policy document. On becoming insured under this policy, each insured person is deemed to have accepted the terms and conditions and agrees to be bound by them.

You must also comply with the law at all times. We will reject any claims that are a direct or indirect result of you or any insured member on the policy deliberately violating any law.

Keep us Updated

Your details are captured as per the application. If any contact details, personal information, your registered address or any other information relevant to your policy changes then you must let AUL or Episodic know about the updated changes required.

If you wish to amend or cancel your policy, you must let us or Episodic know about your changes at least 31 days in advance.

Our Responsibilities

Keeping You Updated

We will give you at least 31 days notice if and when:

- We make changes to the Terms and Conditions set out in this document and the underlying Product Specification
- Your annual policy review results in material changes to your policy, like altered benefits or adjusted premium.
- Your policy is cancelled by us owing to missed payments or other reasons (unless your policy is terminated owing to fraud or dishonesty).

Timely Processing of Claims

Payment of the claim benefit will be paid out within 48 hours after receiving all required documentation from you and if the claim is valid (see Claims).

Privacy and Your Personal Information

We take the protection of your personal information very seriously. It is our responsibility to care for the privacy, security and online safety of your personal information.

All our records are kept for a minimum period of five years and this is a statutory requirement in terms of the Financial Advisory and Intermediary Services Act of 2002 ("FAIS") as amended. All insured members personal information (as defined in the Protection of Personal Information Act ("POPI") will be held for this period. The information submitted by you will be made available to and processed by us where required, as well as our external compliance practice for audit purposes, the Regulators (Financial Sector Conduct Authority or Prudential Authority) and any Ombud/ Ombudsman who has jurisdiction. Our staff and representatives aim to adhere to the legal requirements pertaining to recordkeeping at all times.

Eligibility

When you nominate family members to join the policy, they can either be nominated as

- Dependants or Family members
- Extended Family Members

depending on the conditions, limits and definitions set out below. Each of the above qualifies for a different set of cover amounts as defined in the Benefits.

You nominate members on application or when you make amendments to your policy.

Principal Insured or Policyholder

The Principal Insured must be 18 years or older and younger than 65 at the time that they join a policy (their Entry Date).

The Principal Insured is eligible for the benefit as a Single Member or as part of a Family policy (if they include Dependants).

Dependants on a Family Policy

Your nominated Dependants may be your Spouse and/or Children as defined below. You may add up to 6 Dependants in total to a Family policy.

Spouse

A Spouse is the legal or common law husband or wife of the Principal Insured.

This definition includes a person living with the Principal Insured for longer than 6 calendar months and who is normally regarded by the community as the Principal Insured's husband or wife.

There may be only one spouse nominated as a Dependant on a Family policy and they must be:

- Younger than 65 years to qualify as a Dependant on a Family policy
- Younger than 85 years to be nominated as an Extended Family Member

Children

These can include the Principal Insured's

- Unmarried minor children
- Natural or legally adopted children
- Foster children

To qualify as a Dependant on a Family policy, Children must be

- Younger than 21 years.
- Younger than 26 years if they are unmarried and a registered full-time student (proof of such may be required by us).

There is no age limit for children who are mentally or physically incapacitated from maintaining themselves and are wholly dependent on you for support and maintenance.

A stillborn child born to the Principal Insured or Spouse after 26 weeks of pregnancy is also included under this definition.

Once your child no longer qualifies in terms of age or dependence above, they can no longer be one of your child Dependants on your Family policy and will need to take out their own policy or be nominated as an Extended Family Member.

Extended Family Members

You can add up to 6 Extended Family Members onto your policy, each with their own selected cover amount.

All Extended Family Members must be at least 18 years old and younger than 85 years on their Entry Date. This may include:

- Your Spouse
- Your Children
- Your parents (mother or father)
- Your grandparents (parents of your parents)
- Your siblings (brothers and sisters)
- Your aunts and uncles (siblings of your parents)
- Your nephews and nieces (children of your siblings)

Extended Family Members are specifically those relations of the Principal Insured and not of their Spouse or other relation.

