

YOUR
FAMILY WEALTH
FUNERAL PLAN DOCUMENT

DUEPOINT

FamilyWealth Funeral Plan Terms and Conditions

Definitions

In this Policy, words indicating the singular include the plural, words indicating the masculine gender include the others and vice versa and the following words and expressions will have the following meanings:

- “Accidental Death funeral benefit”** means death directly resulting from physical injury exclusively through external, visible, violent and fortuitous means and not as a result of illness. The following causes of death are also excluded:
- i) death resulting from illegal activities by the deceased;
 - ii) death resulting from an accident, the direct cause of which was an illness, disease or mental infirmity;
 - iii) death resulting from participation in mountaineering, motor racing or any professional sport;
 - iv) death resulting from aviation (flying), except when you are a fare paying passenger on a scheduled commercial airline;
 - v) death resulting from war, civil disobedience, riot, insurrection or other similar activity;
 - vi) death resulting from the deliberate and excessive drinking of alcohol, or taking of poisons or drugs, unless these drugs have been prescribed by a qualified medical practitioner;
 - vii) self-inflicted injury.
- “Assured”** means the person/s listed on Plan Schedule as the policyholder/s.
- “Beneficiary”** means the person whose name is on the Application form as the chosen beneficiary.
- “Claimable Event”** An event that causes the death of either the policyholder or a nominated family member. This includes both accidental or natural causes of death.
- “Child”** means a natural child of a Policyholder, a step-child of the Policyholder or a minor child who has been adopted legally or by custom. Stillborn children are not covered by this Policy. A child will no longer be a child when they reach the age of 21 (twenty-one) years or get married before the age of 21 (twenty-one) years, unless they are still full-time students, then they no longer qualify for benefits when they turn 26 (twenty-six).
- “Commencement date”** means the first day of the month after the application has been accepted by the Company or after the first premium is received.
- “Dependent”** means collectively the Life Partner, Child or Nominated family member of the Policyholder.
- “Due date”** means the first day of each month from when your cover starts.

- “DuePoint, Company, we, our or us”** means Constantia Life and Health Assurance Limited, Registration no. 1952/000379/06, a Registered Life Insurer in terms of the law of the Republic of South Africa.
- “Nominated Family Member”** means a person who is related to and dependent on the Policyholder and whose name appears on the Policy Schedule. Nominated Family Members include only parents, brothers, sisters, nieces, nephews, grandchildren and additional natural children of the Policyholder and Life Partner. Nominated Family Members will only be covered if they are nominated on the application form. Should additional Nominated Family Members be included on the Policy then certain waiting periods will be applicable. A maximum number of either 5 (five) or 10 (ten) nominated Family Members may be covered under the Policy. You cannot be nominated as a “Family Member” if you are older than 69 years of age at your last birthday.
- “Family Policy”** means an assurance policy underwritten by the Company that provides funeral cover to the Policyholder, one chosen Life Partner and a maximum of either 5 (five) or 10 (ten) nominated Family Members, depending on the plan selected.
- “Life Partner”** means in relation to the Policyholder, a person who lives with the Policyholder as the Policyholder’s wife or husband, as the case may be; a person married by civil law as recognised by the Law of the Republic of South Africa; a person married by traditional law as recognised by the Law of the Republic of South Africa; provided there is only 1 (one) Life Partner and that person must be specifically named on the Policy Schedule.
- “Monthly Funeral Product Premium”** means the monthly premium amount payable as agreed upon in your policy schedule and that relates to the funeral benefit of this policy.
- “Payment date”** means either the Due date or an alternative day each month selected by the Policyholder on the application for the Policy.
- “Policy”** means this policy of assurance written in terms of the assistance business definition in the Long-Term Insurance Act of 1998.
- “Policyholder, you or your”** means a person named as the Policyholder in the Policy Schedule. You must be under 70 years old to become a new Policyholder or to be nominated as a Life Partner in a new Policy.
- “Policy Application”** means the application for insurance signed or agreed by the Policyholder in terms of which the Policy was issued.
- “Policy Schedule”** means a schedule containing Policy specific information about cover, benefits, Dependents, Extended Dependents and other material facts.
- “Sum Assured”** means the benefit amount that you or your dependents will receive, as set out in the Policy Schedule.

Scope of cover

1. Persons Covered By The FamilyWealth Funeral Plan

The persons who are covered in this Policy are those whose names appear on the Policy Schedule, which has been prepared by, or revised by, Constantia Life and Health Assurance.

