

THE TINGO FUNERAL AND INSURANCE [CODE 22673 – POLICY NUMBER 19185751X5 BENEFITS, CONDITIONS AND DISCLOSURE DOCUMENT IN TERMS OF SECTION 48 OF THE LONG-TERM INSURANCE ACT, 52 OF 1998 AND IMPORTANT DISCLOSURES IN TERMS OF THE FINANCIAL ADVISORY AND INTERMEDIARY SERVICES ACT, 37 OF 2002

This document is furnished to you in compliance with section 48 of the Long-term Insurance Act, 1998 and the General Code of Conduct in terms of the Financial Advisory and Intermediary Services Act, 2002.

Sanlam Developing Markets Limited (Sanlam) is the underwriter of the Durome Group Scheme policy number 19185751X5, and the benefits are provided to the members of the Group Scheme on a voluntary group scheme basis. Sanlam adheres to the principles of TCF ("Treating Customers Fairly" as published by the Financial Services Board.

FUNERAL AID BENEFITS

If an Insured or his/her Family Member dies, an amount elected in writing to Phakama by the Insured in terms of the policy at the time of qualifying for the insurance, is paid. The funeral aid benefit as selected on the application form / participation certificate is paid.

Insured

Means any client of Durome Brokers CC over the age of 15 years and under the age of 65 years at the time of qualifying for the insurance who is insured in terms of the policy.

Family Member

Qualifying Spouse, Qualifying Child, Qualifying Parent and Extended Family Member.

Marriage

Means a marriage/union in accordance with the Marriage Act, 1961, the Recognition of Customary Marriages Act, 1998, or Civil Union Act, 2006, or the tenets of a religion, or a union where two persons live together as if married with the commitment of continuing to do so permanently and have been doing so for at least 6 months, and have successfully applied in writing to Phakama for the union to be registered before the death of one of them and one or both of them are not joined in a marriage or union with another person.

Qualifying Spouse (if applicable)

Means the person with whom the Insured is joined in Marriage, who is over the age of 15 years and under the age of 65 years at the time of qualifying for the insurance. If joined in Marriage with two or more persons, only that one nominated in writing to Phakama will be the Qualifying Spouse. If the Insured failed to nominate a Qualifying Spouse, the first spouse with whom he/she was joined in Marriage, will be the Qualifying Spouse.

Qualifying Child (if applicable)

Means unmarried children of the Insured or his/her Qualifying Spouse under age 21 or unmarried full-time students who are 21 years or older but under 26 years or children who are incapacitated before the above ages, by a physical or mental infirmity from maintaining himself/herself (qualifying % of the Insured's benefit amount = 100% for children older than 14 years, 50% for children 6 to 14 and 25% for children younger than 6 years).

Still-born Child (if applicable)

Means a child that has had at least 26 weeks of intra-uterine existence but showed no sign of life after complete birth (qualify for 25% of the insured's benefit amount).

Qualifying Parent

Means the Insured's/Qualifying Spouse's father, mother or foster-parent or such person's spouse, who is over the age of 15 years and under the age of 75 years at the time of qualifying for the insurance and is nominated in writing to Phakama by the Insured and for whom an additional monthly premium as determined by Sanlam is paid.

Extended Family Member

Means any person, except a Qualifying Spouse or a Qualifying Child who is under the age of 75 years at the time of qualifying for the insurance and is nominated in writing to Phakama by the Insured and for whom an additional monthly premium as determined by Sanlam is paid. The insured must provide proof that an insurable interest exists, i.e. a financial loss will be suffered by the Principal Member. Cover for an Extended Family Member may not exceed that of the Principal Member.

COMMENCEMENT OF INSURANCE

Insurance in terms of the Policy commences as follows:

- If the first premium is received by Sanlam on or before the 7th day of a month, the insurance commences on the first day of that month.
- If the first premium is received by Sanlam after the 7th day of a month, the insurance commences on the first day of the following month.

PREMIUMS

A monthly premium per Insured, determined by Sanlam, is payable monthly in advance. The premiums payable in respect of the policy benefits are as reflected on the application form and on the membership certificate. If any premium is not paid timeously, Sanlam's liability in terms of the policy regarding that Insured and his/her Family Members lapses. The policy can be reinstated by payment of the arrear premiums, and the waiting period will become applicable.

EXCLUSIONS

- Certain exclusions with regard to war and terrorism apply.
- Certain limitations may apply if you are not physically present in the Republic of South Africa.
- Africa. If you are going to be outside the borders of the Republic of South Africa for a period longer than 6 months, please inform Phakama immediately.
- No benefit is payable if Sanlam is notified of a claim later than 6 months after a deceased's date of death.
- There are no exclusions for a pre-existing health condition, other than the six (6) month waiting period in respect of policy benefits payable on the happening of a death, disability or health event resulting from natural causes.

WAITING PERIODS

In the case of death due to natural causes, cover or any increase in cover has the following waiting periods:

Death due to natural causes

Max waiting period of 6 months for all benefits / member types.

Accidental Death

No waiting period on Accidental Death.

Suicide

Maximum suicide of 12 months

A waiting period will not be applied where a policyholder changes to another insurer, within 31 days of entering into a new policy with that insurer, provided that; the policy benefits under the previous policy in respect of risk, cover and lives insured, are the same as those covered under the new funeral policy and; the previous policy had already completed the waiting period in respect of that previous policy.

The Insurer may apply a waiting period equal to the unexpired part of the waiting period under the previous policy if; the waiting period under the previous policy had not expired at the time the policyholder entered into a new policy with the insurer and; where the policy provides cover in respect of similar risks, cover and lives insured under the previous policy.

