



**KIN CARE PLAN  
FAMILY PLAN  
PENSIONER PLAN**



**Dignity Group**  
FUNERAL INSURANCE

# KIN CARE PLAN

## ABOUT KIN CARE PLAN

- ✚ Cover is applicable for a family, single parent, extended family and up to 10 own, legally adopted or foster children.
- ✚ Your policy incepts on the 1st day of the month in which your first premium is paid.
- ✚ There is 6 months waiting period for natural deaths. Waiting period is calculated from policy inception. Policy must have completed a period of 6 calendar months and must have 6 premiums paid in, to qualify for a claim.
- ✚ 12 months waiting period is applicable for death by suicide. Accidental deaths are covered upon receipt of first premium, policy must be active.
- ✚ Minimum premium per policy is R 99.

| PLAN RATES                                               |         |          |          |
|----------------------------------------------------------|---------|----------|----------|
|                                                          | R 5 000 | R 10 000 | R 15 000 |
| <b>PLAN A</b> (Family package)                           |         |          |          |
| Policyholder + spouse + 10 children (0 - 65 years)       | R 143   | R 186    | R 229    |
| <b>PLAN B</b> (Extended members below 75 years old)      |         |          |          |
| Policyholder + spouse + 10 children + 2 extended members | R 242   | R 336    | R 493    |
| <b>PLAN C</b> (Extended members below 85 years old)      |         |          |          |
| Policyholder + spouse + 10 children + 2 extended members | R 275   | R 443    | R 664    |
| * Cover for children continues after the age of 21 years |         |          |          |

# SINGLE & FAMILY PLAN

## ABOUT SINGLE & FAMILY PLAN

- ✚ This product provides cover for you as the policyholder, your spouse, children, and extended family members.
- ✚ Your policy incepts on the 1st day of the month in which your first premium is paid.
- ✚ There is 6 months waiting period for natural deaths. Waiting period is calculated from policy inception. Policy must have completed a period of 6 calendar months and must have 6 premiums paid in full, to qualify for a claim.
- ✚ 12 months waiting period is applicable for death by suicide. Accidental deaths are covered upon receipt of first premium, policy must be active.
- ✚ Minimum premium per policy is R 99.

| POLICYHOLDER AND FAMILY RATES                                                                                                                                                                                                  |         |          |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|----------|----------|
| Current Age                                                                                                                                                                                                                    | R 5 000 | R 10 000 | R 15 000 |
| 18 - 49 Years                                                                                                                                                                                                                  | R 94    | R 116    | R 150    |
| 50 - 59 Years                                                                                                                                                                                                                  | R 128   | R 164    | R 241    |
| 60 - 69 Years                                                                                                                                                                                                                  | R 134   | R 201    | R 303    |
| 70 - 75 Years                                                                                                                                                                                                                  | R 194   | R 237    | R 346    |
| *A maximum of 6 children can be covered under family plan. Children will enjoy cover up to the age of 21 years unless they are full time students then the cover will continue up to 25 years subject to proof being supplied. |         |          |          |
| EXTENDED FAMILY RATES ( below 90 years)                                                                                                                                                                                        |         |          |          |
| Current Age                                                                                                                                                                                                                    | R 5 000 | R 10 000 | R 15 000 |
| 0 -19 Years                                                                                                                                                                                                                    | R 25    | R 43     | R 55     |
| 20 - 29 Years                                                                                                                                                                                                                  | R 48    | R 60     | R 80     |
| 30 - 39 Years                                                                                                                                                                                                                  | R 61    | R 73     | R 120    |
| 40 - 49 Years                                                                                                                                                                                                                  | R 80    | R 120    | R 152    |
| 50 - 59 Years                                                                                                                                                                                                                  | R 128   | R 164    | R 241    |
| 60 - 69 Years                                                                                                                                                                                                                  | R 134   | R 206    | R 310    |
| 70 - 79 Years                                                                                                                                                                                                                  | R 194   | R 237    | R 346    |
| 80 - 89Years                                                                                                                                                                                                                   | R 230   | R 402    | R 600    |

# PENSIONER PLAN

| Current Age         | Single Member Insured                                         |                                                                                                                                                            |          |
|---------------------|---------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| Age                 | Plan A                                                        | Plan B                                                                                                                                                     | Plan C   |
| 18-59               | R 15,000                                                      | R 25,000                                                                                                                                                   | R 35,000 |
| 60-64               | R 10,000                                                      | R 15,000                                                                                                                                                   | R 20,000 |
| 65-69               | R 6,000                                                       | R 10,000                                                                                                                                                   | R 14,000 |
| 70-74               | R 4,000                                                       | R 7,000                                                                                                                                                    | R 10,000 |
| 75-79               | R 3,000                                                       | R 5,000                                                                                                                                                    | R 7,000  |
| 80-84               | R 2,000                                                       | R 3,500                                                                                                                                                    | R 5,000  |
| Premium             | R 99.00                                                       | R 149.00                                                                                                                                                   | R 198.00 |
|                     |                                                               |                                                                                                                                                            |          |
| Current Age         | Main member, spouse and upto 6 children under 21 years of age |                                                                                                                                                            |          |
| Age                 | Plan D                                                        | Plan E                                                                                                                                                     | Plan F   |
| 18-59               | R 7,500                                                       | R 12,500                                                                                                                                                   | R 17,500 |
| 60-64               | R 5,000                                                       | R 7,500                                                                                                                                                    | R 10,000 |
| 65-69               | R 3,000                                                       | R 5,000                                                                                                                                                    | R 7,000  |
| 70-74               | R 2,000                                                       | R 3,500                                                                                                                                                    | R 5,000  |
| Premium             | R 99.00                                                       | R 149.00                                                                                                                                                   | R 198.00 |
| Additional children |                                                               | *Claim payouts for children aged between 0-5 years is 25%, for ages between 6-13 years is 50% and for age 14 years and older is 100% of total sum insured. |          |
| Cover Amount        | R 5,000                                                       |                                                                                                                                                            |          |
| 0-21 years          | R 1 (per child)                                               |                                                                                                                                                            |          |

\* A maximum of 10 children will be covered per policy. Children will enjoy cover up to the age of 21 years unless they are full time students then the cover will continue up to 25 years subject to proof being supplied.