The basic Family Policy includes cover for you and either your 5 (five) or 10 (ten) Nominated Family Members.

Nominated Family Members are covered if they are individually named on the Policy Application form, original Policy Schedule or have been added to the Policy Schedule by DuePoint's Client Service team upon your request, prior to any claimable event.

A maximum of either 5 (five) or 10 (ten) Nominated Family Members as stipulated in your assurance schedule may be covered under this Policy and may be replaced by new qualifying Nominated Family Members upon your request.

You may add children to the policy at any time, for example on the birth of another child. You must do this by notifying DuePoint's Client Service team in writing by sending an email to info@duepoint.net. Family Members will be subject to the normal waiting period of 6 consecutive monthly premiums before they come under cover. Constantia Life and Health Assurance Limited may request additional information in this regard.

You may change a chosen Life Partner at any time after the starting date of the Policy. You may do this by notifying DuePoint in writing by sending an email to info@duepoint.net. The new Life Partner will be subject to the normal waiting period of 6 months. Constantia Life and Health Assurance Limited may request additional information in this regard.

2. Entitlement To Benefits

If you or any other person named in the Policy Schedule pass away, Constantia Life and Health Assurance will pay the sum assured as set out in the Policy, subject to the terms and conditions of this Policy.

On the death of a person assured under this Policy, Constantia Life and Health Assurance will pay the claim as indicated in the Waiting Period section below.

The benefit to be paid on your death, or the death of your Life Partner, Child or Nominated Family Member, who are assured under this Policy, will be the Sum Assured which is set out in the Policy Schedule.

Should you pass away, your Life Partner may apply to Constantia Life and Health Assurance Limited for a Policy without the required waiting period.

All valid claims will be settled within 48 hours, (excluding Public Holidays and weekends) on receipt by Constantia Life and Health Assurance Limited of all necessary claims documentation.

3. Benefits Payable On Death

- 3.1 The Policy Schedule stipulates the amount (sum assured) payable on death. This Schedule will list the benefit for you, your Life Partner, your Children and / or Nominated Family Member (whichever is applicable).

- 3.2 The amount to be paid in the case of death of a nominated family member cannot be greater than the amount which will be paid to you as the Policyholder.
- 3.3 The amount that will be paid upon your death or upon the death of your Life Partner, Child or Nominated Family Member will be 100% of the benefit as recorded in the Policy Schedule. The percentage of the benefit which will be paid out on the death of a Child or Nominated Family Members, who is listed in the Policy Schedule, is set out below:

Lives Assured	Age	Benefit
Policyholder, Nominated Family Member and Life Partner	18 years and older	100%
Child	14 years and up to 18 years	100%
	7 years and older but under 14 years	50%
	0 years and older but under 7 years	25%
Nominated Family Members	14 years and up to 18 years	100%
	7 years and older but under 14 years	50%
	0 years and older but under 7 years	25%

4. Beneficiary

If you have selected a Family Policy, you must nominate 1 (one) beneficiary who will be entitled to the benefit payment upon admission of the claim. However, should your Life Partner, a Child or Dependent pass away before you, you will be the beneficiary who will receive the benefit payment.

The Beneficiary will have no rights or interest in this Policy:

- during your lifetime; or
- in respect of any benefits before your death; or
- in the event of the beneficiary dying before you.

You may remove a beneficiary at any time and choose another beneficiary, provided that Constantia Life and Health Assurance Limited is notified of the appointment and/or change of beneficiary, in writing (info@duepoint.net) or by telephonic consent (010 020 4500), and that the appointment or change is recorded by Constantia Life and Health Assurance Limited. The change or appointment of a beneficiary will only become effective once Constantia Life and Health Assurance Limited records this change in the Policy Schedule.

If you pass away without appointing a valid beneficiary, and if there is no valid will or testament, the benefit of this Policy will become part of your estate.

Constantia Life and Health Assurance Limited will be obliged to provide benefits or make any payments to you, your Life Partner / Children and / or Nominated Family Members as provided for in this document only. It is specifically recorded that Constantia Life and Health Assurance Limited will make payment of any benefit to the valid beneficiary or to your estate only.

5. Waiting Period

If you pass away within the waiting period of 6 (six) consecutive monthly premiums as a result of an Accidental Death, the Company will pay the claim. If, during this waiting period, death occurs from any other cause, the Company will not be liable to pay any claim.

If your Life Partner is added to the Policy Schedule, and this Life Partner passes away from Accidental Death within 6 (six) consecutive monthly premiums of his/her addition, the Company will be liable to pay this claim.