If the Insured's or Family Member's benefits have lapsed and he/she again becomes insured in terms of the policy, the above waiting periods will apply again.

GENERAL

- Each Principal Member must complete an application form specifying his/her family members.
- Any incorrect information provided to Phakama may result in a claim not being honoured.
- Only valid claims due to accidental death will be paid immediately (i.e. there is no waiting period), provided that the first premium was received. Cover ceases when the Group Policy is cancelled, has been terminated by the Insurer or has lapsed, the member terminates his/her membership to the group scheme, the member terminates the cover in terms of the main benefit plan, upon the death of the member, if the premium is not validly received by Sanlam within the period of grace, or when the dependent child, other than a still born child and a mentally or physically disabled child, reaches the age of 21 years, in the event of a child under the age of 26 (twenty six) years but who is a full time student, and is unmarried, at any registered university, technikon or tertiary education institution, reaches the age of 26 (twenty six) years.

UNCLAIMED BENEFITS

If, a benefit is not claimed within 6 months of notification of Death, Sanlam will be obliged to start the process of tracing the assured life or beneficiary. If the process does not match the rightful owner with the benefit, Sanlam shall repeat the tracing process within a three year period and

again within 10 years if the benefit remains unclaimed. If, after 10 years Sanlam cannot trace the beneficiary or assured life, an external tracing company must be used. Should the benefit be less than R1 000 and/or the cost of tracing exceed the amount available, the above requirement will be waived. All reasonable administrative and tracing costs incurred after the first attempt to trace may be recovered from the unclaimed benefit.

RIGHT TO CANCEL

The member may at any time cancel the policy subject to there being no refund of premiums in respect of risk cover already enjoyed and subject to the payment of premiums still due and payable at the time of cancellation in terms of the Policy provisions.

REPLACEMENT

If this policy is being purchased to replace another policy that has been cancelled or which will be cancelled in the near future, the member should be aware that it might be to their disadvantage to do so. The member must please contact the Sanlam Call Centre in order to be informed of these disadvantages and consequences and ensure that a Policy Replacement Advice Record is completed, if applicable.

BURIAL REPATRIATION BENEFIT

This benefit is not described in the policy and is available on the death of any Insured or Family Member at no charge.

The benefit provides for transport of the deceased via road or air from anywhere in South Africa, Lesotho, Swaziland, Zimbabwe, Botswana, Namibia or Mozambique (south of the 22° latitude), to the funeral home closest to the place of burial in South Africa. One relative may accompany the body to the funeral home, and if needed, overnight accommodation (one night) will be provided at no additional cost.

CALL: 0860 004 080 – Provide the following information:

- Name and identity number of the deceased
- Name and code of the scheme
- Place where death occurred.

DEBIT ORDER PROCEDURE

The Debit Order will run on the 1st day of each month. However, should payment not be received by the 15th day of each month, your cover will lapse.

Please therefore ensure that the debit order is deducted from your bank account on the relevant date. If it is not deducted, please contact our offices immediately.

Purpose for Processing your Information: Your information will only be used for the purpose you would reasonably expect, including: providing administrative services on behalf of your Insurer and Service Provider; to issue, administer and manage your insurance policies, to process insurance claims; to notify you, on behalf of your Service Provider, of new products or developments that may be of interest to you; to verify your identity and to confirm, verify and update your details; and to comply with any legal and regulatory requirements.

FICA Validation: The validity of this insurance policy is subject to the fulfilment of party due diligence obligations of the Insurer and Service Provider under the provisions of the Financial Intelligence Centre Amendment Act conducted on the identity of client(s) or persons acting on behalf of clients as well as beneficiaries, premiums payers and beneficial owners of juristic persons where applicable.

Consent to Disclose and Share your Information: Your information may need to be shared to verify your identity, provide advice, reports, analyses, products or services that you have requested. Where we share your information, we will take all precautions to ensure that the third party will treat your information with the same level of protection as required by us.

CLAIM PROCEDURES:

In the event of a death, a Claim Notification Form must be requested from Phakama's office, and must be submitted together with the relevant supporting documents within six (6) months of the date of death. Failure to do so within the six (6) month period from date of death will result in the benefit being forfeited.

Documents to be submitted:

- Fully completed Claim Notification Form
- Proof of death: (B1-5) original certified copy of the computer produced Death Certificate.
- Certified copy of Principal Insured's ID.
- Certified copy of deceased's ID document.
- Copy of Membership Certificate.
- (B1-1663) original certified copy of the Notification of Death.
- Certified copy of marriage/registration certificate or sworn affidavit that the principal insured is married to the spouse or that the principal insured has lived with his/her partner for at least 6 months.
- Full time student: Letter from recognised education institution.
- Disabled child: Confirmation of disability grant and a copy of medical report relating to disability.
- In the event that a child's surname is different from the principal insured, an affidavit is required to explain the nature of the relationship to the principal insured.
- Still-born child: Certified copy of death certificate and the Notification/Register of Death/Still Birth (B3/B1 – 1663) form, as well as a letter from the doctor/hospital in attendance, confirming the duration of the gestation period.

Claims, in respect of Family Members, will only be paid where such Family Members have been nominated on the original application/amended form.

The underwriter reserves the right to request any further documentation or information as it may deem necessary to accurately assess a claim.

The underwriter will endeavor to settle the claim within 2 business days of receiving all of the required fully completed documentation.

Faxed copies must be clearly certified. The details of the Commissioner of Oaths with all the relevant details must be clearly legible.

Documentation submitted, other than those listed, will not be accepted. **EXCEPT WHERE SPECIFIED ABOVE, AFFIDAVITS ARE NOT ACCEPTED.**

CONTACT NUMBERS

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- Sanlam Developing Markets Queries (Underwriters)**
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