\***CASH BACK BENEFIT** Policyholder receives R1,800 in cash on 5th policy anniversary, if all 60 premiums have been paid and there were zero claims during the 5 year period.

## BENEFITS

- ✚ Policy holder must be the premium payer.
- ✚ Maximum cover for additional children is R5000.
- ✚ All children covered in this policy must either be biological or legally adopted children.
- ✚ Your policy incepts the month we receive the first premium.
- ✚ Waiting period is calculated from the inception date. A policy must have completed a period of 6 calendar months and must have 6 premiums paid in, to qualify for a claim.
- ✚ A 6 months waiting period for all members pertaining to natural death is applicable.
- ✚ Accidental death will be covered after the first premium has been received, policy must be active.
- ✚ 12 months waiting period for death by suicide.
- ✚ A life insured enjoys cover if premiums are paid.
- ✚ Should the insured amount be increased at any time, a new waiting period will apply to the increased portion of the insured amount.
- ✚ Should an additional member be added after the inception of the policy, a new waiting period will apply to the additional person.
- ✚ When your policy misses one (1) month's premium payment and, in case of a claim, the value of the outstanding premium will be deducted from the claim amount.
- ✚ Should the next premium not be received on the premium due date, such policy will lapse. A lapsed policy is considered cancelled and no further collection attempts will be made.
- ✚ If a premium under a policy has not been paid on its due date, the policyholder will be informed within 15 days after missing the premium payment of the outstanding premium due.
- ✚ If the Policy benefit lapses due to non-payment of premiums, the Policyholder may apply for reinstatement of cover.
- ✚ Reinstatement will be allowed within 2 months from the effective lapse date, without imposing a new waiting period. The remaining period of a waiting period that had not yet passed at the time of lapse, will however still apply and outstanding premiums have to be paid in order for a reinstatement of cover to occur. Reinstatement of cover is not allowed at claim stage.

# Family tree and definitions

## POLICYHOLDER

The main role player who holds and exercises rights on the policy. Must be eighteen (18) years or older. A person or group in whose name an insurance policy is held

## SPOUSE

A person who is married to the policyholder by law, tribal custom or religion practised in South Africa. This relationship must be in place when the policy is applied for.

## CHILD

An unmarried child by birth to the Policyholder or his/her Spouse, or a stepchild, or a legally adopted child, including a stillborn child after 26 (twenty-six) weeks of pregnancy and not as a result of any abortion of the mother's choice. A child will be covered until the age of twenty-one (21) years. A child that is a full-time student or declared permanently disabled (upon receipt of proof acceptable to the Insurer) will be covered until the age of twenty-five (25)

## EXTENDED FAMILY MEMBERS

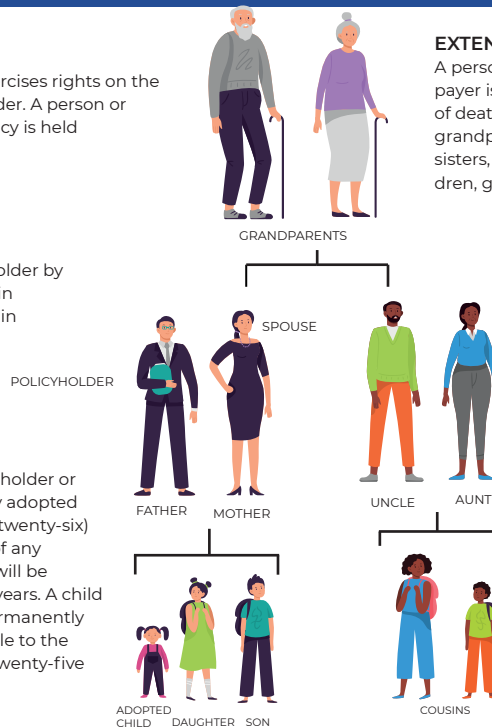
A person for whose funeral costs the premium payer is financially responsible for in the event of death. These include parents, parents-in-law, grandparents, uncles, aunts, related cousins, sisters, brothers, nephews, niece, grandchildren, great-grandparents.

## IMMEDIATE FAMILY

Your spouse and children.

## COUSIN

Is a child of your aunt or uncle



## Products and Members to be covered

**Single and Family Plan-** The plan covers you as the policyholder, your spouse, children and extended family members. The maximum entry age for the policyholder and the spouse is seventy-four (74) years. Maximum entry age for children is twenty-one (21). Children will enjoy cover up to the age of 21 years unless they are full time students then the cover will continue up to 25 years subject to proof being supplied. The maximum entry age for extended family members is 89 years.