Should your Life Partner pass away from any other cause during this waiting period, the company will not be liable for any claim.

If the death of a Nominated Family Member who is covered under this Policy occurs within the waiting period of 6 (six) consecutive monthly premiums and the death is not Accidental Death, Constantia Life and Health Assurance Limited will not be liable to pay any claim.

If the death of a Child who is covered under this Policy occurs within the waiting period of 6 (six) consecutive monthly premiums and the death is not Accidental Death, Constantia Life and Health Assurance Limited will not be liable to pay any claim.

6. Exclusions

No claim will be paid if any person passes away directly or indirectly as a result of:

- Suicide, attempted suicide or self-inflicted injuries, within 24 months of the starting date of this Policy or within 24 months from date of recent reinstatement;
- Deliberate and excessive drinking of alcohol or taking of poisons or drugs except as prescribed by a medical doctor registered in South Africa;
- Involvement in a criminal activity or any act by the deceased which is illegal;
- War, invasion of a foreign enemy, terrorism, civil disobedience, riot, insurrection or other similar activity, labour dispute or industrial action, or radiation from a nuclear event;
- Wilful exposure to danger of any kind.

7. Payments Of Premiums

Paying your premiums is your responsibility. Your premium is payable monthly, on or before the payment date. Please remember that the premium that Constantia Life and Health Assurance Limited receives, in any particular month, provides cover for that month only.

The first premium must be paid on or before the commencement date, and after that premiums are to be paid on the due date for as long as the Policyholder requires cover. Cover will end automatically if the premiums are not paid.

This Policy will not be binding on the Company, until the first premium has been received by the Company.

All premiums for this Policy are payable by the due date via Bank Debit Order.

Your Debit Order will be arranged on the payment date selected by you.

The standard period of grace for the payment of premiums is 15 (fifteen) days. During this time all benefits will remain in force. However, in the event of a claim occurring during this period, the outstanding premium will be deducted from the amount to be paid.

8. Unpaid Premiums

If your monthly premium is not received by us for 2 (two) consecutive months, the Policy will automatically be cancelled. This means that your Policy has lapsed, which we will notify you of, and that you and anyone listed in the Policy Schedule, will not be entitled to any benefits.

9. Reinstatement

You may, within 3 (three) months of the lapse date, notify the Company in writing of your desire to reinstate the Policy. The Company may then decide whether or not to reinstate the Policy and will apply a waiting period of 6 (six) months from any date of reinstatement. Cover will then be provided by the Company, subject to the usual waiting period from the date of reinstatement.

You will not be covered for the period between the lapse date and the reinstatement date.

10. Premium Increase

Constantia Life and Health Assurance Limited may increase the premiums at any time by providing 31 (thirty one) days' notice to you. Any increase in the premiums will be effective from the date set out in the notice provided.

11. Cancellation And Termination

Constantia Life and Health Assurance Limited may at any time and by providing 31 (thirty one) days written notice, cancel this Policy and all benefits.

You may, within 31 days from the date of receiving the Policy, cancel the Policy by providing written notice to DuePoint at info@duepoint.net. If the cancellation notice reaches the Company within 31 days after you have received the Policy Schedule, or within 31 days after it reasonably can be accepted that you should have received the Policy Schedule, your policy will end when Constantia Life and Health Assurance Limited receives your notice.

If your cancellation notice reaches us after the 31 days, the policy will end at the end of the month in which Constantia Life and Health Assurance Limited received it.

In the event of your death and where 6 consecutive monthly premiums have been collected, your Life Partner and Children, as shown in the Policy Schedule at the date of death, will continue to receive the benefits as set out in the Policy for a period of 6 (six) months (this will start on the date of your death). No further premiums will need to be paid into the Policy during this 6 (six) month period.

12. Transfer Or Cash In

Your Policy, or any right in your Policy, cannot be transferred to another person. You cannot take out a loan against your funeral Policy. Your Policy is a month-to-month Policy and does not pay out any profits, nor can it be cashed in for money.

13. General

All payments for this Policy, or by Constantia Life and Health Assurance Limited to you, are payable in the lawful currency of the Republic of South Africa.

Any legal matter with regard to this Policy will be decided according to the law of the Republic of South Africa.

In order to change any terms and conditions of this Policy, an endorsement must be signed by a Director of the Company and must be attached to the Policy so that it forms a part of the Policy.

Constantia Life and Health Assurance Limited must be notified in writing of any changes of address and contact details.

