

GENERAL TERMS AND CONDITIONS

Definitions:

Accidental Death	Death caused directly by, or resulting from, injuries sustained due to a sudden and unforeseen event (an accident) which occurs at an identifiable place and time and has a visible, violent, and external cause and which results in the death of a policy member. Accidental death doesn't include unnatural causes or death directly or indirectly relating to an illness.
Advisor / Financial Advisor	This is the representative of Future Green Dot who provided you with advice when taking out your Policy. This person will also be your Advisor on record.
Anniversary date	The annual date on which the Policy was initially issued, which marks the completion of a full year of Cover.
Applicant / Main Member / Policyholder	The individual natural person who qualifies for Cover in respect of the Policy, and who elects to apply for Cover and agrees to pay the Premium for it.
Application	The form, whether in physical or electronic format, completed by the Applicant to apply for Cover.
Beneficiary/ies	A person who is 18 years (or older) and nominated by the Main Member to receive Policy Benefits due in the event of a valid claim. Will Beneficiary/ies are those who you nominate in your will to receive an inheritance directly from your estate.
Benefit/s / Policy Benefit/s / Cover amount/s	A lump sum payable to the Beneficiary/ies in the event of an Insured Event.
Cancellation	If you cancel your policy, Premium deductions will continue until they are cancelled by either the bank or Persal and cover will continue until such date.
Claimant	A person who submits a claim, whether a Policyholder, Main Member or Beneficiary.
Cover	A contract in terms of which the Insurer, in return for a premium, undertakes to provide Policy Benefits upon the occurrence of an Insured event.
Cover start date	The date that Premiums are received by the Insurer in respect of the Main Member for the first time. Should there be a claim for Accidental Death during the period which the Main Member had paid the first Premium, but such Premium has not yet been received by the Insurer, or a normal claim during the Waiting Period and, had it not been for the period which the Premium had been paid but not yet received by the Insurer, the waiting period would have been fulfilled, the Insurer will honour the claim if acceptable proof of payment of the Premium is provided. Any Premiums that may have been due will be deducted from the claim payment.
Cooling off period	The Policyholder may cancel the policy within 31 (thirty-one) days from date of receipt of the Policy Schedule, provided that no benefit has been claimed or an Insured Event hasn't occurred yet. All Premiums paid to date will be refunded, subject to the cost of any Cover enjoyed. Your cancellation will be processed and your first month's premium (if applicable) minus banking charges will be reimbursed to you within 45 (forty-five) working days after successful premium collection.
Insurable Interest	A financial- or familial interest in the survival of a Policy Member.
Insured Event	The death of the Main Member or any other Policy Member/s.
Intentional self-inflicted injury	An intentional act of harming one's own body without the intention for such injury to be fatal.
Persal	The Personal and Salary System used for the administration of the public service payroll.
Policy Member/s	All the lives assured on the Policy.

Policy / Policy Document / Policy Schedule	The document, issued to the Policyholder, that confirms the existence of Cover, including the Plans and Benefits, as selected by the Policyholder, on the lives of the Main Member and Policy Members.
Premium	The total monthly amount payable for the Cover, including all commission and administration costs.
Suicide	The deliberate act of taking one's own life.
Waiting Period	The number of months during which no Policy Benefits are payable as specified in the Policy, but during which Premiums remain payable.
Wilful exposure to danger	An intentional act that by its nature is potentially fatal, or an act that a reasonable person should know can be potentially fatal.

