Summary of Benefits and Provisions

Why you selected DuePoint’s WealthGuard

- It pays R1,000,000 upon accidental death
- The money may be used for any purpose including final expenses, settlement of debts and for leaving a financial legacy
- Cover is effective immediately after the very first premium payment
- There are no maximum age limits (Minimum age of 18 years)
- There are no medical examinations or declarations

What you need to know

- Please read the policy document carefully, particularly the “Special Exceptions” and “Provisions” clauses and be sure to contact DuePoint with any questions at info@duepoint.net
- By paying your monthly premium, you indicate your acceptance of the written WealthGuard Terms and Conditions
- Premiums increase by a minimum of 10% and the sum insured increases by 10% annually
- Some of the most important exclusions are:
  - Breaking the law
  - Suicide or attempted suicide
  - Alcohol and drug abuse
  - Participation in any riot, strike, insurrection, terrorism, civil commotion, or crime
  - Participation in any extreme sports, motorised racing, private aviation, potholing, skydiving, scuba diving, kite-surfing, mountaineering, police, military or paramilitary actions

Claims procedure and information provided

- To submit a claim, please email us at info@duepoint.net.
- All claims must be reported within 48 hours of the death of an insured life.

Premiums

To avoid the lapse of the policy, premiums must be paid within 15 days of due date.

Advice

- This policy has been issued to you at your own request and without advice. Please read it carefully and ensure that it is appropriate to your needs. Email us at info@duepoint.net with any questions
- The completed online application form is a direct recording of the information supplied by you and forms part of this contract of insurance. Please ensure that it is correct and complete

NB.

Where there is a difference in meaning or interpretation of this document and the WealthGuard Policy Terms and Conditions, the latter shall apply.
Reward yourself first.
2. Definitions

**Accident**
Accident means an unforeseen, unintended and unexpected event that is external, violent and visible.

**Fraudulent act**
A fraudulent act includes you or a person associated with you providing the Insurer at any time with inaccurate, incomplete, dishonest, false, fabricated or exaggerated information.

**In force**
In force means that the Policy Commencement Date as shown on the Policy Schedule has been arrived at, that the first premium has been received on or before that date, that all subsequent premiums have been received when due or within 15 days thereof and that the policy has not been cancelled.

**Sum Insured**
The Sum Insured means R 1,000,000.00 (One Million Rand) escalated at 10% p.a. where the premiums have escalated by a minimum of 10% p.a. and the death was caused by an accident. Unless you request otherwise.

**We / Insurer**
"We" or the "Insurer" means DuePoint a division of Constantia Insurance Company Limited whose details appear in the attaching documentation.

**You/your/yours/yourself**
You, your, yours or yourself means the insured person/s stated in the schedule.
Scope of cover

1. Payment of compensation

If you die through bodily injury sustained directly as a result of an accident, we shall pay to your nominated beneficiary (or if no beneficiary is nominated, your estate) the sum insured stated in the schedule if such injury shall be the sole and direct cause of death within 6 months of the date of the accident.

2. Compensation

Compensation in the event of death as a result of an accident
R 1,000,000.00 (One million rand)

3. Extensions of cover

3.1 Disappearance
If having examined all evidence accepted by a court of law declaring you dead, we have no reason to suppose, based on such evidence other than that an accident has occurred, your disappearance shall be considered to constitute a claim. If, at any time after payment has been made by us in settlement of a claim, you are found to be living, any sums we have paid in settlement of the claim shall be refunded to us.

3.2 Exposure
Death or bodily injury resulting from starvation, thirst and/or exposure as a direct or indirect result of an accident shall be considered to constitute a claim.

3.3 Life Support
The 6 months period stated under payment of compensation shall not include any period or periods where your death is delayed solely by the use, for a period or periods of not less than 3 consecutive days, of life support machinery, equipment or apparatus.


