

# **Funeral Fundi Funeral Plan**

## **1. Description**

The Funeral Fundi Funeral Plan provides affordable funeral cover to finance funeral expenses in the unfortunate event of death. Every person deserves a dignified funeral ceremony, and to have the peace-of-mind afforded by knowing that their family or loved ones left behind will be assisted by a trusted financial partner when needed the most.

With our Funeral Fundi Funeral Plan, Policyholders can cover themselves, their Spouse(s) or partner, their Children, parents and extended family members. We have refined our definition of family to allow for families headed by children or grandparents, to accommodate this common occurrence in African communities.

We also cater for cultures that observe the practice of polygamy, and allow for more than one Spouse to be covered. If a Spouse becomes widowed, the deceased' Spouse's brother may opt to continue as the main member and cover may continue at the same or increased level as prior to the passing of the deceased Spouse. This is to recognise the African custom that the brother of a deceased widow takes responsibility of his deceased brother's family.

The Funeral Fundi Funeral Plan is flexible and allows Policyholders to choose cover for their specific needs and to change their cover as their needs change over time. The Funeral Fundi Funeral Plan offers additional benefits in addition to the basic funeral cover, as summarised below, such as a Cash Back benefit after every 24 premiums we receive.

### **Benefits payable**

In return for payment of a monthly Premium, the Benefit, as stipulated on the Policy Schedule, will be paid based on the following conditions:

- The Claim Event occurs within the Period of Insurance;
- The Insured in respect of whom the Claim is made is named in the Policy Schedule, with the exception of a stillborn Child;
- The Claim Event giving rise to a Claim is covered under the terms of this Policy;
- A Natural Death occurs after the expiry of the Waiting Period where applicable;
- The information given at the time of application, and in the course of a Claim, is materially true and accurate;
- You provide Us with all the relevant documents and information that We may require; and
- The Claim is reported within the prescribed periods.

The Benefit payable will be based on the following:

The Funeral Fundi Funeral Plan provides for the payment of cash within 48 hours of Us receiving all the documents and information required to approve the Claim, to cover funeral expenses in the event of the Death of an Insured covered under the policy.

The following core benefits may be selected by Policyholder:

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**Life Assured Benefit** - this is funeral cover for the Policyholder.

**Spouse Benefit** - this is funeral cover for a Spouse of the Policyholder and may at any one time cover up to a maximum of 5 spouses only, where a Spouse is defined under common law, customary law or a life partner arrangement. Proof of such relationship will be required at Claim stage.

**Parent Benefit** - this is funeral cover for a Parent of the Policyholder and it can include a biological parent, step-parent or parent-in-law. Where the Policyholder is an adopted child, Parent can also include the person(s) who legally adopted the Policyholder.

**Child Benefit** - this is funeral cover for a Child of the Policyholder and it can include the biological children, adopted children, step children, and any other financially dependent children for whom the Policyholder is financially responsible. For child-headed households (i.e. where the Policyholder is aged 21 or less), the siblings of the Policyholder may be regarded as Children. If two of the Children covered by the policy are aged between 1 year and 14 years, they are covered for free. A stillborn Child is included under this definition provided that there has been at least twenty six weeks of intra-uterine existence, the Child showed no signs of life after complete birth, and the life of the foetus child has not been intentionally terminated.

**Abazala Benefit** - this is funeral cover for an extended family member of the Policyholder. A maximum number of 20 extended family members may at any one time be covered under the policy. An extended family member is defined as one of the descendants, their Spouses or their legally adopted Children, of the great grandparents of the Policyholder.

No Claim will be payable under any Benefit unless that person is expressly named in the Policy Schedule, with the exception of a Claim in respect of a stillborn Child under the Child Benefit.

**Benefit changes allowed:**

- Benefits may be increased at any time, subject to the full Waiting Period for a Claim arising from Natural Death applying in respect of the increase amounts. The premium would be adjusted up accordingly.
- Benefits may be reduced at any time, and the premium would be adjusted down accordingly. Any decrease in cover will have no impact at all on the Waiting Period.