Cover and Premiums

- All Cover only applies to the Policyholder, with the exception of other lives that may be covered on the Funeral Cover, if selected.
- Claim payments in the event of the death of the Main Member will be payable to the Beneficiary/ies directly or via the Intermediary for onward payment to the nominated Beneficiary. Claim payments in the event of an Insured Event other than the death of the Main Member will be payable to the Main Member directly or through the Intermediary for onward payment to the Main Member.
- The nominated Beneficiary must be 18 (eighteen) years or older and have a valid South African bank account.
- Cover will cease in respect of all Policy Members on the death of the Main Member.
- Premiums are payable for the duration of the Policy and aren't refundable.
- Cover can't be ceded, nor assigned or pledged as security in any way, and don't have a surrender value.
- If the Premium is not paid in full, the Policy will be seen as being in arrears and the standard lapse rules below will apply.
- If a premium isn't received on the due date, the Policy will be seen as being in arrears and, in the case of a claim, the value of the outstanding Premium will be deducted from the Cover. If a second Premium isn't received on the subsequent Premium due date, the Policy will lapse, and Cover will cease.
- If the Policy Benefit lapses due to non-payment of Premiums, the Policyholder may apply directly or via the Intermediary, to reinstate Cover. Reinstatement may be allowed within 2 (two) months from the effective lapse date, without applying a new Waiting Period. The remaining Waiting Period at the time of the Policy lapsing will still apply and outstanding Premiums must be paid in order for the Cover to be reinstated. Such reinstatement may be subject to new or additional lifestyle- and medical underwriting. Reinstatement isn't allowed at claims stage and won't be allowed more than once in the lifetime of the Policy. The Insurer at all times reserves the right to either accept or decline such request for reinstatement
- The Insurer reserves the right to adjust Premiums as determined by the Insurer's actuarial control function to the Policy Benefits under the Policy in the event of any government, provincial, municipal, or other such authority imposing any involuntary charges, levies, or taxes on the Insurer.
- To ensure that the product is actuarially sound, the Insurer is entitled to review and increase the Premiums payable at least annually. The Insurer will notify the Main Member 31 (thirty-one) days' prior to implementing the increase. If the Main Member fails to pay increased Premiums, the Insurer may adjust the Benefits payable in terms of the Policy.
- The Policyholder may cancel the Cover in respect of the Policy at any time by giving 31 (thirty-one) days' notice to the Intermediary or the Insurer. In the event of cancellation, the Cover will continue to be in force during the period of notice in respect of all Policy Members covered under the Policy for the period of such notice and for which Premiums have been received. The Insurer may similarly cancel the Cover in respect of the Policy on reasonable grounds at any time by giving 31 (thirty-one) days' notice, subject to prevailing legislation.
- The Insurer reserves the right to amend, revoke, vary, or alter any of these terms and conditions, giving the Policyholder 31 days' notice.

Premiums and Cover Increases

- There can be up to a 3% (three percent) increase in Cover Amounts and a 6% (six percent) increase in Premium annually on the Anniversary Date of the Policy in respect of all selected Plans and Benefits other than Funeral Cover / Plans. Should your Premium increase, you will be given 31 (thirty-one) days' notice.
- If you have elected to pay Premiums by way of Persal and the increased Premium deduction fails, for any reason, we will contact you to discuss the various options available, please note your Premium and Benefits will remain the same, as if the increase was not implemented.
- There are no annual increases to the Cover amounts or the Premiums applicable to the Funeral Cash Benefit.
- There are no annual increases to the Cover amounts applicable to the Extended Family Funeral Benefit, but the Premiums will increase should the Extended Family Member enter into the next age bracket as per the age-based Premium table in the Application.

Waiting periods

- Plan-and Benefit specific Waiting Periods are detailed in the Annexures.
- No Waiting Period will apply to Accidental Death, provided that the first Premium has been received.
- A 12 (twelve) month Waiting Period will apply to Suicide on the Funeral Plans / Cover in respect of all Policy Member/s.
- A 24 (twenty-four) month Waiting Period will apply to Suicide in respect of the Policyholder on all other Plans Cover types.

Restrictions and Exclusions

- The maximum- and minimum entry ages for Policy Members are detailed in the Annexures.
- No Policy Benefits will be payable if an Insured Event arises directly or indirectly from, or traces to war, riots, civil commotion, terrorist activities, Wilful exposure to danger, the Policy Member being under the influence of any drugs or alcohol, participation in any criminal act, radioactivity, nuclear explosions, or Intentional self-inflicted injury.
- Cover will only be effective for claim events that occur within the borders of South Africa.
- If an Insured Event occurs in respect of a Main Member or any other Policy Member outside the borders of South Africa, such claim will be subject to receipt of the official proof of death from another country, which the Insurer may or may not be able to verify. Payments of claims under such circumstances can therefore not be guaranteed.