14. Claims Process

Constantia Life and Health Assurance Limited shall only be obligated to consider any claim in terms of the Policy when the following documents, in original form or certified copies, have been received by Constantia Life and Health Assurance Limited and it has completed any necessary investigative and related work:

- 14.1 Constantia Life and Health Assurance Limited's prescribed claim form duly completed;
- 14.2 Death certificate of the Policyholder or dependent, or a certified copy thereof;
- 14.3 A certified copy of the deceased's identity document, birth certificate or other acceptable proof of identity;
- 14.4 A certified copy of the beneficiary's identity document or other acceptable proof;
- 14.5 A clear copy of the DHA-1663 (notification of death);
- 14.6 A recent copy of the beneficiary's bank statement (stamped by the bank) or a letter from the bank confirming the banking details of the beneficiary;
- 14.7 Any further documentation that may be required by the Company to consider the claim.

To lodge a claim please call 010 020 4500 or e-mail info@duepoint.net

15. Compliance Officer

If you have any complaints about Constantia Life and Health Assurance Limited, please contact our Compliance Officer, Pieter Theron, at our Head Office for assistance either at, PieterT@constantiagroup.co.za or 011 686 4412, or alternatively, info@duepoint.net or 010 020 4500.

If you have any enquiries or complaints with regard to your policy, please contact the Group Market Conduct Officer of Constantia Life and Health Assurance Limited on 021 424 8040 for assistance. Should the officer be unable to assist you, you may submit a complaint, in writing, to complaints@constantia.co.za, who will investigate the matter.

If Constantia Life and Health Assurance Limited falls short of your expectations to resolve a complaint, you can approach the Long-Term Insurance Ombudsman:

Private Bag X45
Claremont 7735
Tel: (021) 657 5000
Share Call: (086) 0662 837
Fax: (021) 674 0951
E-Mail: info@ombud.co.za
Web Site: www.ombud.co.za

16. Eligibility For The Policyholder Outstanding Debt Cover

A person will be eligible for cover in terms of this Policyholder Outstanding Debt Cover benefit (including, Unemployment or Inability to earn an income, including Retrenchment) so long as they have paid 15 (fifteen) consecutive monthly premiums.

17. Assured

An assured is eligible for cover in terms of this Policy Holder Outstanding Debt Cover benefit as long as 15 (Fifteen) consecutive premiums have been paid when due.

The following Outstanding Debt Cover premium (Subject to annual premium adjustments as described above) are already included in your Plan premium:

Policyholder Type	Premium
Self-employed	R20
Pensioners	R25
All others	R30

18. Policy Holder Outstanding Debt Cover Sum Assured

The sum assured is defined as the outstanding amount due and payable in terms of any credit agreement entered into between the Assured and a Credit Provider, less any arrears and interest on the arrears, on the date of the happening of an assured event giving rise to a claim in term of this benefit. The sum assured is limited to a maximum of R10,000 (Ten Thousand Rands).

19. Policy Holder Outstanding Debt Cover Benefits

- **Permanent disability benefit**

This benefit is subject to a waiting period of 15 (Fifteen) consecutive monthly premiums from the commencement date of cover under this policy. If a death or permanent disability is due to an accident the waiting period will be waived.

This benefit provides cover in the event of the total and permanent disablement of the Assured occurring during the period of assurance.

The Company will pay any credit provider a sum limited to a maximum of R10,000 (Ten Thousand Rands) of the Assured's total outstanding debt, subject to the terms of this policy.

The Sum Assured is payable in the event of the Permanent disability of an assured.

Permanent disability means medically certified total disability as a result of illness or accidental, injury or disease, after a deferred period of 6 (six) months, and which cannot be cured or treated, and which prevents the Assured from earning an income by following his own or suited occupation in keeping with his/her education, training or ability and experience. The Assured shall also be deemed to have suffered permanent disability upon the permanent loss of or loss of use of both hands, feet or eyes.

- **Temporary disability benefit**

The temporary disability benefit is subject to a waiting period of 15 (Fifteen) consecutive monthly premiums from the commencement date of cover under this policy.

This benefit provides cover in the event of the temporary disablement of the Assured occurring during the period of assurance subject to the terms of this policy.

Where the term of the credit agreement is more than 6 (six) months, Constantia Life and Health Assurance Limited shall pay the credit provider, after a deferred or waiting period of 6 (six) months, the Assured's obligations under the credit agreement that become due and payable.