Additional benefits included are:

- **Grocery Benefit** – This provides monthly payments and/or shopping vouchers to the value of R150 per month for 6 months when the Policyholder or Spouse dies, to be used for grocery expenses.
- **Education Benefits** – This provides monthly payments of R200 for 12 months when the Policyholder or Spouse dies, to be used for education expenses.
- **Airtime Benefit** – This provides a one-off R250 airtime voucher when any Insured person dies, to help with making funeral arrangements.
- **Premium Break** - This benefit recognises that with regularly paid policies, there may be months where it may be difficult to meet premium commitments due to unforeseen financial circumstances (e.g. retrenchment, ending of employment contracts, etc.) and allows the Policyholder to subsidise 'bad' months with 'good' months in terms of affordability. The Policyholder may miss up to 9 premiums over the life of the policy, without the plan lapsing, subject to the following conditions:
  - This Break only applies if premiums are paid monthly.
  - Only 3 consecutive premiums may be missed at a time without the policy lapsing.
  - Up to 9 non-consecutive premiums may be missed over the life of the policy in total.
  - The funeral cover core benefits during a Premium Break are reduced to 50% in the second month of the Premium Break and to 25% in the third month of the Premium Break.
  - If more than 3 consecutive premiums are missed, the policy will lapse automatically with immediate effect and all cover will cease.
  - At the end of a Premium Break the Policyholder will pay the outstanding, missed premiums to bring the policy fully paid up-to-date. Failure to do so will result in the policy lapsing and cover ceasing.
- **Cash Back Benefit** - Cash back of 50% of the quantum of premiums actually paid for every 24 consecutive monthly premiums we receive. Any Premium Breaks will reduce to zero the number of consecutive monthly premiums for the purpose of determining the 24 months.
- **Legacy Benefit** - In addition, if the Policyholder dies and his biological brother customarily assumes his responsibilities with respect to providing for the Policyholder's family, the cover for the deceased's Spouses, Children and extended family may continue on condition that the deceased's brother continues with the original premium payments by becoming the new Policyholder. The benefits may not be changed in this case, and the only increases allowed will be those specified in the original contract, if any.

- **Abadala Paid-Up Benefit** - When the Policyholder turns 65, premiums may be stopped but the cover will continue, subject to the following conditions:
  - At least 10 years' worth of premiums must have been received for the Policyholder to be eligible for the Abadala Paid-Up Benefit.
  - No premium breaks or missed premiums must have occurred on the policy

Entry Ages	0 - 70 age next birthday (ANB)
Maximum Cease Age	Whole of life
Term	Whole of life
Premium Paying Term	Whole of life
Mode of Payment	Monthly, Quarterly, Half-yearly or Yearly
Method of Payment	As per the policy schedule
Benefit Limits	<p>These limits apply throughout the term of the contract and may be updated from time to time.</p> <p><b>Life Assured</b>            Minimum: R5,000            Maximum: R30,000</p> <p><b>Spouse Assured</b>            Minimum: R5,000            Maximum: Life Assured Benefit</p> <p><b>Child Assured</b>            Minimum: R2,000            Maximum: R10,000</p> <p><b>Parent Assured</b>            Minimum: R3,000            Maximum: R30,000</p> <p><b>Abazala Assured</b>            Minimum: R3,000            Maximum: R30,000</p>
Waiting Period	<p>The period of 180 days in which no Benefit or only a reduced percentage of the Benefit is provided, resulting in no Claim or only a limited benefit being payable, for Claims arising from Natural Death.</p> <p>The Waiting Period in respect of any Insured covered by the policy commences on the date that the relevant Policyholder, Spouse, Parent, Child or extended family member becomes covered under the policy and is named in the Policy Schedule.</p> <p>The amount of the Benefit that may be payable depends on the number of calendar days elapsed since the date on which the person became covered under the policy. Please refer to the table below.</p>