Misrepresentation and incorrect details

- If it's proven that the Cover was based on an incorrect age or date of birth of a Main Member or any Policy Member, the Insurer may cancel Cover or, at its discretion, adjust the Policy Benefit/s, Premiums, or both, to what it would've been had it been based on the correct age or date of birth. In the event of a dispute the decision of the Insurer will be final and binding.
- The information provided and all declarations made by the Applicant forms the basis of the Cover. The Cover will be voidable in the event of misrepresentation or non-disclosure of any fact material to the insurance. Cover won't be voided if the incorrect statement was made in good faith, unless the statement materially affected the assessment of the risk.

Claims and Claim Payments

- In the event of a claim, the Intermediary should be contacted.
- An Insured Event should be reported and supporting documents submitted, in writing, within 12 months. The claim will be forfeited and not honoured if the claim isn't submitted successfully within this period.
- Claim payments will be made into South African bank accounts only.
- No claim will be considered (or Benefit paid out) if:
 - The Claimant can't provide the Insurer with acceptable documentation as positive verification of the Insured Event.
 - If the Policy Member doesn't fall within the definitions or parameters as detailed in these terms and conditions.
- If the claim is fraudulent in any way, or if any fraudulent means are used to obtain Policy Benefit/s, the claim won't be honoured, and the Insurer will have the right to cancel the Cover.
- The Insurer reserves the right to investigate claims where risk indicators were triggered, which may affect the claim payment turnaround time.
- The Insurer will be entitled to apply set-off against any Benefits payable and any outstanding Premiums or other amounts payable to the Insurer.
- Payment of the Policy Benefits will be a full and effectual discharge of the Insurer's liabilities.
- The following documentation and requirements must be provided when submitting a claim:
 - Completed and signed claim form.
 - Certified copy of the Claimant's ID.
 - Certified copy of the deceased's ID.
 - Death certificate.
 - Notification of death: BI 1663, completed by the doctor who certified the death.
 - Police report (if death occurred due to unnatural causes).
 - Police officer's accident report (if death occurred due to a car accident).
 - Stamped bank statement of the Claimant.
 - Any other documents, as required by the Insurer in its sole discretion.

Policyholder Consent and Confirmations

- By accepting the terms and conditions of this Policy, the Main Member effectively consents to:
 - enter into this Policy;
 - receive communication from the Insurer/Intermediary;
 - having his/her personal information processed in terms of the Insurer's Privacy Policy that can be accessed via www.kingprice.co.za;
 - King Price Life Insurance Limited or any of its representatives obtaining any information regarding this Policy from any doctor, insurer or elsewhere that may be necessary to investigate a claim; and
 - King Price Life Insurance Limited or any of its representatives releasing any information regarding a claim to any other interested parties that it deems necessary in respect of such claim.
- By accepting the terms and conditions of this Policy, you, the Main Member declares that:
 - You have consented to your personal information being processed and shared for the above purposes;
 - You have the consent of all the adult lives assured for their personal information to be so processed and shared; and
 - You are legally competent to consent to the personal information of children under 18 (eighteen years) being so processed and shared.
- Processing of personal information includes:
 - Verifying the information provided against any data source and compiling non-personal statistical information.
 - Sharing information to any affiliate, subsidiary, or reinsurer to provide insurance services, and enable further legitimate interests, including statistical analysis, reinsurance, and credit control.
 - Sharing information to any appointed third-party service provider/s.
- This consent clause will remain in force unless the Main Member objects to the processing of his/her personal information/data via lifepopi@kingprice.co.za which may affect your Cover.

ANNEXURE A: ESTATE COVER AND -BENEFITS

The following applies specifically to the Estate Cover, if selected, and in addition to the General Terms and Conditions above.

ESTATE COVER provides for liquidity (cash) in your estate, to ensure that there is enough money to settle your liabilities and pay necessary expenses in respect of the winding up of your estate. Should your liabilities and the necessary expenses exceed the available cash in your estate, there may be a deficit (shortfall) in your estate, which could lead to assets being sold or, at worst, an insolvent estate. Should your selected Cover amounts exceed the liabilities and costs, the balance will be available for distribution to the Will Beneficiaries. It also provides two additional Cover types that are payable directly to your Beneficiaries to ease cash-flow pressures while your estate is being wound up.

- Cover only applies to the Policyholder.
- Cover is subject to underwriting in the form of questions asked to and answered by the Applicant, which have been captured in this document.
- No waiting period will apply once Cover is accepted by the Insurer.