The benefit will be paid for -

- (i) a maximum period of 12 (twelve) months; or
- (ii) the remaining repayment period of the credit agreement; or
- (iii) until the consumer is no longer disabled.

whichever is the shorter period limited to a sum assured of R10,000 (Ten Thousand Rands).

If in the opinion of Constantia Life and Health Assurance Limited, the Assured becomes permanently disabled, the permanent disability benefit may become payable. Temporary disability means medically certified temporary disability which prevents the Assured, as a result of illness, accidental injury or disease, from earning their normal income by following their own occupation.

- **Unemployment or Inability to earn an income, including Retrenchment benefit**

The Unemployment or Inability to earn an income, including Retrenchment benefit is subject to a waiting period of 15 (Fifteen) consecutive monthly premiums from the commencement date of cover under this policy.

This benefit provides cover in the event of the Assured being retrenched, other than as a result of Permanent or Temporary disability. Constantia Life and Health Assurance Limited shall pay the credit provider the Assured's obligation under the credit agreement that becomes due and payable subject to the terms of this policy.

The benefit will be paid for -

- (i) a maximum period of 12 (twelve) months; or
- (ii) the remaining repayment period of the credit agreement; or
- (iii) until the consumer finds employment.

whichever is the shorter period limited to a sum assured of R10,000 (Ten Thousand Rands).

The Assured is required to work full time for at least 6 (six) consecutive months before another Unemployment or Inability to earn an income, including Retrenchment claim can be made.

Retrenchment or redundancy means being retrenched or made redundant by an employer during the term of their employment agreement due to new technology, reorganisation by the employer, liquidation of the employer or staff reductions as contemplated under the Labour Relations Act 1995 (as amended) and which results in the Assured not earning any income for a continued unemployment period of 30 (thirty) days.

- **Maximum Benefit Payable across more than one credit agreement**

The maximum sum assured limit of R10,000 (Ten Thousand Rands) payable in the event of Death and/or Permanent disability, Temporary disability and Unemployment or Inability to earn an income benefit applies to all credit agreements covered by the Constantia Life and Health Assurance Limited underwritten credit life policy.

For example, if a credit life policyholder has loan obligations with 3 (three) credit providers exceeding R10,000 (Ten Thousand Rands) then the amount payable in the event of Death, Permanent disability, Temporary disability, Unemployment or Inability to earn an income, including Retrenchment, would be limited to R10,000 across all 3 (three) credit providers.

20. Specific Exclusions, Provisions And Conditions

1. SPECIFIC RESTRICTIONS ON LIABILITY

1.1 The Company's liability in terms of this policy shall not:

- a) extend beyond the term of the credit loan agreement with the credit provider;
- b) extend beyond the early termination or settlement of the credit loan agreement with the credit provider.

- 1.2 No benefits will be paid if a claim occurs during the 15 (Fifteen) consecutive monthly premium waiting period.
- 1.3 Constantia Life and Health Assurance Limited's liability in terms of this policy shall cease in the event of a death and/or permanent disability claim settlement being made.
- 1.4 Any disability claim paid in terms of this policy shall be subject to the limitations of the Code of Good Practice for Disability Insurance (or any substitution thereof) entered by member offices of the Life Offices Association (LOA).

2. SPECIFIC EXCLUSIONS

- 2.1 Constantia Life and Health Assurance Limited shall not be obliged to make any payment in respect of any condition or event arising directly or indirectly from, contributed to, by or traceable to:
 - 2.1.1 suicide or any attempt thereat, any intentionally self-inflicted injury or illness; or
 - 2.1.2 driving whilst the alcohol concentration in the Assured's blood exceeds the legal limit then in force or whilst the Assured is under the influence of alcohol or intoxicating liquor or drugs with a narcotic effect unless prescribed by a duly qualified and registered medical practitioner; or
 - 2.1.3 war, invasion, acts of foreign enemy, hostilities, rebellion, revolution, insurrection or military or usurped power, participation by the Assured in any criminal act, or by ionising radiations or contamination by radioactivity from any nuclear fuel or waste; or
 - 2.1.4 any participation in hazardous sports; or
 - 2.1.5 refusal by the Assured of medical treatment as recommended by the Assured's own medical practitioner; or by Constantia Life and Health Assurance Limited's medical officer if he has no medical practitioner of his or her own; or
 - 2.1.6 any intentional contravention of any criminal law, whether legislative or at common law, by the Assured, or by anyone acting on behalf of the Assured or with the Assured's permission or knowledge or by any person claiming any benefit under the policy.
- 2.2 No benefit shall be payable for retrenchment if any of the following apply:
 - 2.2.1 an Assured's death and/or permanent disability claim was paid;
 - 2.2.2 an Assured has not been in full-time employment for a period of 6 (six) months immediately before his/her claim for retrenchment or having had reasonable grounds to believe that he/she would become unemployed, retrenched or redundant after the commencement date of cover;
 - 2.2.3 With regard to the retrenchment benefit, an Assured is self-employed, undertakes seasonal work or where unemployment is a regular feature of his/her work;
 - 2.2.4 an Assured comes to the expected end of a fixed-term contract, the expected end of and/or the early termination of a casual, temporary or work contract;