**Kin Care Plan-** The plan is applicable for a family, single parent, extended family and up to ten (10) own, legally adopted or foster children. The plan covers you as the policyholder, your spouse, two (2) extended members and up to ten (10) children (including own, legally adopted or foster). The maximum entry age for you and your spouse is 64 years. The maximum age entry for extended members is 84 years. Children covered on this policy remain in the policy even after twenty-one (21) years for as long as premiums are paid.

**Pensioner Plan –** The plan can cover you as the Policyholder, your spouse and children. A maximum of 6 children can be covered under the immediate family Plan. You may add 4 children at an extra premium. Maximum cover for additional child is R 5 000. Maximum entry age for single members is 84 years. Maximum entry age for the immediate family plan is 74 years. Children will enjoy cover up to the age of 21 years unless they are full time students then the cover will continue up to 25 years subject to proof being supplied. The Policyholder will receive a cash back benefit after sixty (60) months, on condition that all sixty (60) premiums have been paid in full and there were no claims during the 60 months period.

**My Family Plan –** The plan covers you as the policyholder, your spouse, children and extended family members. The maximum entry age for the policyholder and the spouse is sixty-nine (69) years. Maximum entry age for children is twenty-one (21). Children will enjoy cover up to the age of 21 years unless they are full time students then the cover will continue up to 25 years subject to proof being supplied. The maximum entry age for extended family members is 84 years. Policyholder will receive a cash back benefit after sixty (60) months, on condition that all sixty (60) premiums have been paid and there were no claims during the 60 month's period.

**My Family 4 –** This plan covers you as the policy holder, your immediate and 4 extended family members under one rate. Policy holder, spouse and extended family must be below the age of 65 years. You may add extra family members below 85 years at an additional cost. Children covered under the immediate family rates will enjoy cover up to the age of 21 years unless they are full time students then the cover will continue up to 25 years subject to proof being supplied. Policyholder must be covered in order for other dependents to be added on the policy. All members in this plan must have same cover amount, subject to the cover restrictions applicable to children.

**My Family 6 –** This plan covers you as the policy holder, your immediate and 6 extended family members under one rate. Policy holder, spouse and extended family must be below the age of 65 years. You may add extra family members below 85 years at an additional cost. Children covered under the immediate family rates will enjoy cover up to the age of 21 years unless they are full time students then the cover will continue up to 25 years subject to proof being supplied. Policyholder must be covered in order for other dependents to be added on the policy. All members in this plan must have same cover amount, subject to the cover restrictions applicable to children.

**1 + 9 -** This product provides cover for you, as the Main Member, your spouse, children, or extended family. Members who are below the age of 65 years. Policyholder must be covered for other dependents to be added on the policy. All members in this policy will be under the same plan.



Policy number

You are required to complete this form before signing it. Ensure that all the information you provide is accurate as it will be utilised when you lodge a claim under this policy, therefore providing inaccurate information may cause your claim to be declined. In the event of any changes to the information provided by yourself herein, you are required to inform Dignity Group at the earliest convenience. The acceptance of this application is subject to the sole discretion of the Insurer

**Policyholder Details ( Single & Family below 75 years and Kin Care below 65 years)**

|                                                      |                                       |                                         |                                                      |                                                      |                                                    |                                                        |                                     |                                       |
|------------------------------------------------------|---------------------------------------|-----------------------------------------|------------------------------------------------------|------------------------------------------------------|----------------------------------------------------|--------------------------------------------------------|-------------------------------------|---------------------------------------|
| ID:                                                  | <input type="text"/>                  | Title:                                  | <input type="text"/>                                 | Initials:                                            | <input type="text"/>                               | Gender:                                                | <input type="button" value="male"/> | <input type="button" value="female"/> |
| Surname:                                             | <input type="text"/>                  |                                         | First names:                                         | <input type="text"/>                                 |                                                    |                                                        |                                     |                                       |
| Tel (work):                                          | <input type="text"/>                  | Cell:                                   | <input type="text"/>                                 | WhatsApp:                                            | <input type="text"/>                               |                                                        |                                     |                                       |
| Preferred method of communication (policy schedule): | <input type="button" value="Branch"/> | <input type="button" value="WhatsApp"/> | <input type="button" value="Email"/>                 | Marital Status:                                      | <input type="text"/>                               |                                                        |                                     |                                       |
| Postal Address:                                      | <input type="text"/>                  |                                         |                                                      |                                                      |                                                    |                                                        |                                     |                                       |
| Suburb:                                              | <input type="text"/>                  |                                         | City/Town:                                           | <input type="text"/>                                 |                                                    | Postal code:                                           | <input type="text"/>                |                                       |
| Email Address:                                       | <input type="text"/>                  |                                         | Occupation:                                          | <input type="text"/>                                 |                                                    |                                                        |                                     |                                       |
| Employer:                                            | <input type="text"/>                  | Preferred time to call:                 | <input type="button" value="Anytime 08:00 - 17:00"/> | <input type="button" value="Morning 08:00 - 12:00"/> | <input type="button" value="Lunch 12:00 - 14:00"/> | <input type="button" value="Afternoon 14:00 - 17:00"/> |                                     |                                       |
| Cover Amount:                                        | <input type="text" value="R"/>        | Premium:                                | <input type="text" value="R"/>                       |                                                      |                                                    |                                                        |                                     |                                       |