Total Number of Members

The maximum number of Insured Members on a policy is 13. That is:

- You (the Principal Insured)
- Plus up to 6 Dependants on the Family policy
- Plus up to 6 Extended Family Members

The following examples are all valid:

- You, your mother and father (policyholder + 2 extended family members)
- You, your 3 children and your 3 brothers (policyholder + 3 dependants + 3 extended family members
- You, your spouse, your mother and her parents (policyholder + 1 dependant + 3 extended family members)
- You, your spouse and 5 children (policyholder + 6 dependants)
- Just you (policyholder) - this is what we call a Single Member policy

What Happens When Eligibility Changes

Once a Dependant no longer qualifies in terms of the definitions above:

- they will need to take out their own policy or
- your policy will need to be amended to nominated them as an Extended Family Member (if they qualify)

For example, if one of your nominated children turns 21 years old, they no longer qualify to be a Dependant on your Family policy and your policy will need to be amended.

Cessation

There is no Cessation age on the Episodic Funeral Plan. Once an insured member joins, they are covered until they are removed from the policy owing to death or an amendment.

When You Increase Benefits

If you amend your policy to increase the cover amount for insured members, their age and relationship eligibility will be taken into account at the date of the change to see if they qualify as Dependants or Extended Family Members.

Note also that there are Waiting Period considerations (detailed below) that may apply when benefits are increased.

Waiting Periods

What are the Waiting Periods

A Waiting Period is a time duration in which benefits to an insured member will not be paid. They apply per insured member and may be waived by us in specific cases.

The Waiting Periods for the Episodic Funeral Plan are:

- None for Accidental Death. Cover is immediately available provided that the first premium has been received by us
- 12 calendar months for death owing to suicide
- 6 calendar months for death owing to natural or unnatural causes (other than accident or suicide)

When You Join a Policy

When an insured member joins a policy, their Waiting Period will apply from the 1st day of the month that their cover becomes active.

When You Increase Benefits

When an increase in benefits is selected by you, all Waiting Periods will apply on the increased portion from the first day of the month after you requested the increase.

Any claims raised during this Waiting Period will be payable according to the original benefit amount prior to the increase (unless that was also within its Waiting Period).

Policy Reinstatement

If a lapsed or cancelled policy is reinstated by us within two months, we will not impose new Waiting Periods on the new reinstated policy. We will impose Waiting Periods based on the unexpired duration of the original lapsed policy.

If the reinstatement is applied after two months of the terminated policy then full Waiting Periods will apply.

For example: if you had a policy active for 4 months before being lapsed owing to non-payment and then reinstated it within 2 months of its termination, you would have the outstanding balance of 2 months Waiting Period applied to the reinstated policy. Note that Accidental death would still be covered without a Waiting Period.

Waiving of Waiting Periods

The Waiting Periods for an insured member may be waived if:

- the insured member had a previous policy with another insurance provider at least 31 days before to entering into the Episodic Funeral Plan and
- the previous policy benefits provided similar risk cover and
- a 6 calendar month Waiting Period was completed on the previous policy

If the full 6 month Waiting Period has not been completed then the benefits on your new policy with us will be subject to the outstanding Waiting Period.

You will need to supply to us:

- The Policy Schedule issued to you by the previous insurer listing the full details of each of the insured members as well as the Waiting Periods which still apply
- Proof of payment for all premiums up to 6 calendar months prior to the termination of that policy

Premiums

The Policyholder or the nominated Premium Payer is responsible for the payment of the premium in accordance with the Policy Schedule.

All premiums due to the Insurer shall be paid in the lawful currency of the Republic of South Africa

When Premiums Need to be Paid

Premiums are collected monthly in arrears for the lifetime of a policy. Premiums need to be paid on or before the last day of the month for the month.

Your cover for a new policy will start on the first (1st) day of the month for which the first premium is received by us.

If a Premium is Not Paid

A maximum of two outstanding missed premiums is allowed before your policy will be lapsed by us. When you settle an outstanding payment, the collected premium will be allocated to the oldest outstanding balance.

You have a Grace Period of 15 days to settle the outstanding premium, commencing from the date the last premium is due. After this Grace Period, your policy will be immediately terminated (as per Rule 15A of the Policyholder Protection Rules).

A Policy with an outstanding premium payment is regarded as suspended from the date of the first outstanding premium. If you settle the outstanding payments within the Grace Period, then the suspension will be lifted and your policy will remain active.

Each time a premium payment is missed, a notification will be sent to you informing you of the arrears and the 15 day Grace Period.