These are items and matters of which you should be fully aware. They explain your responsibilities and any actions you are obliged to take in certain circumstances. To avoid any misunderstanding, please be sure to read and understand this section well.

4.1 This policy is provided to you at your own request without advice.

4.2 The payment of premiums indicates your acceptance of the Terms, Conditions, Provisions and Exceptions of this policy. By entering into this contract of insurance you authorise the Insurer (or its nominee) to debit your account on your salary date each month. Where collection is unsuccessful, you further authorise the Insurer (or its nominee) to track the nominated bank account and re-present the instruction for payment at any time when sufficient funds are available. Should your salary date fall on a Saturday, Sunday or recognized South African public holiday, you authorise the Insurer (or its nominee) to debit your account on the following or previous business day.

4.3 You may elect to cancel this policy with immediate effect. In all other instances, your request for cancellation will take effect immediately. The Insurer may cancel this policy without giving reasons on 30 days’ written notice sent to your last known address.
4.4 If your monthly premium is not received or only partially received within 15 days of due date, your policy will lapse and all policy benefits and cover will cease. During the aforementioned 15 day period, it is your responsibility to make payment to us by way of debit order into our bank account. We reserve the right to re-debit your account where we feel it appropriate or upon request from you. A lapsed policy may be re-instated at the option of the Insurer upon the receipt of all future premiums when due.

4.5 The Policyholder may nominate or change beneficiaries at any time by notice in writing to the Insurer before a claim arises. This is the only method of beneficiary nomination and no testamentary instrument will have the effect of changing such nomination.

4.6 This policy does not acquire any loan, surrender or encashment values.

5. **Specific exceptions**

We will not be liable for any claim:

5.1 If the policy was not in force at the time of your death.

5.2 If death is as a result of anything other than an accident as defined in Section 1 of this policy document.

5.3 Should you or anyone acting for you knowingly or otherwise commit a fraudulent act or attempt to obtain a benefit under this policy by improper or dishonest means it will result in no claim being paid. In addition, all premiums paid and benefits of this policy will be forfeited and the policy cancelled with immediate effect without refund or compensation.

5.4 Arising directly or indirectly from wilful exposure to needless peril. In this context "wilful exposure to needless peril" means a conscious decision to expose yourself to a potential risk of injury or death that the reasonable person would choose to avoid. Examples might include a decision to sit on the bonnet of a moving vehicle or a wilful decision to engage in a physical fight or altercation that could otherwise have been avoided.

5.5 Resulting from participation by you in:

5.5.1 any sport as a professional;

5.5.2 parachuting, skydiving, hang gliding, wrestling, boxing or martial arts;

5.5.3 racing, speed or endurance tests on or in power driven vehicles or crafts;

5.5.4 flying other than as a passenger in a licensed passenger carrying aircraft piloted by a duly qualified person;

5.5.5 mountaineering of any nature, wall/rock climbing and bouldering;

5.5.6 bungee-jumping, scuba-diving, water-skiing, rugby, ice hockey, winter sports, polo;

5.5.7 game hunting;

5.5.8 quad biking;

5.5.9 digging or sinking of mine pits or shafts, underground mining activities or the manufacture or use of explosives.

5.6 Arising from any physical infirmity, condition or disability which existed prior to inception of this policy.

5.7 Arising whilst you are under the influence of intoxicating liquor or have failed a breathalyser test or whilst the concentration of alcohol in your bloodstream exceeds the legal limit as prescribed by the Road Traffic Act (as amended) or you are under the influence of drugs having a narcotic effect.

5.8 Arising from your suicide, attempted suicide or intentional self-injury.

5.9 Arising from an accident caused by or attributable to:

5.9.1 your participation in any riot, civil commotion, labour disturbance, strike or lockout or public disorder or any act or activity which is calculated or directed to bring these about;

5.9.2 the performance or attempt to perform:

5.9.2.1 any act whether on behalf of any organisation, body or group of persons calculated or directed to overthrow or influence any state or government, or any provincial, local or tribal authority with force, or by means of fear, terrorism or violence;
5.9.2.2. any act which is calculated or directed to bring about destruction or damage or bodily injury in order to further any political aim, objective or cause, or to bring about any social or economic change or in protest against any state or government or any provincial, local or tribal authority or for the purpose of inspiring fear in the public or any section thereof.