	<p>The cover provided in accordance with the phased-in approach described above, is as follows:</p> <table border="0"> <thead> <tr> <th style="text-align: left;"><b>Calendar Days since start of cover for that person</b></th> <th style="text-align: left;"><b>% of the Benefit</b></th> </tr> </thead> <tbody> <tr> <td>0 - 90</td> <td>0%</td> </tr> <tr> <td>91 - 120</td> <td>10%</td> </tr> <tr> <td>121 - 150</td> <td>20%</td> </tr> <tr> <td>151 - 180</td> <td>30%</td> </tr> <tr> <td>181+</td> <td>100%</td> </tr> </tbody> </table> <p>Once the Waiting Period has passed, a Claim arising from Natural Death will be covered in full. There is no Waiting Period in respect of Claims arising from Accidental Death. If any Insured listed on the Policy Schedule was covered under a similar policy with another insurer in the 31 days before the start of this policy, the Waiting Period for such person will be waived provided this is a replacement policy and where such waiting period on the alternate policy has fully expired. Proof of alternate cover will be required in order for the Waiting Period for such person to be waived.</p>	<b>Calendar Days since start of cover for that person</b>	<b>% of the Benefit</b>	0 - 90	0%	91 - 120	10%	121 - 150	20%	151 - 180	30%	181+	100%
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151 - 180	30%												
181+	100%												

**2. Underwriting**

No initial underwriting will be performed. The intermediary will however collate any information relating to customers for the purposes of analysing its experience and updating any assumptions made.

### **3. Claims**

Claim assessments will be performed to validate claims and reduce the risk of fraud. Claimants will be required to provide evidence satisfactory to the Underwriting Manager and Guardrisk of identification, of death certificates and the circumstances of death or stillborn Child, and of family ties, financial dependence and other relationships where relevant to a Claim. If a Natural Death of any Insured occurs within the applicable Waiting Period, proof of previous cover for such person on a similar policy with another insurer in the 31 days prior to the start of this policy will be required for the Waiting Period to be waived and for the Claim to be deemed valid. If no such proof is provided, the Waiting Period will be applied and the Claim will not be valid. Proof submitted will be verified against central databases, such as that of the Department of Home Affairs. We reserve the right to request any additional information or original claims documentation in order to verify or process the Claim, which must be provided at the expense of the Policyholder, Claimant or Nominated Beneficiary.

All claims payments will be made to the Nominated Beneficiary. As the benefit is to assist with funeral arrangements, the beneficiary nomination must be a person who is not a minor and who will either be responsible for the funeral arrangements or who will assist with the funeral arrangements. When claiming for a Dependent, the Policyholder is the Beneficiary and will be paid. When claiming because the Policyholder has died, the Nominated Beneficiary will be paid. If there is no listed Beneficiary, the person claiming will be paid provided such person has paid for the funeral.

### **4. Correspondence**

The normal mode of communicating with customers will be email. A call centre is available to assist clients with queries, enquiries and any escalations. We may also require to speak with Claimants in the course of a Claim. Automated emails will be sent to customers during the application process online, including an email of the customer's policy contract and supporting documents. A paper copy may be posted to customers, if preferred or upon request.

Annual Benefit Update letters will be sent to customers 3 months preceding the automatic update of benefits, as specified in the contract. Annual Benefit Statements will be sent to customers annually.

At Claims stage, the appropriate claim forms will be sent to customers.

## 5. Terms and Conditions

Guardrisk Life is an authorised financial services provider (FSP no. 76).

### 1. POLICY DOCUMENT

This policy and all the benefits contained herein are underwritten by Guardrisk Life Limited, an Insurer registered to issue Life Insurance policies in terms of the applicable laws of the Republic of South Africa. In this policy words referring to the male gender shall include the female gender and words referring to the singular number shall include the plural number and vice versa.