**Spouse Details ( Single & Family below 75 years and Kin Care below 65 years)**

|          |                      |        |                      |                      |                      |         |                                     |                                       |
|----------|----------------------|--------|----------------------|----------------------|----------------------|---------|-------------------------------------|---------------------------------------|
| ID:      | <input type="text"/> | Title: | <input type="text"/> | Initials:            | <input type="text"/> | Gender: | <input type="button" value="male"/> | <input type="button" value="female"/> |
| Surname: | <input type="text"/> |        | First names:         | <input type="text"/> |                      |         |                                     |                                       |

**Indicate the Product and plan of your choice using a tick [✓]**Single & Family Plan: ☐ Kin Care Plan: Plan A ☐ Plan B ☐ Plan C ☐**Details of Children ( Below 21 years)**

|    | First names and surname | Relationship         | Age                  | ID Number            |
|----|-------------------------|----------------------|----------------------|----------------------|
| 1  | <input type="text"/>    | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2  | <input type="text"/>    | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 3  | <input type="text"/>    | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 4  | <input type="text"/>    | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 5  | <input type="text"/>    | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 6  | <input type="text"/>    | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 7  | <input type="text"/>    | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 8  | <input type="text"/>    | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 9  | <input type="text"/>    | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 10 | <input type="text"/>    | <input type="text"/> | <input type="text"/> | <input type="text"/> |

**Extended Members ( Single & Family below 90 years and Kin Care below 85 years)**

You may include as extended family additional spouse, child or relative in whom you have insurable interest and who is not listed above as immediate family.

|   | First names and surname | Relationship         | Age                  | Date of birth        | Cover                | Premiums             |
|---|-------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| 1 | <input type="text"/>    | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2 | <input type="text"/>    | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 3 | <input type="text"/>    | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 4 | <input type="text"/>    | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 5 | <input type="text"/>    | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 6 | <input type="text"/>    | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 7 | <input type="text"/>    | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 8 | <input type="text"/>    | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 9 | <input type="text"/>    | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

**Beneficiary Details**

As a policyholder, you are automatically the beneficiary of this policy. In circumstances where the policyholder is unable to lodge a claim for whatever reason, you are required to nominate a person older than 18 years who shall claim on your behalf.

|                                 |                      |        |                      |                      |                      |         |                                     |                                       |
|---------------------------------|----------------------|--------|----------------------|----------------------|----------------------|---------|-------------------------------------|---------------------------------------|
| ID:                             | <input type="text"/> | Title: | <input type="text"/> | Initials:            | <input type="text"/> | Gender: | <input type="button" value="male"/> | <input type="button" value="female"/> |
| Surname:                        | <input type="text"/> |        | First names:         | <input type="text"/> |                      |         |                                     |                                       |
| Tel (work):                     | <input type="text"/> | Cell:  | <input type="text"/> | WhatsApp:            | <input type="text"/> |         |                                     |                                       |
| Relationship with policyholder: | <input type="text"/> |        |                      |                      |                      |         |                                     |                                       |

**Benefit Details**

|                       |                      |                |                      |                     |                                |                             |                                |
|-----------------------|----------------------|----------------|----------------------|---------------------|--------------------------------|-----------------------------|--------------------------------|
| Age of policy holder: | <input type="text"/> | Age of spouse: | <input type="text"/> | Total Cover Amount: | <input type="text" value="R"/> | Premium of chosen plan:     | <input type="text" value="R"/> |
|                       |                      |                |                      |                     |                                | Premium of extended family: | <input type="text" value="R"/> |
|                       |                      |                |                      |                     |                                | Total monthly premium:      | <input type="text" value="R"/> |

# PENSIONER PLAN



Policy number

SASSA number

You are required to complete this form before signing it. Ensure that all the information you provide is accurate as it will be utilised when you lodge a claim under this policy, therefore providing inaccurate information may cause your claim to be declined. In the event of any changes to the information provided by yourself herein, you are required to inform Dignity Group at the earliest convenience. The acceptance of this application is subject to the sole discretion of the Insurer

## Policy Holder Details ( maximum entry age is 84 years for single member and 74 years for immediate family.)

|                                                      |                           |                                |                                                |                                                |                                              |                                                  |                                                         |
|------------------------------------------------------|---------------------------|--------------------------------|------------------------------------------------|------------------------------------------------|----------------------------------------------|--------------------------------------------------|---------------------------------------------------------|
| ID:                                                  | <input type="text"/>      | Title:                         | <input type="text"/>                           | Initials:                                      | <input type="text"/>                         | Gender:                                          | <input type="radio"/> male <input type="radio"/> female |
| Surname:                                             | <input type="text"/>      |                                | First names:                                   | <input type="text"/>                           |                                              |                                                  |                                                         |
| Tel (work):                                          | <input type="text"/>      | Cell:                          | <input type="text"/>                           | WhatsApp:                                      | <input type="text"/>                         |                                                  |                                                         |
| Preferred method of communication (policy schedule): | <input type="radio"/> SMS | <input type="radio"/> WhatsApp | <input type="radio"/> Email                    | Marital Status:                                | <input type="text"/>                         |                                                  |                                                         |
| Postal Address:                                      | <input type="text"/>      |                                | Street:                                        | <input type="text"/>                           |                                              |                                                  |                                                         |
| Suburb:                                              | <input type="text"/>      |                                | City/Town:                                     | <input type="text"/>                           |                                              | Postal code:                                     | <input type="text"/>                                    |
| Email Address:                                       | <input type="text"/>      |                                | Occupation:                                    | <input type="text"/>                           |                                              |                                                  |                                                         |
| Employer:                                            | <input type="text"/>      | Preferred time to call:        | <input type="radio"/> Anytime<br>08:00 - 17:00 | <input type="radio"/> Morning<br>08:00 - 12:00 | <input type="radio"/> Lunch<br>12:00 - 14:00 | <input type="radio"/> Afternoon<br>14:00 - 17:00 |                                                         |
| Cover Amount:                                        | <input type="text"/> R    | Premium:                       | <input type="text"/> R                         |                                                |                                              |                                                  |                                                         |