ANNEXURE A 1: EXECUTOR FEE COVER

The **Executor Fee Cover Benefit** provides, as the name suggests, liquidity for executor fees.

- The selected Cover amount appears in the Policy Schedule.
- The maximum available Cover amount is R 240 000 (two-hundred-and-forty-thousand Rand).
- Cover is paid into the estate of the Policyholder.
- The maximum entry age is 60 (sixty) years, and the minimum entry age is 18 (eighteen) years.

ANNEXURE A 2: ESTATE FEES COVER

The **Estate Fee Cover Benefit** provides liquidity for all other costs charged against your estate.

- The pre-determined Cover amount of R65,000 (sixty-five-thousand Rand) appears in the Policy Schedule.
- Cover is paid into the estate of the Policyholder.
- The maximum entry age is 60 (sixty) years, and the minimum entry age is 18 (eighteen) years.

ANNEXURE A 3: IMMEDIATE CASH BENEFIT

The **Immediate Cash Benefit** provides your Beneficiaries with a cash lumpsum payment to provide for unexpected expenses.

- The selected Cover amount appears in the Policy Schedule.
- The maximum available Cover amount is R 60 000 (sixty-thousand Rand).
- Cover is paid directly to the nominated Beneficiary/ies.
- The maximum entry age is 55 (fifty-five) years, and the minimum entry age is 18 (eighteen) years.

ANNEXURE A 4: MONTHLY EXPENSE BENEFIT

The **Monthly Expense Benefit** provides your Beneficiaries with monthly amounts for day-to-day costs while your estate is being wound up.

- The selected Cover amount appears in the Policy Schedule and will be divided by six to calculate the monthly benefit payable.
- The maximum available Cover amount is R 140 000 (one-hundred-and-forty-thousand Rand) which will be paid out in 6 (six) equal monthly payments to make up the total sum insured.
- The maximum entry age is 55 (fifty-five) years, and the minimum entry age is 18 (eighteen) years.

ANNEXURE A 5: EXECUTOR PLAN

The **Executor Plan** applies if the Applicant did not meet all the underwriting criteria and provides limited Cover for estate-related expenses.

The selected Cover amount appears in the Policy Schedule.

- The maximum available Cover amount is R 120 000 (one-hundred-and-twenty-thousand Rand).
- Cover is paid into the estate of the Policyholder.
- The maximum entry age is 65 (sixty-five) years, and the minimum entry age is 18 (eighteen) years.

ANNEXURE B: TESTAMENTARY TRUST COVER

The following applies specifically to the Testamentary Trust Cover, if selected, and in addition to the General Terms and Conditions above.

Testamentary Trust Cover provides liquidity for the testamentary trust to be created as directed in your will for the benefit of your minor child or children.

- The pre-determined Cover amount appears in the Policy Schedule and only covers the life of the Policyholder. The Cover amount was established as follows:
 - o R 50 000 (fifty-thousand Rand if your youngest child is over the age of 10 (ten) years and;
 - o R 100 000 (hundred-thousand Rand) if your youngest child is under the age of 10 (ten) years.
- Cover is paid into the estate of the Policyholder.
- Cover is subject to underwriting in the form of questions asked to and answered by the Applicant, which have been captured in this document.
- No waiting period will apply once Cover is accepted by the Insurer.
- The maximum entry age is 60 (sixty) years, and the minimum entry age is 18 (eighteen) years.

ANNEXURE C: LIFE COVER

The following applies specifically to the Life Cover Plan, if selected, and in addition to the General Terms and Conditions above.

Life Cover provides for a cash lump-sum payout directly to your Beneficiaries.

- The selected Cover amount appears in the Policy Schedule and only covers the life of the Policyholder.
- The maximum available Cover amount is R 5 000 000 (five million Rand).
- The Cover is paid directly to the nominated Beneficiary/ies.
- Cover is subject to underwriting in the form of questions asked to and answered by the Applicant, which have been captured in this document.
- No waiting period will apply once Cover is accepted by the Insurer.
- The maximum entry age is 55 (fifty-five) years, and the minimum entry age is 18 (eighteen) years.

Should no valid Beneficiary be nominated in respect of the Life Cover, claim payment will be made into the deceased estate of the Main Member. It is vital that you keep the Beneficiary nomination up to date with the Intermediary and Insurer.