Here are some examples of how this works:

Example One:

- 1 January: premium is paid
    - Policy is activated
- 1 February: premium is not paid.
    - Policy is suspended for February
- 1 March: premium is not paid
    - Policy is suspended for February and March
    - 2 outstanding premiums now due
- 15 March: premium is not paid
    - 15 day Grace Period has now expired
    - Policy is lapsed

Example Two

- 1 January: premium is paid
    - Policy is activated
- 1 February: premium is not paid.
    - Policy is suspended for February

- 1 March: premium is paid
  - Premium allocated to February
  - Policy is suspended for March
- 1 April: premium is not paid
  - Policy is suspended for March and April
  - 2 outstanding premiums now due
- 2 April: two premiums paid
  - Premiums paid within Grace Period
  - Suspensions lifted
  - No outstanding premiums

Policy Review

Your policy will be reviewed annually on the anniversary of its commencement date. We will review the risk profile, benefits and premiums of the plan and your policy.

Any changes to the policy (including the premiums or benefits) will be communicated to you at least 31 days in advance.

Termination of Benefits

The policy will terminate under the following conditions listed below. All claims where the date of occurrence is after the termination date will not be entertained under the policy.

Death of the Principal Insured

The policy will terminate upon the death of the Principal Insured, unless the policy is transferred to a new Policyholder)

Lapsing

If two premiums are missed and not settled within the Grace Period, then the policy will be terminated (as per Rule 15A of the Policyholder Protection Rules).

Fraud

If the Principal Insured submitted alleged or actual fraudulent information to us or submitted a fraudulent claim, then the policy will be terminated as of the commencement date.

Cancellation

You or the insurer may decide to cancel your policy. Written notice of the cancellation is required to be submitted by you or us and will be subject to a 31 day notice period. After this notice period, the policy will be terminated and all claims after this termination date will not be entertained under your policy.

Reinstatement

A lapsed policy may be requested to be reinstated. The decision to reinstate a policy is at our discretion and will be assessed on a case by case basis. For a policy to be reinstated, outstanding premiums will need to be settled and there may be consequences for the Waiting Periods (see above).

Changes to a Policy

Notification Period

When making changes to your policy, it is important to inform us or Episodic in writing about the requested amendment at least 31 days prior to the intended amendment coming into effect.

Transferring a Policy

In the event of the death of the Principal Insured, we will allow any of the eligible Dependants or Extended Family Members, who are currently insured under the policy, to take over the ownership of the policy as the new Principal Insured.

The new Principal Insured should apply to us by providing the necessary information required. We reserve the right to decline such an application.

Changing Benefits

A change in the cover amounts selected for the benefits under your policy may be requested by you. You may also request Insured Members to be added or removed from your policy.

In each case, the eligibility of the new Insured Members and the chosen cover amounts will be assessed just as if the policy was being applied for at commencement. Note that the Waiting Periods may be affected as per the terms above.

Policy Review and Changes Made by the Insurer

The annual policy review may result in a material change in benefits or premiums. Any changes made by us will be communicated with you at least 31 days before the proposed amendment comes into effect.

Communication

Either party, you or us, may change its registered address, preferred mode of communication or contact details by giving written notice to the other party.

Until receipt of such an amended address or contact detail, the last notified address or contact detail shall remain in full force and effect.

Benefits

The Episodic Funeral Plan covers the nominated Insured Members (subject to the terms and conditions) to a cover amount selected by you on application or amendment for the following events:

- Natural and Unnatural Death
- Accidental Death
- Suicide

Specific Waiting Periods apply for the above events which may affect the processing of claims.

Single and Family Plans

A Single Member plan includes only the Principal Insured as an Insured Member. A Family plan includes the Principal Insured and up to 6 Dependants as per the eligibility rules stated in this document.

Both Single and Family plans have a choice of the following cover amounts:

- R30,000
- R40,000
- R50,000

You and your Family Dependants will all have the same chosen cover amount applied to your benefit, subject to the applicable benefit split for children.

Extended Family Members

For each Extended Family Member, you may choose one of the following cover amounts that will apply per Extended Family Member:

- R10,000
- R20,000
- R30,000

Each Extended Family Member on your policy may have a different selected cover amount. This is in contrast to the Family plan where you and all Dependants will have the same selected cover amount. See the rules for eligibility as an Extended Family Member.