- 2.2.5 an Assured finishes the job he/she was specifically employed to do, resigns, retires or accepts voluntary retrenchment;
- 2.2.6 an Assured is a partner in a partnership, a member of a close corporation or a director of a company, or employed by a family-owned business;
- 2.2.7 an Assured loses his/her job due to theft, fraud, dishonesty or any misconduct on his/her part and/or has received one or more verbal or written reprimands which constituted to form part of this disciplinary procedure;
- 2.2.8 an Assured loses his/her job because of any illegal or unprotected strike(s), which he/she took part in or as a result of any lock-out by his/her employer;
- 2.2.9 an Assured loses his/her job, directly or indirectly, due to any sickness, disease, accident, injury, childbirth, abortion, pregnancy, miscarriage, mental disorder or medical condition.

21. Change In Details Supplied

Should there be any changes to the original details supplied by any Assured at the time of application for the policy and/or specified in the policy schedule, the Assured must notify Constantia Life and Health Assurance Limited in writing (info@duepoint.net) or call it's Client Service team (010 020 4500) within 30 (thirty) days of such change occurring.

Should the Assured not notify Constantia Life and Health Assurance Limited of such change, Constantia Life and Health Assurance Limited reserves the right to reject liability in respect of a claim or to cancel this policy.

22. Cancellation

The Assured:

Both the Assured and the Company may cancel this policy at any time by giving 31 (thirty one) days notice of cancellation, in writing, to Constantia Life and Health Assurance Limited at their last known address.

Such cancellation shall commence on the date of receipt of written approval by the credit provider.

23. Misrepresentation, Misdescription Or Non-Disclosure

If there are false or incomplete statements in the application form or recorded verbal declaration where the Client Service team is contacted directly, of this Policy, or if there is any false or incomplete statements when submitting a claim, Constantia Life and Health Assurance Limited reserves the right to cancel the Policy or to reject a claim.

Misrepresentation, misdescription or non-disclosure of any material fact or circumstances in connection with this policy, a claim in terms of this policy or the application for this policy may result in this policy being cancelled, a claim rejected or the policy voided from inception.

In the event that a benefit is paid to the Assured as a result of any misrepresentation, non-disclosure, misdescription or fraudulent action by the Assured, the Assured shall be obliged to repay or return the benefit the Assured has received under this policy and Constantia Life and Health Assurance Limited shall be entitled to take legal action against the Assured to recover the benefit and/or any costs associated with such legal action.

24. Fraud

If any claim or part thereof under this policy is in any way fraudulent, or if any fraudulent means or devices are used by the Assured or anyone acting on the Assured's behalf to obtain any benefit under this policy, or if any of the events assured against under the policy are occasioned by the Assured's intentional conduct or any person acting on behalf of or with the connivance of the Assured, all benefits afforded in terms of this policy in respect of such claim, and premiums paid in respect of such policy shall be forfeited, and this policy may be avoided or cancelled as from the date of the fraudulent conduct, at Constantia Life and Health Assurance Limited's discretion.

25. Rejection Of Claim And Time Bar

If the Company declines liability for a claim in terms of this policy or cancels this policy, representation may be made to Constantia Life and Health Assurance Limited within 90 days of the date of the letter of rejection or cancellation letter. Representation must be submitted in writing to:

Constantia Life and Health Assurance Limited
Mrs Astrid Baynes
Group Market Conduct Officer
10 Dorp Street
Cape Town
8001
Tel: (021) 424 8040
Fax: 086 523 9441
Email: Astridb@constantigroup.co.za

Alternatively, the Assured may contact:

Constantia Life and Health Assurance Company Limited
Mr Simon Seripe
Senior Manager
P O Box 3518
Crameview
2060
Tel Number : 011 686 4200
Cell Number : 072 516 0212
Fax Number : 011 789 8828
Email: Simons@constantigroup.co.za

The Ombudsman for Long-Term Insurance
Private Bag X45
Claremont
7735
Tel Number : 021 657 5000
Fax Number : 021 674 0951

If the dispute is not satisfactorily resolved in this manner, legal action may be instituted against the Company for the enforcement of the claim by way of the service of summons. Summons must be served within 180 days of the original letter of rejection or cancellation letter, failing which all benefits in respect of such claim shall be forfeited and no liability can arise in terms of such claim.