You must notify the Intermediary, Future Green Dot (Pty) Ltd immediately should you change occupation, or if your smoker status changes.

ANNEXURE D: FUNERAL COVER

The following applies specifically to Funeral Cover, if selected, and in addition to the General Terms and Conditions above.

Additional Terms and Conditions applicable to Funeral Cover:

- Should no valid Beneficiary be nominated in respect of the Funeral Cover for the Main Member, the Insurer will apply its direction.
- Foreigners who don't ordinarily reside in South Africa won't qualify for Cover.
- The maximum entry age for a Main Member is age 65 (sixty-five) years and the minimum entry age is 18 (eighteen) years.
- The maximum entry age for Spouse is 65 (sixty-five) years and the minimum entry age is 18 (eighteen) years.
- The maximum entry age for a Child is age 22 (twenty-two) years.
- The maximum entry age for any other Policy Member is 75 (seventy-five) years.
- The maximum available Cover amount is R 100 000 (hundred thousand rand) for Main Members.
- The maximum available Cover amount is R 60 000 (sixty thousand rand) for Spouses.
- The maximum available Cover amount is R 40 000 (forty thousand rand) for Policy Member/s.
- Cover for a Child will cease at the end of the calendar month in which that Child reaches the age of 23 (twenty-three) years.
- The Cover amount for any Policy Member in respect of Funeral Cover may not exceed the Cover amount of the Main Member.
- No Policy Member may be covered more than once on the same Policy.

Additional Definitions applicable to Funeral Cover:

Child/ren	A child born to the Policyholder or their Spouse, or a stepchild, or a legally adopted child under the age of 23, including a stillborn child (after 28 weeks of pregnancy and not due to an elective abortion). Children reaching any of the above ages, can be added as an Extended Family Member.
Extended Family Member/s	Family members of the Main Member who are dependent on the Main Member for financial assistance towards the costs of a funeral. The Main Member should have an Insurable Interest in the life of the Extended Family Member. Family members include parents, parents-in-law, grandparents, siblings, grandchildren, adult dependent children, additional spouse/s, aunts, uncles, cousins, nephews, or nieces of the Main Member.
Spouse/partner	1 (one) person to whom the Main Member is married in terms of law, including a customary marriage in accordance with the applicable indigenous law or the doctrines of any recognised religion or tradition, or a common law spouse or life partner, provided that the Main Member provides satisfactory proof of the permanency of his/her relationship with his/her life partner and provides proof that they've lived together for at least 12 (twelve) months before the Insured Event.

ANNEXURE D1: FUNERAL CASH BENEFIT

The **Funeral Cash Benefit** provides you or your Beneficiaries with a cash lumpsum payment to provide for funeral- and related expenses.

- The selected Cover amount(s) appears in the Policy Schedule.
- The maximum available Cover amount is R 80,000 (eighty-thousand Rand).
- The Main Member can add 1 (one) Spouse and up to 6 (six) Children to this Benefit.
- In the case of the death of the Main Member, the Cover is paid directly to the nominated beneficiary/ies. In the case of the death of another Policy Member, the Cover is paid to the Main Member.
- Cover is not subject to underwriting.
- A 6-month Waiting Period applies to all Policy Members.
- The maximum entry age for the Main Member is 65 (sixty-five) years, and the minimum entry age is 18 (eighteen) years.

ANNEXURE D2: EXTENDED FAMILY FUNERAL BENEFIT

The **Extended Family Funeral Benefit** allows the Policyholder to add Extended Family Members, as defined, to provide for funeral- and related expenses.

- The selected Cover amount(s) appears in the Policy Schedule.
- The maximum available Cover amount is R40 000.00 (forty thousand Rand).
- The Main Member can add an unlimited amount of Extended Family Members to Cover.
- The maximum entry age for an Extended Family Member is 75 (seventy-five) years.

SPECIFIC DISCLOSURES

The answers you gave to the lifestyle- and medical questions are recorded below. It is imperative that you check that these are indeed accurate and correct. Any incorrect information will have an impact on a claim assessment. If you find any discrepancies, please contact our office urgently to update the information.