Claims

When to Claim

You must notify AUL or Episodic of the event and submit all required documentation to assess the claim as soon as possible within 6 (six) calendar months of the date of the insured claim event.

If notifications and submissions are filed outside of this 6 month period, the circumstances will be assessed by AUL to consider waiving the notification period.

How to Claim

You, or your nominated Beneficiary, must notify AUL or Episodic and submit all required documentation at the contact details listed at the end of this document.

It is your responsibility to ensure that the submitted documentation is in a clearly readable format. Any incomplete or unreadable supporting documentation can delay the claim process.

Required Documentation

We reserve the right to change the documentation requirements from time to time or to request additional documentation where necessary on a case by case basis.

For all types of Death

Submit all of the following for all types of death

- Claim Form
- A copy of the official death certificate issued by the Department of Home Affairs. If a death certificate is not provided, confirm date of death on an alternative website, e.g. Home Affairs or Credit bureau
- A copy of the claimant's identity document (Green RSA ID document, ID Card or Passport) if the claimant is an individual.
- A copy of the deceased's identity document (Green RSA ID document, ID Card or Passport)

For Stillborn Death

The death certificate and identity document of the deceased above might not be available in the case of a Sillborn death. In this case submit:

- A copy of the identity document of the stillborn child's mother, if not already included in any of the ID's above.
- An unabridged death certificate issued by the hospital (usually handwritten).

For Family Members

Where the deceased is an insured Family member, submit documentation to confirm the relationship between the deceased and the Principal Insured at the time of the deceased's Commencement Date.

In the case of a Child relationship, this may be:

- Birth certificate to confirm natural children
- Amended birth certificate to confirm legally adopted children
- Birth certificate and affidavit to confirm non-legally adopted children

In the case of a Spouse relationship, this may be:

- Marriage certificate in case of a legal marriage
- Affidavit in case of a common law marriage

Children over 21

Where the deceased was a Child over the age of 21 and was incapacitated by mental or physical infirmity from maintaining him/herself, submit a declaration signed by a Medical Practitioner setting out the nature of the infirmity of the Child from his/her 21st birthday until date of death.

Where the deceased Child was a full-time registered student, supporting documentation to verify this from the educational institute the Child attended until date of death is required:

- Proof of registration documentation at a tertiary institution; or
- A certificate, signed by the Principal of the Educational Institute, stating that the Child was a full-time student & financially dependant

As well as confirmation of payment of bills to assert financial dependence.

For Unnatural Death

In addition to all other documentation, submit one of the following:

- Fully completed SA Police Report, or
- Accident report completed and stamped by the SA Police, or
- Report or letter from a doctor or other professional depending on the specific circumstances.

In addition, submit forms BI-1663 / DHA-1663. The full document contains 4 pages:

- Page 2 of 3 (Information of the Medical Practitioner) should be stamped by the hospital
- Page 3 of 3 (Information of the Funeral Undertaker) should be stamped by the Funeral Parlour
- 4th Page (page 1 of 1) includes important information regarding the cause of death and stillborn deaths

Where the death notification was issued by a Headman or Traditional Leader then BI-1663 / DHA-1663 can be replaced with BI-1680 / DHA-1680

For Policies Transferred from a Previous Insurer

Where a claim is submitted during a Waiting Period that has been fully or partially waived, the following is also required:

- Proof of cancellation of transfer certificate from previous insurer and
- Proof of payment for the last 6 months' premiums to previous insurer

On Request

We may require you to submit bank statements of the Beneficiary

Settlement

Payment of the claim benefit shall be made within 48 hours (after receiving all documentation) to you or your nominated Beneficiary, subject to the successful assessment of the claim. The receipt of a benefit shall discharge the Insurer from any further liability for the claim.

Only nominated beneficiaries will be considered when paying claims. Where no beneficiary has been nominated, the benefit will be paid to the deceased estate.

Benefit Split

The benefit will pay out 100% of the covered amount defined in the policy on the death of the Principal Insured or any Dependants or Extended Family Members that are 14 years or older.

Child Dependants that 6 years or older (but younger than 14 years) will receive 50% of the benefit.