26. Territory Covered

The territorial limits are restricted to the Republic of South Africa. Any Assured ordinarily resident in the Republic of South Africa shall be covered in terms of this policy during a visit lasting less than 3 (three) months outside the territory covered.

27. Claim Notification Period

On the happening of an event, which may result in a claim in terms of this policy, the Assured and/or the appointed Executor shall, at their own expense submit the claim to Constantia Life and Health Assurance Limited.

The Assured and/or the appointed Executor and/or the Credit Provider must submit to Constantia Life and Health Assurance Limited, the full details in writing of the claim as soon as reasonably possible up to a maximum of 120 (one hundred and twenty) days from the date of the event giving rise to the claim.

The Company shall in no way whatsoever be liable to pay any benefit if the full details of the claim are not received within the maximum period stipulated above.

28. How To Claim

Step 1 Contact DuePoint to obtain a claim form.

Constantia Life and Health Assurance Limited
360 Oak Avenue
Ferndale
Johannesburg
2194
Tel Number : 010 020 4500
Email: info@duepoint.net

Step 2 Complete all details and sign the claim form.

Read the claim form carefully for any additional requirements;

Provide such proof, information, sworn declarations/affidavits, and/or documentation of whatsoever nature, which the Assured may have in their possession in order to assist Constantia Life and Health Assurance Limited to process the claim.

The following documentation will be required:

Death Claim:

- a certified copy of the ID document of the deceased
- a certified copy of the Death Certificate
- BI-1663 Certificate – Notification / Register of Death / Still birth

Permanent Disability Claim:

- a certified copy of the ID document of the Assured
- Medical records and opinions in support of the disability

Temporary Disability Claim:

- a certified copy of the ID document of the Assured
- Medical records and opinions in support of the disability

Retrenchment Claim:

- a certified copy of the ID document of the Assured
- the retrenchment notification letter received from the employer

Only original documentation will be accepted. In the event where the original is not available only copies certified by a Commissioner of Oaths will be accepted.

Step 3 Return Completed and Sign Claim Form to Constantia Life and Health Assurance Limited

Complete and sign all required claim forms and return them to the Company by email using info@duepoint.net or physically to their offices at the address provided in Step 1.

29. Constantia Life And Health Assurance Limited's Liability

Despite what this policy stipulates elsewhere, Constantia Life and Health Assurance Limited shall not be liable to make any payment unless the premium has been received and satisfactory proof of a claim has been submitted as required by Constantia Life and Health Assurance Limited.

Payment by Constantia Life and Health Assurance Limited of the benefits provided for in this policy will be a full and effective discharge by the Company of its liability and obligations in terms of this policy.

30. 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 e-mail us at info@duepoint.net. Or contact the TCF or Compliance offices as listed under the Disclosure Schedule below section 1.5.

31. Requests For Policy Service

Please call 010 020 4500 or send an e-mail to info@duepoint.net.

Disclosure Schedule

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

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

As a Long-Term Assurance 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 Life and Health Assurance Limited, a member of the Constantia Insurance Group, is a registered Long-Term Insurance Company.

Company Registration Number	:	1952/000379/06
PO Box Address	:	PO Box 2215, Cape Town, 8000
Physical Address	:	360 Oak Avenue, Ferndale, 2194
Contact number	:	011 686 4200

Constantia Life and Health Assurance Limited

DuePoint Customer Services
Corner Main,
2 Payne Road,
Bryanston,
Sandton
Tel Number : 010 020 4500
Email: info@duepoint.net

1.2 Legal status and any interest in the Insurer:

- The Insurer is a public 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:

Public Officer	Contact Number	Email address
Volker von Widdern	010 020 4500	info@duepoint.net
TCF and Compliance Officer		
Pieter Theron	011 686 4412	PieterT@constantiagroup.co.za
Market Conduct Officer		
Mrs Astrid Baynes	(021) 424 8040	Astridb@constantiagroup.co.za
Complaints Department		
Brendan Benfield	010 020 4500	complaints@duepoint.net
Policy Holder Outstanding Debt Cover		
Simon Seripe	011 686 4200	Simons@constantiagroup.co.za