### 2. DEFINITIONS

- **Accidental Death:** An unforeseen event, which could not reasonably have been expected to occur. The event must result in death caused directly and independently of all other causes by some external, violent, physical and visible means arising from this event within 31 days of the accident, and excludes Natural Death.
- **Application Form:** The form that the Policyholder/Insured completes. This form shall state the names of the persons to be insured and the selection of benefits to be paid to a Nominated Beneficiary/ies in the event of a Claim. It shall also confirm the premium(s) payable monthly in order for cover to be in place.
- **Child:** means the Policyholder's unmarried minor Child/Children who has/have not yet attained the age of 21 (twenty-one) years, or the Policyholder's mentally/physically disabled Child/Children (where that/those Child/Children are fully dependent on the Policyholder, irrespective of the Child/Children's age) and shall include natural children, legally adopted children and stepchildren. This age may be extended to 25 (twenty-five) years in respect of an unmarried child who is a full time student. A stillborn Child is included under this definition provided that there is at least 26 (twenty-six) weeks of existence in the uterus and that the foetus showed no life after complete birth. Stillborn shall exclude the intentional termination of the life of the Child.
- **Claim:** Means, unless the context indicates otherwise, a demand for policy benefits by a Claimant in relation to the policy, irrespective of whether or not the Claimant's demand in valid.
- **Claim Event:** Means the event giving rise to a Claim, namely the Death of an Insured.
- **Claimant:** Means the person who makes a Claim in respect of this policy by completing a claim form and submitting supporting documentation to the Underwriting Manager.
- **Commencement Date:** The date(s) that the insurance cover and Waiting Period(s) in respect of all Insured's covered by the policy commences. The initial commencement date is stated in the Policy Schedule. This shall also include the date on which a new Insured is added to the policy or when a Benefit is increased and from which date the new Waiting Period will commence in respect of Natural Death and Suicide.
- **Cooling-off period:** A 31-day period after the Policyholder receives the copy of the policy, during which the policy can be cancelled with a full refund of premiums, provided

no Claim Event has occurred or any benefit paid.

- **Day:** Means a 24 hour period and **Days** has a corresponding meaning.
- **Death:** Means the Accidental Death or Natural Death of an Insured
- **Exclusions:** Means the losses or risk events not covered under this policy.
- **Insured:** Means the person covered under this Policy as stated on the Policy Schedule and for whom a premium has been paid.
- **Insurer:** Means a long-term insurer, namely Guardrisk Life Limited – registration number 1999/013922/06 and FSP Number 76.
- **Intermediary:** Means an independent intermediary or representative respectively.
- **Funeral Policy:** Means a life insurance policy underwritten under the funeral class of life insurance business as set out in Table 1 of Schedule 2 of the Insurance Act.
- **Natural Death:** Means death that is not Accidental Death and which results from illness, disease or any other natural causes.
- **No-Claim Bonus:** Means the Cash Back Benefit that is directly or indirectly provided or made available to a Policyholder by an Insurer in the event that the Policyholder does not Claim or does not make a certain Claim under the policy within a specified period of time.
- **Nominated Beneficiary:** In respect of a registered insurer, means a person nominated by the Policyholder as the person in respect of whom the insurer should meet the policy benefits on the death of the policyholder. The Nominated Beneficiary shall be the Policyholder on the death of any other Insured.
- **Pandemic Disease:** Prevalent over a whole country or the world as and when declared by the World Health Organisation (WHO).
- **Parent:** Means the biological parent, step-parent or legally adopted parent of the Policyholder.
- **Personal Information:** means personal information as defined in the Protection of Personal Information Act 4 of 2013.
- **Policyholder:** The person who has applied for this policy, who is stated as such on the Application Form and on whose Death this policy shall cease. This person must be at least eighteen years of age but not older than sixty-four years of age.
- **Repudiate:** In relation to a claim means any action by which an Insurer rejects or refuses to pay a Claim or any part of a Claim, for any reason, and includes instances where a Claimant lodges a Claim-
  - in respect of a loss event or risk not covered by the policy; and
  - in respect of a loss event or risk covered by the policy, but the premium or premiums payable in respect of this policy are not paid.
- **Spouse:** means the legal husband, wife, or civilunion/common law partner of the Policyholder and as nominated in writing by the Policyholder.
- **Sum assured:** The amount of insurance cover for each person insured under this policy. The amounts are stated in the Schedule to this policy.