Child Dependants and Stillborn Children that are younger than 6 years will receive 25% of the benefit.

Outstanding Premiums

If your policy is in a suspended state, pending the collection of outstanding premiums, then any claims arising during this period may have the outstanding premiums deducted from the settlement amount (as per Rule 15A of the Policyholder Protection Rules).

Repudiation

In the event that we repudiate liability for any claim under this Policy, the claimant shall have 90 (ninety) days from the date of notice of the repudiation within which to make representations to us disputing the repudiation of the claim.

If the claimant concerned does not, in respect of the subject matter of such claim, within 3 (three) years after the 90 (ninety) day period make representations, commence legal proceedings in a competent court and prosecute such proceedings to final judgement, any liability of ours shall be extinguished and no benefits shall be payable in respect of such claim and/or the insured event concerned.

General Terms

Cooling Off Period

The Cooling-Off Period is an opportunity for you to cancel the Policy, providing no benefit has been paid or claimed, within a period of 31 days after receipt of the Policy Schedule.

All premiums collected may be refunded to you subject to the provisions of the Policyholder Protection Rules.

General Exclusions

No claims will be admitted in terms of this policy if the event giving rise to the claim is caused, directly or indirectly, by or is in any way attributable to any of the following:

- The willing participation of any Insured Member in any of the following:
  - An act of war (whether war is declared or not)
  - Military action
  - Riot or unlawful strike
  - Insurrection
  - Civil commotion
  - Usurpation of power
  - Martial law
  - Terrorism
  - Any usage of nuclear, chemical and biological weapons, device or agent
- A disease, epidemic or pandemic
- An Act of Government
- Any act or deed by any Insured Member under the policy deliberately committed in violation of any law. This includes a minor child where their parent or legal guardian knowingly allows them to participate in any act which constitutes a violation of any law.
- Self-inflicted injury or illness, whether intended or not, or voluntary exposure to danger or obvious risk of injury. Any injury or disease which is caused partly by the actions or omissions of the insured, but in conjunction with the action or omission of some other party or some other contributory factor, will fall outside the ambit of this exclusion.

Territory

Benefits will only be paid or services delivered within the borders of the Republic of South Africa. All premiums due to the Insurer shall be paid in the lawful currency of the Republic of South Africa.

Latitude, Cessation and Waivers

A Principal Insured may not cede, pledge or otherwise alienate the benefits or the rights to benefits in terms of their Policy and such benefits shall not be subject to any form of execution or judgement and shall not, on insolvency, or on surrender form part of the estate of any Principal Insured.

No waiver of rights or latitude or indulgence granted by the Insurer in any instance shall create a precedent or be construed as a novation of this Policy.

Agreement

On becoming insured under this policy each such person shall be deemed to have accepted the terms and conditions of this Policy and thus to have agreed to be bound by them.

Complaints

If you have received inadequate information or unsatisfactory service or have a complaint about the advice / factual information you have received, please contact **African Unity Life's Compliance Department** at:

complaints@africanunity.co.za

Should you be unsatisfied with the complaints handling process of African Unity Life, you can contact the **Ombudsman for Long-term Insurance** at:

Postal Address
Private Bag X45
Claremont 7735

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

Website
www.ombud.co.za

E-mail
info@ombud.co.za

Telephone
021 657 5000
0860 662 837

Fax
021 674 0951

If your complaint relates to the intermediary/broker who provided advice, you can contact the **FAIS Ombud**:

Postal Address
Financial Services Board
PO Box 74571
Lynwood Ridge
0040

Physical address
Kasteel Park Office Park
2nd Floor Orange Building
Cnr of Nossib & Jochemus Street
Erasmuskloof
Pretoria
0081

Website
www.faisombud.co.za

E-mail
info@ombud.co.za

Telephone
012 762 5000
012 470 9080

Fax
012 348 3447
012 470 9097

If your complaint relates to the market conduct or the manner in which the Insurer conduct itself, you can contact the **Financial Sector Conduct Authority (FSCA)** directly at:

Postal Address
Financial Sector Conduct Authority
PO Box 35655
Menlo Park
0102

Physical address
41 Matroosberg Road
Ashlea Gardens
Pretoria
0002

Website
www.fsca.co.za

E-mail
info@fsca.co.za

Telephone
012 428 8000

Fax
012 346 6941