## Spouse Details ( maximum entry age is 74years )

|          |                      |        |                      |                      |                      |         |                                                         |
|----------|----------------------|--------|----------------------|----------------------|----------------------|---------|---------------------------------------------------------|
| ID:      | <input type="text"/> | Title: | <input type="text"/> | Initials:            | <input type="text"/> | Gender: | <input type="radio"/> male <input type="radio"/> female |
| Surname: | <input type="text"/> |        | First names:         | <input type="text"/> |                      |         |                                                         |

## Indicate the plan of your choice using a tick [✓]

Plan A ☐ Plan B ☐ Plan C ☐ Plan D ☐ Plan E ☐ Plan F ☐

## Family ( Policyholder Spouse and upto 6 children below 21 years)

\*A maximum of 10 children will be covered per policy. Children will enjoy cover up to the age of 21 years unless they are full time students then the cover will continue up to 25 years

|   | First names and surname | Relationship         | Age                  | ID Number            |
|---|-------------------------|----------------------|----------------------|----------------------|
| 1 | <input type="text"/>    | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2 | <input type="text"/>    | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 3 | <input type="text"/>    | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 4 | <input type="text"/>    | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 5 | <input type="text"/>    | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 6 | <input type="text"/>    | <input type="text"/> | <input type="text"/> | <input type="text"/> |

## Additional children below 21 years will be covered for R 1 per R5000 cover

|   | First names and surname | Relationship         | Age                  | ID Number            |
|---|-------------------------|----------------------|----------------------|----------------------|
| 1 | <input type="text"/>    | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2 | <input type="text"/>    | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 3 | <input type="text"/>    | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 4 | <input type="text"/>    | <input type="text"/> | <input type="text"/> | <input type="text"/> |

## Beneficiary Details

As a policyholder, you are automatically the beneficiary of this policy. In circumstances where the policyholder is unable to lodge a claim for whatever reason, you are required to nominate a person older than 18 years who shall claim on your behalf.

|                               |                      |        |                      |                      |                      |         |                                                         |
|-------------------------------|----------------------|--------|----------------------|----------------------|----------------------|---------|---------------------------------------------------------|
| ID:                           | <input type="text"/> | Title: | <input type="text"/> | Initials:            | <input type="text"/> | Gender: | <input type="radio"/> male <input type="radio"/> female |
| Surname:                      | <input type="text"/> |        | First names:         | <input type="text"/> |                      |         |                                                         |
| Tel (work):                   | <input type="text"/> | Cell:  | <input type="text"/> | WhatsApp:            | <input type="text"/> |         |                                                         |
| Relationship to policyholder: | <input type="text"/> |        |                      |                      |                      |         |                                                         |

## Benefit Details

|                       |                      |                |                      |                     |                        |                                 |                        |
|-----------------------|----------------------|----------------|----------------------|---------------------|------------------------|---------------------------------|------------------------|
| Age of policy holder: | <input type="text"/> | Age of spouse: | <input type="text"/> | Total Cover Amount: | <input type="text"/> R | Premium of chosen plan:         | <input type="text"/> R |
|                       |                      |                |                      |                     |                        | Premium of additional children: | <input type="text"/> R |
|                       |                      |                |                      |                     |                        | Total monthly premium:          | <input type="text"/> R |

ADVICE RECORD: FUNERAL INSURANCE (to be completed by advisor)

Section 1: Financial information

Any other funeral cover:  Yes  No If yes, from what date?  d  d  m  m  y  y  y  y Amount of cover:  R

Income per month:  ☐ R0 - R3000 ☐ R3001 - R6000 ☐ > R6001 Expenditure per month:  R

Section 2: Needs analysis and recommendation

Product considered(please tick)  
Products Premium  
 My Family 4 ☐  R  
 My Family 6 ☐  R  
 Kin Care ☐  R  
 Single & Family ☐  R  
 My Family Cash Back Plan ☐  R  
 Pensioner ☐  R  
 1 + 9 ☐  R  
Did the Advisor Complete an FNA :  Yes  No  
Spouse:  Yes  No Number of adult dependants:  Amount on daily travel:  R  
Number of children:  Amount of cover needed:  R  
Needs and objectives: ☐ Need cover for myself ☐ Need cover for my immediate dependants ☐ Need cover for my extended dependants  
Reason for recommendation:   
If NO, please state reasons:

Section 3: Replacement (if applicable)

Have you cancelled any policies in the last four months or will you cancel an existing policy as a result of this sale: YES\_\_\_\_\_ NO\_\_\_\_\_  
If "yes", please take note that the advisor will complete and request you to sign a replacement policy advice record.