5.10 Arising directly or indirectly from your active service in the military, naval, police or air service of any country.

6. Treating our customer fairly

Should these Policy Terms, Conditions and Notices not be completely clear to you, you may call us on 010 020 4500, visit our website at www.duepoint.net or email us at info@duepoint.net.

7. Claims notices and procedures

7.1 To lodge a claim please call 010 020 4500 or e-mail info@duepoint.net
7.2 Valid claims are paid after the submission by you of all forms and documentation requested by the Insurer and the completion of any necessary investigative and related work.
7.3 You have a period of 90 days after receiving any claim rejection notice to make representations in this regard to the Insurer and a further six months thereafter to institute any legal action. Thereafter you will not be entitled to make any claim under this policy.

8. Requests for Policy Service

Please call 010 020 4500 or send an email to info@duepoint.net.
Disclosure Schedule

NOTICE TO SHORT-TERM INSURANCE POLICYHOLDERS DISCLOSURE AND OTHER LEGAL REQUIREMENTS - PLEASE READ CAREFULLY

(This notice does not form part of the insurance contract or any other document)

As a short-term insurance Policyholder, or prospective Policyholder, you have the right to the following information:

1. About the Insurer

1.1 Name, physical address and telephone number:

Constantia Insurance Company Ltd
FSP Number: 31111
Email: info@duepoint.net
Website: www.duepoint.net

<table>
<thead>
<tr>
<th>Physical Address</th>
<th>Postal Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Block A</td>
<td>Postnet Suite 441</td>
</tr>
<tr>
<td>Corner Main</td>
<td>Private Bag X51</td>
</tr>
<tr>
<td>2 Payne Road</td>
<td>Bryanston, 2191</td>
</tr>
<tr>
<td>Bryanston, 2191</td>
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1.2 Legal status and any interest in the Insurer:

- The Insurer is a listed company with limited liability.

1.3 Whether in possession of professional indemnity insurance:

- This Insurer is in possession of professional indemnity insurance.

1.4 Detail of how to institute a claim:

- Should you have a claim against your policy, please call the claims centre on 010 020 4500.
- Should you wish to dispute the rejection or quantum of a claim, you are entitled to make representations to the Insurer within 90 days of notification of such decision.

1.5 Contact details of the Public Officer, TCF Compliance Officer and Complaints Department of the Insurer:

<table>
<thead>
<tr>
<th>Public Officer</th>
<th>Contact Number</th>
<th>Email address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Volker von Widdern</td>
<td>010 020 4500</td>
<td><a href="mailto:info@duepoint.net">info@duepoint.net</a></td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Compliance Officer</th>
<th>Contact Number</th>
<th>Email address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adv Christiene Brummer</td>
<td>011 686 4200</td>
<td><a href="mailto:christieneb@constantiagroup.co.za">christieneb@constantiagroup.co.za</a></td>
</tr>
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<table>
<thead>
<tr>
<th>Complaints Department</th>
<th>Contact Number</th>
<th>Email address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mrs Astrid Baynes</td>
<td>021 424 8040</td>
<td><a href="mailto:complaints@constantiagroup.co.za">complaints@constantiagroup.co.za</a></td>
</tr>
</tbody>
</table>
1.6 Type of policy involved:
   • Your policy is a domestic insurance policy.

1.7 Extent of premium obligations you assume as a Policyholder:
   • As shown on your application form and Policy Schedule.