The Applicant answered the lifestyle- and medical underwriting questions as follows and was reminded that questions that are not answered honestly, accurately and completely may result in claims not being paid at claim stage.

[illegible]

<p>8. Do you suffer from any of the following conditions of the lungs that has resulted in daily problems with breathing?</p> <p>8.1 Thickening and stiffening of the lungs (Fibrosis of the lungs)</p> <p>8.2 Damage in the lungs (Emphysema or COPD)</p> <p>8.3 Chronic asthma or bronchitis</p> <p>8.4 Sleeping disorder where you stop breathing (Sleep Apnoea)</p> <p>8.5 Genetic lung disease (Cystic fibrosis)</p> <p>8.6 Lumps in the lungs and other organs (Sarcoidosis)</p>	<p>YES / NO</p> <p>YES / NO</p> <p>YES / NO</p> <p>YES / NO</p> <p>YES / NO</p> <p>YES / NO</p>
<p>9. Have you ever had the following?</p> <p>9.1 Stroke</p> <p>9.2 Transient ischemic attack (TIA)</p> <p>9.3 Internal bleeding due to a burst blood vessel (Aneurysm)</p>	<p>YES / NO</p> <p>YES / NO</p> <p>YES / NO</p>
<p>10. Have you ever been diagnosed with any of the following conditions?</p> <p>10.1 Ongoing problems with your kidneys and/or liver</p> <p>10.2 Organ failure or organ transplant</p> <p>10.3 Cancer, abnormal growths or any tumours</p> <p>10.4 Tuberculosis of the lungs or other parts of the body</p> <p>If answered yes to question 11.4: Tuberculosis</p> <p>10.4.1 Have you tested positive for Tuberculosis within the last 12 months?</p> <p>10.4.2 Has your treating doctor confirmed that you have fully recovered from this event and that you have no remaining symptoms or impairment of the lungs?</p> <p>10.5 Auto immune e.g. Rheumatoid arthritis, Systemic Lupus erythematosus (SLE), Multiple sclerosis (MS)</p>	<p>YES / NO</p> <p>YES / NO</p> <p>YES / NO</p> <p>YES / NO</p> <p>YES / NO</p> <p>YES / NO</p> <p>YES / NO</p> <p>YES / NO</p>
<p>11. Have you ever been diagnosed with any of the following?</p> <p>11.1 Diabetes, raised blood sugar or sugar in your urine</p> <p>11.2 High blood pressure</p> <p>If answered yes to question 12.2: hypertension / high blood pressure</p> <p>11.2.1 Do you take medication to control your blood pressure?</p> <p>11.2.2 Have you had your blood pressure levels checked in the past 6 months?</p> <p>11.2.3 Did your doctor/nurse confirm that they were happy with the control of your blood pressure?</p> <p>11.3 Raised cholesterol</p> <p>If answered yes to question 12.3: Hypercholesterolaemia / raised cholesterol</p> <p>11.3.1 Do you take medication to control your cholesterol?</p> <p>11.3.2 Have you had your cholesterol levels checked in the past 6 months?</p> <p>11.3.3 Was your cholesterol reading below or equal to 6?</p> <p>11.4 Adrenal gland disorder (Addison's disease)</p> <p>11.5 High cortisol levels (Cushing's disease)</p>	<p>YES / NO</p> <p>YES / NO</p> <p>YES / NO</p> <p>YES / NO</p> <p>YES / NO</p> <p>YES / NO</p> <p>YES / NO</p> <p>YES / NO</p> <p>YES / NO</p> <p>YES / NO</p> <p>YES / NO</p> <p>YES / NO</p> <p>YES / NO</p>
<p>12. Have you ever been booked off work or taken sick leave for more than two weeks in the past 12 months (for any reason other than childbirth or musculoskeletal injuries)? Musculoskeletal injuries: any injury that affects the bones, muscles, ligaments, nerves, or tendons resulting in pain.</p>	<p>YES / NO</p>
<p>13. Have you in the past five years had any abnormal blood test, X-rays, scans or other investigations that required medical treatment or follow-up (e.g. reactive HIV test)? (For any reason other than childbirth or musculoskeletal injuries)? Musculoskeletal injuries: any injury that affects the bones, muscles, ligaments, nerves, or tendons resulting in pain.</p>	<p>YES / NO</p>