Section 4: Disclosure Letter

My name is \_\_\_\_\_ I have been in the industry since \_\_\_\_\_. I am a representative of DIGNITY GROUP an authorised service provider, FSP no: 44875. I am currently operating under supervision YES\_\_\_\_\_NO\_\_\_\_\_. DIGNITY GROUP holds a category I and IV Financial Services Provider License. The licence authorises me to provide financial services with respect to Insurance Act. My expected commission on this application is R\_\_\_\_\_. We have a conflict of interest management policy available on request. We hold Professional Indemnity to the amount of R 1 million. Our business address is 8 Balfour Road, Vincent, East London. Our telephone number is 0861 777 100. We will not request a client to waive any of his or her rights by applying for chosen policy. For any enquires or concerns,Email:info@dignitygroup.co.za Fax:086 219 6250. For any Complaints Email:complaints@dignitygroup.co.za Fax 086 762 1653.

Section 5: Customer Due Diligence

Our funeral policies offer benefits that are only payable at death. The risk of money laundering and/or terrorist financing at application stage is therefore low. Before a prospective client signs up for a new policy, his/her identity document is to be obtained and verified.  
Did you obtain and verify client's identity documents? Yes ☐ No ☐

Section 6: Compliance Officer Contact Details

Moonstone Compliance (Pty) 25 Quantum Street, Techno Park, Stellenbosch 7613 | Tel: (021) 883 8000 | Fax: (086) 606 3129 | PO Box 12662, Die Boord, 7613, Stellenbosch.

Policyholder Declaration

By signing this application form, I \_\_\_\_\_, the Policyholder do hereby request Dignity Group to:

Arrange for funeral cover, on my behalf. Instruct King Price Life to effect changes to or renew the life insurance policy/ies and other benefits on my and/or my dependent(s)/behalf; collect and receive all premiums payable by me and to pay the premiums over to King Price Life, on my behalf;  
Receive and collect all statutory and/or other notices, product documents and communications from King Price Life, on my behalf, for the purposes of providing such notices to me;  
Process and validate claims for the benefits in terms of the policy/ies and to assist me and/or my dependent(s) in lodging claims with King Price Life;  
Collect and receive benefits payable in terms of the policy/ies from King Price Life for any payment due to same and/or my nominated beneficiaries or my dependent(s);  
Deal with general administrative queries in respect of my policy/ies and benefits. Terminate my policy/ies /agreements with King Price Life for the purposes of assigning me to a new insurance plan with a new insurer/underwriter provided that it is in my interests to do so.  
The mandate given in above will continue to be in place with the new insurance company in the event of a change of insurer.  
I understand and agree that I am applying for a funeral cover with King Price Life. I declare that the information I have provided in this application form is true and complete. King Price Life has the right to cancel this policy with immediate effect should they find any of the information I provided is untrue. I also understand that I will forfeit any premiums paid to King Price Life.  
I affirm that the representative has explained the terms and conditions of this policy and I understand them. I confirm that King Price Life may validate the information provided by myself as would be deemed necessary. I understand that a policy certificate, including my personal details, chosen benefits and claims procedures as intended in Section 48 of the Long-term Insurance Act, will be sent to me. In accordance, I have 31 days from receiving the policy schedule to cancel the policy in writing, provided that no benefit has been claimed or an Insured Event has not yet occurred. All premiums paid to date will be refunded subject to cost of any risk cover enjoyed.  
I am aware of the 6 months minimum waiting period for natural deaths applicable to policyholder, spouse and children. There is no limit of one policy per Life insured under Dignity Group, however, there is a maximum cover limit per life assured of R60 000.  
I have fully acquainted myself with the Family plans product which meet my needs and I have been given all the necessary information in order to make an informed decision in respect of the purchase thereof. I further confirm that the funeral policy shall come into force and effect on the inception date provided that the cover for insurance is unconditionally accepted by King Price Life and the first premium payable.  
I hereby agree that I may be contacted with regard to further marketing, advertising and other lifestyle products.

YES ☐ NO ☐

Signature of policyholder:

Date:  d  d  m  m  y  y  y  y

Declaration By Representative

Initials  Surname  ID                   Representative Code:

I hereby declare and warrant that no money has been or will be paid or advanced to any insured life on this policy by me or any other party as an inducement to effect this insurance and that no other consideration has been offered to any insured life. I further declare that no insured life on this policy has in any way been misled by me or as far as I am aware by any other party with regard to the terms and conditions of the policy applied for. I further declare that I have explained the meaning and implications of replacement of an insurance policy to the policy owner and that I am fully aware of the possible detrimental consequences of the replacement of an insurance policy, where applicable.

Signature of Representative:

Date:  d  d  m  m  y  y  y  y

## Cover and Premiums

The Cover Start Date is the first day of the calendar month following the date that Premiums are received by the Insurer in respect of the Policyholder for the first time. This is the date that cover for accidental death becomes effective and waiting period commences (if and as applicable).

Cover will cease in respect of all Lives insured on the death of the Policyholder Should a Spouse or a major Child wish to continue with the Policy as a new Policyholder, a new Application Form must be completed and submitted in order for cover to continue without new or additional waiting periods being applied in respect of lives covered as at date of death of the Policyholder. Cover in respect of all Lives insured is subject to Premiums having been received.

Should a premium not be received on the premium due date, such policy will be regarded as in arrears and, in case of a claim, the value of the outstanding premium will be deducted from the claim amount. Should a second premium not be received on the subsequent premium due date, such 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 Dignity Group, as the case may be, for reinstatement of cover. Reinstatement will be allowed within 2 months from the effective lapse date, without imposing a new waiting period. The remaining period of a waiting period that had not yet passed at the time of lapse, will however still apply and outstanding premiums have to be paid in order for a reinstatement of cover to occur. Reinstatement of cover is not allowed at claim stage.