- **Underwriting Manager:** Means an Underwriting Manager, namely Transact and Protect (Pty) Ltd – registration number 2016/493905/07 and FSP Number 48459.
- **Variation:** Means any act that results in a change to-
  - the premium;
  - any terms;
  - any condition;
  - any policy benefit;
  - any exclusion; or
  - the duration of this Policy
 and **Vary** and **Variations** have corresponding meanings.
- **Waiting Period:** Means a period during which a Policyholder or any Insured is/are not entitled to policy benefits (or only entitled to a reduced percentage of the benefit) and is the period of 180 days starting from the Commencement Date in which a Claim Event will not be covered (or will be covered for a reduced percentage of the benefit) and will remain so even after the expiry of the waiting period. Only a Claim Event occurring in the period after the expiry of the Waiting Period will be covered in full. The amount of the Benefit that may be payable depends on the number of calendar days elapsed since the date on which the Insured became covered under the policy. Please see Section 1. Once the Waiting Period has passed, Natural Death will be covered in full. There is no Waiting Period in respect of a Claim arising from Accidental Death.

### 3. THE BENEFIT AMOUNT

Refer to the Policy Schedule.

#### **4. THE PAYMENT OF THE BENEFIT**

In the event of the Death of the Policyholder and/or any other Insured, subject to the Waiting Period and the terms and conditions of this Policy, the settlement of the benefit will be made to the Nominated Beneficiary (or to the Policyholder). It is important that the Policyholder informs the Insurer should there be a need to amend the Nominated Beneficiary. The Nominated Beneficiary must notify the Insurer or their appointed Underwriting Manager within 6 months of the occurrence of a Claim, otherwise no claim will be entertained, unless there are extenuating circumstances for the late notification.

The settlement of any Claim is always subject to the Insurer receiving the following documentation, and such other evidence as it reasonably regards necessary:

- A certified copy of the death certificate;
- A certified copy of the deceased's identity document;
- A certified copy of the claimant's identity document;
- A fully completed death claim form signed by the Claimant;
- A certified copy of the DHA1663 – Registration of Death Form;
- Any other evidence that the Insurer may require.

Please contact the Underwriting Manager on the contact details provided in the Policy Schedule and Disclosure Notice to make a Claim.

#### **5. EXCLUSIONS (The circumstances under which no benefit will be paid)**

No Benefit will be paid if the cause of Death is as a result of either suicide, pandemic diseases or circumstances under which the insured brought about his own death or deliberately exposed himself to danger, within twelve months of the Commencement Date of this policy, or within twelve months from the date a new Insured is added to the policy or within twelve months of an increase in the benefit.

No Benefit will be paid if the an Insured passes away from Natural Death within 180 Days from the Commencement Date unless such Insured enjoyed cover on a similar policy with another insurer in the 31 Day period before the start of this insurance, in which instance the Waiting Period will be waived.

## **6. PRE-EXISTING CONDITIONS EXCLUSION**

No Claim will be payable if a Death arises during the 6 (six) month period after the Commencement Date of the policy, or from the date a new Insured is added to the policy or in from the date of an increase to the benefit is directly or indirectly attributable to any condition (i.e. any medical condition diagnosed or not, physical defect, infirmity, illness, bodily injury or disability) the Insured suffered or of which the Insured was aware or ought reasonably to have been aware of or for which the Insured received treatment or consulted, or should have consulted, a medical professional in the 12 (twelve) month period prior to the Commencement Date.

## **7. PREMIUMS**

Premiums are to be paid monthly or annually in advance. The due date for every premium is detailed on the Application Form. The period of grace allowed for payment of the premiums is thirty days commencing from the due date.