1.8 How your premium is allocated:
   • Constantia Insurance Company Ltd 100%

1.9 Manner of payment of premium and due date of premium:
   • Monthly premiums, payable by debit order, due each month on your salary / agreed pay date. Should your pay date fall on a Saturday, Sunday or recognised South African public holiday, you authorise the Insurer (or its nominee) to debit your account at its discretion on the following or previous ordinary business day.

1.10 Consequences of non-payment:
   • Subject to any relevant deferred benefit periods, your policy will come into force once the Policy Commencement Date as shown on the Policy Schedule has been reached and the first premium has been received by us on or before that date and will remain in force so long as all subsequent premiums are received by us when due or within 15 days thereof and the policy has not been cancelled. If your monthly premium is not received or only partially received within 15 days of due date, your policy will lapse and all policy benefits and cover will cease. A lapsed policy may be re-instated at the option of the Insurer upon the receipt of all future premiums when due, but the extent of the benefits and cover will be subject to the re-commencement of any deferred benefit periods.

2. Other matters of importance

2.1 You must be informed of any material change to the information provided above.

2.2 If the information above was given to you verbally, it must be confirmed to you in writing within 30 days.

2.3 A polygraph or lie detector test is not obligatory in the event of a claim and the failure thereof may not be the sole reason for repudiating the claim.

2.4 You are entitled to a copy of the policy document free of charge.

2.5 The Insurer must give you written reasons for repudiating a claim.

2.6 The Insurer may not cancel your policy without giving you 30 days notice in writing.

2.7 Your Insurer may not cancel your insurance merely by informing your Intermediary. There is an obligation on the Insurer to make sure the notice has been sent to you.

3. Warning

Although the application for this policy may have been completed online, remember to never sign any blank or partially completed form and to complete all forms in ink. Keep all documents handed to you. Make notes as to what is said to you. Don’t be pressurised to buy the product. Incorrect or non-disclosure by you of relevant facts may influence an Insurer on claims arising from your contract of insurance.
4. **Policy claims and administration**

<table>
<thead>
<tr>
<th>DuePoint a division of Constantia Insurance Company Ltd</th>
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<tbody>
<tr>
<td>Block A Corner Main 2 Payne Road Bryanston, 2191</td>
</tr>
<tr>
<td>Telephone 010 020 4500</td>
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</table>

Particulars of the Ombudsman for Short-term Insurance who is available to advise you in the event of claim problems that are not satisfactorily resolved by DuePoint:

<table>
<thead>
<tr>
<th>Ombudsman for Short-term Insurance</th>
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<tbody>
<tr>
<td>P.O. Box 32334 Braamfontein 2017</td>
</tr>
<tr>
<td>Telephone 011 726 8900 or 0860 726 890</td>
</tr>
<tr>
<td>Facsimile 011 726 5501</td>
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<table>
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<tr>
<th>Financial Sector Conduct Authority</th>
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<tbody>
<tr>
<td>P.O. Box 35655 Menlo Park 0102</td>
</tr>
<tr>
<td>Telephone 012 428 8000</td>
</tr>
<tr>
<td>Facsimile 012 346 6941</td>
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5. **Customer responsibility**

It is important that all of the information provided by you or on your behalf is complete and accurate. Should this not be so, the possible consequences of incomplete, misrepresented or non-disclosed information associated with your application include the cancellation of the products applied for and the forfeiture of any monies paid to date, the repudiation of all claims irrespective of their cause or nature, and the possible institution of criminal action against you.

Whilst reasonable steps would have been taken to ensure that the products applied for by yourself are suitable for providing cover appropriate to the purchase you have made, no analysis of your financial needs or risk profile has or will be undertaken, and no advice has been given by the Insurer or those associated with it. It is therefore vital that you take particular care to ensure that the product or products you have purchased are appropriate and adequate for your needs.