1.6 Type of policy involved:

- Your policy is a life 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 Life and Health Assurance Limited 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, on notifying you, 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. About The Intermediary

Tau Wealth Management (Pty) Ltd	
FSP Number	48034
Key Individual Makgabeng Leshilo	
11 Sandpeer Avenue, Weltevredenpark, Roodepoort Gauteng 1709	Telephone 010 020 4500

3. Other Matters Of Importance

- 3.1 You must be informed of any material change to the information provided above.
- 3.2 If the information above was given to you verbally, it must be confirmed to you in writing within 30 days.
- 3.3 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.
- 3.4 You are entitled to a copy of the policy document free of charge.
- 3.5 The Insurer must give you written reasons for repudiating a claim.
- 3.6 The Insurer may not cancel your policy without giving you 31 days notice in writing.
- 3.7 Your Insurer may not cancel your assurance merely by informing your Intermediary. There is an obligation on the Insurer to make sure the notice has been sent to you.

4. Warning

Although the application for this policy may have been completed online, remember never to 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 assurance.

5. Policy Claims And Administration

Constantia Life and Health Assurance Limited	
360 Oak Avenue Ferndale Johannesburg 2194	Telephone 010 020 4500

Particulars of the Ombudsman for Long-Term Insurance who is available to advise you in the event of claim problems that are not satisfactorily resolved by Constantia Life and Health Assurance Limited:

Ombudsman for Long-Term Insurance

Private Bag X45 Claremont 7735	Telephone 021 657 5000 Fax 021 674 0951
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Financial Sector Conduct Authority

P.O. Box 35655 Menlo Park 0102	Telephone 012 428 8000 Fax 012 346 6941
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6. Customer Responsibility

It is important that all of the information provided by you or on your behalf or on behalf of an assured person, 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.

7. 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:
Constantia Life and Health Assurance Limited
Compliance:
Pieter Theron
Email: PieterT@constantiaigroup.co.za

Market Conduct:
Astrid Baynes
Email: Astridb@constantigroup.co.za

Complaints:
Email: complaints@duepoint.net
Tel Number : 010 020 4500

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 90 day period referred to above, you may pursue the following avenues:
- Consult with an Attorney to pursue the matter by way of legal action.
 - For rejected claims, contact the Ombudsman for Long-Term Insurance (details included above)
 - For complaints relating to the Insurer's conduct, contact the Ombud for Financial Service Providers at:

Ombud for Financial Service Providers		
Physical Address	Postal Address	Telephone
Ground Floor, Block B	P.O. Box 74571	012 470 9080
Sussex Office Park	Lynnwood Ridge	Fax
473 Lynnwood Road	0040	012 348 3447
Cnr Lynnwood Road & Sussex Ave		Email
Lynnwood Ridge		info@faisombud.co.za
0081		Website
		www.faisombud.co.za

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).

8. 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 assured
- 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 (South African Insurance Association) 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 Agents (“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.

9. Treating Customers Fairly Policy

Constantia Life and Health Assurance Ltd has a strong focus on customer satisfaction and is recognised for the fair treatment of its customers. Constantia Life and Health Assurance Ltd is fully committed to delivering service of the highest standard as its customers are its most valuable asset. Constantia Life and Health Assurance Ltd'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 Constantia Life and Health Assurance Ltd'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.

10. Approach To Service Delivery

The Financial Sector Conduct Authority has outlined 6 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 or cancellation of products, submit a claim or make a complaint.

11. 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:
 - We respond in a timely manner to our customers and prospective customer's questions and queries, addressing any issues or concerns promptly
 - All customer complaints are dealt with and escalated appropriately in order to meet our obligations to our clients
 - Complaints are therefore handled fairly, promptly and impartially.

- All valid claims are paid promptly
- 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
- 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
- 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.



Insurance made personal

Directors DJ Harpur (Chairman), VEC von Widdern (Chief Executive Officer), PG Todd, J Mahlangu, TC Moodley, G Toet, NR Xaba

360 Oak Avenue, Randburg, 2194. PO Box 3518, Cramerview, 2060. *Tel* 011 686 4200. *Facsimile* 011 789 8828

Constantia Life and Health Assurance Company Limited. *Reg No.* 1952/001635/06 *VAT No.* 4330146871

Company Secretary CIS Company Secretaries (Pty) Ltd.