If premiums, in whole or in part, are in arrears, then the benefit will decrease as per the Premium Break benefit. If 3 consecutive premiums remain unpaid, the policy will automatically lapse and all cover will cease with immediate effect. Once the policy has lapsed, no Claim will be entertained if a Claim event arises after the policy has lapsed. If a Claim arises during the grace period, and where the Claim is deemed valid, any benefit payable will be less any outstanding premiums.

## **8. REINSTATEMENT OF LAPSED BENEFITS**

Where the policy has lapsed, a request to reinstate benefits must be made to the Insurer or your Intermediary. The Insurer reserves the right to either accept or decline reinstatement of the policy. No Waiting Period for Claims arising from Natural Death will apply unless the initial Waiting Period had not yet expired by the date of lapse in which instance the remainder of the period will be applied upon reinstatement provided the reinstatement occurs within 2 months from the date of lapse. Should the reinstatement occur after 2 months from the date of lapse, then the full Waiting Period described above will be applied.

## **9. TERMINATION OF THE POLICY**

The Policy shall terminate on the earliest of:

- The death of the Policyholder;
- Receipt of a 31 Day written request from the Policyholder to cancel the Policy. Such cancellation will not attract any refund of premiums paid during the currency of the plan;
- The lapse of the policy in terms of the clause under the "Premium" section of this policy;
- The cancellation of the policy by the Insurer at any time by providing a 31 Day notice period.
- The Insurer may immediately cancel this policy or place it on hold, refuse any transaction or instruction, or take any other action considered necessary in order to comply with the law and prevent or stop any undesirable or criminal activity.

## **10. NOTIFICATIONS**

The Insured must notify the Underwriting Manager as soon as possible should there be a change of address, change to bank details or change to the Nominated Beneficiary.

## **11. LAW AND CURRENCY**

This policy shall be subject to the laws of the Republic of South Africa. All amounts paid to or from this policy will be in the lawful currency of the Republic of South Africa and into a registered South African Bank account.

## **12. THE CORRECTNESS OF STATEMENTS MADE TO THE INSURER**

The Insurer relies on the truth, completeness and correctness of all statements submitted. Should any benefits have been paid out on the basis of the information provided to the Insurer by anyone claiming a benefit, and such information subsequently proves to be incorrect in any material respect, the Insurer shall have the right to take such steps as may be required to put it in the position it would have been in if the correct information had been provided in the first instance.

## **13. SURRENDER AND ASSIGNMENT**

This policy acquires no surrender, loan or paid up value and it cannot be assigned. The policy may also not be pledged as security for a loan or debt.

## **14.VARIATIONS**

14.1 No Variation to this Policy will be binding on the Underwriting Manager/Insurer unless made in writing and signed by a duly authorized officer of the Insurer and confirmed thereafter of payment by the Policyholder of the premium whether varied or not. No act of omission to act by the Underwriting Manager/Insurer or any officer or employee of the Underwriting Manager/Insurer shall be deemed to be a representation on behalf of the Underwriting Manager/Insurer upon which the Policyholder or the Policyholder's heirs, executors or assigns are entitled to act.

14.2 This Policy is issued on the basis that the statements and information made and set forth in the Application Form and all declarations made in respect thereof are true and correct and constitute a full disclosure of all facts and circumstances likely to materially affect the assessment of the risk at the time of the issue of this Policy.

14.3 The Insurer reserves the right to Vary, add or change the terms and conditions of this Policy by giving 31 (thirty-one) days' written notice of its intention to do so.

14.4 Any Variations and or changes will be binding on the Insurer and the Policyholder and can be applied at any time to the existing terms and conditions after written communication of these changes has been sent to the Policyholder's last known address (postal or email) as it appears in our records at that time.

### **14.FEES**

Commission as stated in the Policy Schedule is payable to the Intermediary of the total monthly premium. All fees are included in the monthly premium.

### **15.CONTACT DETAILS**

Should the Policyholder or any Claimant claiming under this policy have any queries, claims, change of address, change of bank details, change of beneficiary or complaints of any nature, please contact the Underwriting Manager whose details you can find in the Disclosure Notice attached to the Policy Schedule.