6. **Claims and complaints procedures**

When a claim arises, please refer to the accompanying policy documentation for details of the procedures to be followed.
Should you wish to dispute the rejection or quantum of a claim, or the conduct of the Insurer, our policy requires that you adopt the following procedure:

1. Write directly to the Insurer including full details of your complaint:
   The Market Conduct Officer
   E-mail: complaints@constantiagroup.co.za
   Tel: 021 424 8040

2. If the complaint is not resolved to your satisfaction within 6 weeks of the date of your complaint, at any time within 6 months following the 45 day period referred to above, you may pursue the following avenues:
   a) Consult with an Attorney to pursue the matter by way of legal action.
   b) For rejected claims, contact the Ombudsman for Short-term Insurance at:

<table>
<thead>
<tr>
<th>Ombudsman for Short-term Insurance</th>
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<tbody>
<tr>
<td><strong>Physical Address</strong></td>
</tr>
<tr>
<td>5th Floor, Building D</td>
</tr>
<tr>
<td>Sunnyside Office Park</td>
</tr>
<tr>
<td>32 Princess of Wales Terrace</td>
</tr>
<tr>
<td>Parktown</td>
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In order to complain to the Ombudsman for Short-term Insurance ("OSTI"), download a complaint form from their website at www.osti.co.za and complete the form. You can either post it back to the OSTI at the address on the form or fax it to them on 011 726 5501 or e-mail it to info@osti.co.za. Do not forget to enclose copies of all relevant documents.

   c) For complaints relating to the Insurer’s conduct, contact the Ombud for Financial Service Providers at:

<table>
<thead>
<tr>
<th>Ombud for Financial Service Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Physical Address</strong></td>
</tr>
<tr>
<td>Ground Floor, Block B</td>
</tr>
<tr>
<td>Sussex Office Park</td>
</tr>
<tr>
<td>473 Lynnwood Road</td>
</tr>
<tr>
<td>Cnr Lynnwood Road &amp; Sussex Ave</td>
</tr>
<tr>
<td>Lynnwood Ridge</td>
</tr>
<tr>
<td>0081</td>
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In order to complain to the Ombud for Financial Service Providers you must lodge a Complaints Registration Form that may be downloaded from the FAIS Ombud’s website (www.faisombud.co.za/howtocomplain) or obtained from the FAIS Ombud (contact details as above). You must read the form carefully, gather the necessary information, complete the form, sign the form and return the form to the FAIS Ombud’s office at one of the above addresses including supporting documents (for instance, correspondence, policy documents, application forms and contact details).
7. Further information in compliance with the protection of personal information act

In terms of the Protection of Personal Information Act of 2013 you are notified that the information provided and obtained in order to issue this policy is mandatory and is collected, held and processed mainly to improve the service provided to you and to provide you with access to the services and products of the Insurer.

When submitting any personal information, the information that is received from you will be used only for the purpose for which the information is requested and to enable the Insurer to comply with its obligations or to comply with any legal requirements. You expressly consent to the collecting and processing of your personal information which may include, but is not limited, to the following:

- Carrying out the transaction you requested
- Underwriting the risk insured
- Assessing and processing claims
- Statistical analysis, research and communication with you
- For purposes of claims history
- For the detection and prevention of fraud, crime, money laundering or through this database which will assist the insurance industry to limit insurance fraud, to underwrite risks fairly and to assess every risk identified. The Insurer may therefore reveal or share your personal information in relation to the promotion of the aforesaid information sharing objectives thereby ensuring further that your policy is fairly underwritten. Such information sharing may also include storage in the SAIA database and the verification of such shared information against legally recognised databases.

With your consent the Intermediary may also supplement the information that you provide with information received from other affiliated Insurers, Reinsurers, Underwriting Managers and Agent’s ("UMA") and Administrators in order to offer you a more consistent and personalised experience in your interactions with the Intermediary.

The Insurer’s affiliated Insurers, Reinsurers, UMA and Administrators are subject to the same privacy regulations as the Insurer. Your personal information will not be disclosed to any other company or organisation unless required by law or where it is in the public interest that such disclosure is necessary or where you have expressly provided authorisation in this regard.