## Waiting Period

There is 6 months waiting period for natural deaths. Waiting period is calculated from policy inception. Policy must have completed a period of 6 calendar months and must have 6 premiums paid in, to qualify for a claim.

No Waiting Period will apply for Accidental Cover, provided first premium has been received.

A 12 (twelve) month Waiting Period will apply in respect of suicide in respect of any Life insured.

If Benefits are added or increased at any stage in respect of a Life insured, a new Waiting Period will be applicable to the added Benefit or the increase in Benefit amount, as the case may be, in respect of such Life insured.

If this Policy replaced an active funeral policy, the Waiting Period served on the replaced policy will be taken into account. This is however only applicable in respect of the Cover amount of the replaced policy; if the selected Cover amount is higher, then there will be a Waiting Period on the increased cover amount. This is also only applicable to Lives insured who were covered on the replaced policy; new Lives insured will serve the full Waiting Periods. The replacement must be proven by the Policyholder by providing a signed and completed replacement Record of Advice, notice of cancellation with the previous insurer, and 3 months' payment history with the previous insurer for each replaced policy. Should this not be received when the data is submitted, the Life insured will default to a 6-month waiting period.

## Restrictions & Exclusions

Cover restrictions applicable to this Policy:

|                             |                      |
|-----------------------------|----------------------|
| Children aged 0 – 5 years:  | 25% of Cover Amount  |
| Children aged 6 – 13 years: | 50% of Cover Amount  |
| Children aged 14 years +:   | 100% of Cover Amount |

Lives insured who are pregnant and require cover for children should move to a product plan that accommodates children as soon as possible, bearing in mind that waiting periods applicable to the Policyholder are also applicable to children. The Insurer will however, in good faith, cover newborn children born to the Policyholder for the first 3 (three) months from the date of birth.

No Policy Benefits are payable in the event of the occurrence of an Insured Event arising directly or indirectly from, or traceable to war, riots, civil commotion, terrorist activities, wilful exposure to danger, the Life insured being under the influence of any drugs or alcohol; participation in any criminal act; radioactivity or nuclear explosions or intentional self-inflicted injury.

Should an Insured Event occur in respect of a Policyholder or any other Life insured 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 in a position to verify.

King Price Life reserves the right to amend, revoke, vary or alter any of the terms and conditions of this policy provided that the Insurer gives the Policyholder and / or Dignity Group at least 31 (thirty-one) days' written notice of its intention to do so.

## Complaints & Compliance

Any complaints must first be lodged with Dignity Group in writing, [complaints@dignitygroup.co.za](mailto:complaints@dignitygroup.co.za). If Dignity Group is still not able to resolve the problem, you can send your complaint to King Price Life [Lifecomplaints@kingprice.co.za](mailto:Lifecomplaints@kingprice.co.za) submitted in writing. Should King Price Life not be able to resolve the problem, you can contact these independent industry bodies for help:

|                |                                                                                                                                                                                                                                                         |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| The FAIS Ombud | P.O Box 74571, Lynnwood Ridge, 0040<br>Tel: 012 762 5000 / 012 470 9080 Fax: 012 348 3447 / 086 764 1422<br>Email: <a href="mailto:info@faisombud.co.za">info@faisombud.co.za</a> Website: <a href="http://www.faisombud.co.za">www.faisombud.co.za</a> |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                               |                                                                                                                                                                                                                                      |
|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Long-term Insurance Ombudsman | Private Bag X45, Claremont, Cape Town, 7735<br>Tel: (021) 657 5000 / 086 0103 236 Fax:(021) 657 0951<br>E-mail: <a href="mailto:info@ombud.co.za">info@ombud.co.za</a> Website: <a href="http://www.ombud.co.za">www.ombud.co.za</a> |
|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

## Contact Details

|              |                                                                                                                                                                      |
|--------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| The Insurer: | King Price Life Insurance Limited, A Licensed Insurer<br>Tel Nr. 0861 007 966<br>Menlyn Corporate Park, Block A 175, Corobay Avenue, Waterkloof Glen, Pretoria, 0081 |
|--------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                    |                                                                                                                                                   |
|--------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| The Administrator: | Dignity Group (Pty) Ltd, Approved Financial Service Provider (FSP Nr 44875)<br>Tel Nr. 086 177 7100<br>8 Balfour Road, Vincent, East London, 5247 |
|--------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|



**Payment Method** (Please tick the appropriate payment method)

Payment Method: Stop Order: ☐ Debit Order: ☐ Easy Pay: ☐

**BANK DEBIT ORDER INSTRUCTION**

**Bank Account Details**

Name:  ID:   
Surname:  Cell Number:   
Bank:  WhatsApp:   
Account Number:  Address:   
Account Type:   
Branch Code:   
Reference on payer's bank statement: DIGNITYGR Debit Amount: R   
Deduction Date:

This signed Authority and Mandate refers to our contract as dated as on signature hereof ("the Agreement"). I / We hereby authorise \_\_\_\_\_ to issue and deliver payment instructions to the bank for collection against my / our abovementioned account at my / our above mentioned bank (or any other bank or branch to which I / We may transfer my / our account) on condition that the sum of such payment instructions will never exceed my / our obligations as agreed to in the Agreement, and commencing on the commencement date and continuing until this Authority and Mandate is terminated by me / us by giving you notice in writing of no less than 20 working days and sent by prepaid registered post or delivered to your address indicated above.