Your Insurer details are: Guardrisk Life Limited

Postal Address: PO Box 786015, Sandton, 2146

Telephone: 011 669 1000

Email: [info@guardrisk.co.za](mailto:info@guardrisk.co.za)

**Please note that both the Underwriting Manager and the Insurer subscribe to the Treating Customers Fairly (TCF) outcomes.**

The TCF principles are viewed seriously by the Underwriting Manager/Insurer and all 6 (SIX) Outcomes are practiced at all times.

The Underwriting Manager will, in all Our interactions with any client, endeavour to deliver excellent customer experiences which we will achieve through the ongoing review of all our business practices and analysis of complaints.

It is our objective to be fair in Our treatment of all clients and partners and being compliant, in all aspects, of the 6 (SIX) Outcomes of the Treating Customers Fairly framework. These Outcomes are:

- You are confident that Your fair treatment is key to Our culture;
- Products and Services are designed to meet Your needs;
- We will communicate clearly, appropriately and on time;
- We provide advice which is suitable to your needs and circumstances;
- Our products and services meet Your standards and are of an acceptable level; and
- There are no unreasonable post-sale barriers to access our services or to lodge any complaints.

## **16.COMPLAINTS**

Please notify the Underwriting Manager first, this is then escalated to the Insurer and only if we are both unable to resolve your complaint satisfactorily, you may escalate to one of the Ombudsman Scheme's as confirmed in the Disclosure Notice attached to the Policy Schedule.

Guardrisk Compliance Department Tel: 011 669 1039 Email: [compliance@guardrisk.co.za](mailto:compliance@guardrisk.co.za)

Guardrisk Complaints Email: [complaints@guardrisk.co.za](mailto:complaints@guardrisk.co.za) or [info@guardrisk.co.za](mailto:info@guardrisk.co.za)

## **17.PROCESSING OF PERSONAL INFORMATION IN TERMS OF THE PROTECTION OF PERSONAL INFORMATION ACT 4 OF 2013**

Your privacy is of utmost importance to the Underwriting Manager/Insurer. We will take the necessary measures to ensure that any and all information, including Personal Information (as defined in the Protection of Personal Information Act 4 of 2013) provided by you or which is collected from you is processed in accordance with the provisions of the Protection of Personal Information Act 4 of 2013 and further, is stored in a safe and secure manner.

You hereby agree to give honest, accurate and up-to-date Personal Information and to maintain and update such information when necessary.

You accept that your Personal Information collected by the Underwriting Manager/Insurer may be used for the following reasons:

1. to establish and verify your identity in terms of the Applicable Laws;
2. to enable the Underwriting Manager/Insurer to fulfil its obligations in terms of this Policy;
3. to enable the Underwriting Manager/Insurer to take the necessary measures to prevent any suspicious or fraudulent activity in terms of the Applicable Laws; and
4. reporting to the relevant Regulatory Authority/Body, in terms of the Applicable Laws.

You acknowledge that any Personal Information supplied to the Underwriting Manager/Insurer in terms of this Policy is provided according to the Applicable Laws.

By accepting this Policy, you further acknowledge that such conduct constitutes an unconditional, specific and voluntary consent to the processing of your information by the Underwriting Manager/Insurer under the Applicable Laws in the manner contemplated above, which consent shall, in the absence of any written objection issued by yourself, be indefinite and/or for the period otherwise required in terms of any Applicable Laws.

Unless consented to by yourself, the Underwriting Manager/Insurer will not sell, exchange, transfer, rent or otherwise make available your Personal Information (such as your name, address, email address, telephone or fax number) to any other parties and you indemnify the Underwriting Manager/Insurer from any unintentional disclosures of such information to unauthorized persons.

You understand that if the Underwriting Manager/Insurer has utilised your Personal Information contrary to the Applicable Laws, you have the right to lodge a complaint with Guardrisk within 10 (ten) days. Should Guardrisk not resolve the complaint to your satisfaction, you have the right to escalate the complaint to the Information Regulator.