Failure to provide the information in a complete and accurate manner may lead to your policy not being issued, not coming into force, being cancelled or your claim being repudiated.

You have the right to access the personal information held on your behalf as set out above. You also have the right to ask the Insurer to update, correct or delete your personal information. All reasonable steps to confirm your identity will be taken before providing details of your personal information or making changes to your personal information. You can contact the Insurer at the numbers or addresses listed above.

8. Treating customers fairly policy

DuePoint has a strong focus on customer satisfaction and is recognised for the fair treatment of its customers. DuePoint is fully committed to delivering service of the highest standard as its customers are its most valuable
asset. DuePoint’s Treating the Customer Fairly ("TCF") policy is structured according to the guidance provided by the Financial Sector Conduct Authority ("FSCA") to ensure it consistently delivers fair outcomes to its customers. In order to implement DuePoint’s policies on TCF each of its affiliated Insurers, Reinsurers, UMAs, Administrators and employees are expected to understand and apply this policy and are bound thereto in terms of the standards of service delivery set out below.

9. Approach to service delivery

The Financial Sector Conduct Authority has outlined six key themes, which are central to the TCF initiative. DuePoint will comply with and contribute to these 6 TCF fairness outcomes viewed from the perspective of its customers as follows:

- Customers are confident that they are dealing with a provider where the fair treatment of customers is central to its culture
- Products and services marketed and sold in the retail market are designed to meet the needs of identified customer groups and are targeted accordingly
- Customers are given clear information and are kept appropriately informed before, during and after the time of contracting
- Where customers receive advice, the advice is suitable and takes account of their circumstances
- Customers are provided with products that perform as providers have led them to expect, and the associated service is both of an acceptable standard and what they have been led to expect
- Customers do not face unreasonable post-sale barriers to change products, submit a claim or make a complaint

10. Standards of service delivery

DuePoint aims to demonstrate through its behaviours and monitoring that it is consistently treating customers fairly throughout the stages of the product life cycle to which it can contribute. In order to achieve these service standards DuePoint and its employee members undertake to:

- Adhere to DuePoint’s corporate culture of ensuring that customers fully understand the features, benefits, exclusions, risks and costs associated with the financial products they buy
- Ensure that customers are provided with clear, concise information and kept appropriately informed before, during and after the purchase of their products allowing them to make informed decisions
- Ensure that regular, clear and appropriate correspondence is maintained with customers at all times and that the relevant communication protocols are strictly followed
- Adhere to DuePoint’s phone etiquette standards and to provide excellent service to the customer where the fair treatment of the customer is central to that service
- Follow the principle that customer service at all stages must meet customer expectations and that any promises or commitments made must be met
- NOT give any financial advice to customers but to direct them to the organisation’s Key Individuals or Representatives where such advice is required or sought
- Ensure that any request from a customer is attended to without any unnecessary barriers or delays
- Fairly manage the customer’s expectation at all times
• Leave the customer feeling pleased about their experience with the Company and confident that they are dealing with an honest, professional and ethical organisation where the fair treatment of clients is central to the company’s culture
• Ensure all third parties contracted with are committed to treating our customers fairly.
• Complaints handling service standards:
  o We respond in a timely manner to our customers and prospective customer’s questions and queries, addressing any issues or concerns promptly
  o All customer complaints are dealt with and escalated appropriately in order to meet our obligations to our clients
  o Complaints are therefore handled fairly, promptly and impartially.
  o All valid claims are paid promptly
  o The principles of “fairness and equity” are applied in all decisions, always giving the customer the benefit of the doubt where information is not perfectly clear
  o In dealing with complaints DuePoint will ‘treat like situations alike’ and give careful consideration to whether an error might have affected a wider class of customers and what should be done to remedy this
  o DuePoint will investigate the root causes of complaints and obtain feedback from customers who have experienced our complaints process in order to improve the level of service that is provided.