The individual payment instructions so authorised to be issued must be issued and delivered as follows:

On the \_\_\_\_\_ day ("payment day") of each and every month commencing on \_\_\_\_\_. In the event the payment day falls on a Saturday, Sunday or recognized South African public holiday, the payment day will automatically be the very next ordinary business day. Further, if there are insufficient funds in the nominated account to meet the obligation, you are entitled to track my account and re-present the instruction for payment as soon as sufficient funds are available in my account.

I / We understand that the withdrawals hereby authorised will be processed through a computerized system provided by the South African Banks and I also understand that details of each withdrawal will be printed on my bank statement. Each transaction will contain a number, which must be included in the said payment instruction and if provided to you should enable you to identify the Agreement. A payment reference is added to this form before the issuing of any payment instruction.

I / We shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force, if such amounts were legally owing to you.

**MANDATE:** I / We acknowledge that all payment instructions issued by you shall be treated by my / our above-mentioned bank as if the instructions had been issued by me / us personally.

**CANCELLATION:** I / We agree that although this Authority and Mandate may be cancelled by me / us, such cancellation will not cancel the Agreement. I / We shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force if such amounts were legally owing to you.

This Policy cannot be ceded, nor is it capable of being assigned or pledged as security in any manner.

**ALTERATIONS TO METHOD OF PAYMENT (ONLY APPLICABLE FOR STOP ORDER DEDUCTIONS)**

I hereby confirm that I have read the information above and understood the contents thereof.

I hereby authorise the method of payment to be altered in the event of me not qualifying for stop order deduction as follows:

Other stop order:  Debit order:

**PROTECTION OF PERSONAL INFORMATION**

Dignity Group and King Price Life understands that your personal information is important to you, therefore your privacy is just as important to King Price Life and we are committed to safeguard and process your information in a lawful manner.

By signing your initial below, you agree and consent to the following:

I consent to the processing of my personal information, including the sharing of information for purposes of implementing and maintaining this policy and such other services which may include verifying my identity, processing and paying of future claims and using my personal information in risk models and personal profiles to enhance the overall risk management by the insurer. I confirm that I have the consent of all the adult lives assured for their personal information to be so processed and share. I further confirm that I am legally competent to consent to the personal information of children under 18 being so processed and shared.

I consent to receive direct marketing of goods or services to be marketed by means of electronic communication; and I acknowledge that I have certain rights, such as objecting to the collection of my personal information and lodging a complaint in this regard. (Further information may be obtained on the insurers website or the disclosure document which will be provided to the policy holder).

When you enter into this policy, you will be giving us your personal information that may be protected by data protection legislation, including but not only, the Protection of Personal Information Act, 2013 (POPI). We will take all reasonable steps to protect your personal information. You authorise the Insurer to: Process your personal information to communicate information to you that you ask us for, provide you with insurance services, verify the information you have given us against any source or database and compile non-personal statistical information about you.

Transmit your personal information to any affiliate, subsidiary or re-insurer so that we can provide insurance services to you and to enable us to further our legitimate interests including statistical analysis, re-insurance and credit control.

Transmit your personal information to any third-party service provider that we may appoint to perform functions relating to your policy on our behalf. You acknowledge that this consent clause will remain in force even if your policy is cancelled or lapses.

Signature of Policyholder: \_\_\_\_\_

Date:

**Tel: 0861 777 100**

**Fax: 086 219 6250**

**Email: info@dignitygroup.co.za**

## Persal / DOD / other payroll deductions

Stop order mandate

I, the undersigned:

|                                         |                                   |                |  |
|-----------------------------------------|-----------------------------------|----------------|--|
| Name                                    |                                   | Surname        |  |
| ID no.                                  |                                   | Salary no.     |  |
| Workplace                               |                                   | Rank           |  |
| Deduction department/<br>administration |                                   | Deduction date |  |
| Premium amount                          |                                   | Reference no.  |  |
| Insurer                                 | King Price Life Insurance Limited |                |  |

hereby authorize the Accountant of the above Department/Administration, to deduct the Premium amount, monthly from my salary with effect from the Deduction date, and to remit it to the Insurer of which I'm a Policyholder until such time as I cancel the authorization in writing, or until I substitute it with a new authorization.

Should the relevant Premium amount rate be adjusted by the Institution because of a general decrease/increase in Premium or should I request the Institution to decrease/increase the Premium amount for certain reasons, I confirm that the adjusted Premium amount may be deducted from my salary, until such time as I cancel this authorization in writing or until I substitute it with a new authorization.

Should my PERSAL/DOD/other payroll deduction be unsuccessful, for any reason, the debit order mandate will instate.

\_\_\_\_\_  
Name and surname

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

## SASSA mandate

Stop order mandate

**Policy no.** \_\_\_\_\_

Grant beneficiary

|                  |  |                      |  |
|------------------|--|----------------------|--|
| Name and surname |  |                      |  |
| ID no.           |  | Monthly amount       |  |
| Pay station      |  | Deduction start date |  |

I hereby instruct the South African Social Security Agency to deduct monthly the above premium from my grant and remit to \_\_\_\_\_.

I understand that SASSA doesn't market or endorse any financial products, and I confirm that I've entered into this agreement for a funeral policy of my own free will. SASSA will only deduct the premium after I've given express authorization for this to be done.

Should my SASSA deduction be unsuccessful, for any reason, the debit order mandate will instate.

Stop order payment authorisation

**Grant beneficiary**

\_\_\_\_\_  
Name and surname

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Fingerprint

**Advisor**

|                  |  |         |  |
|------------------|--|---------|--|
| Name and surname |  |         |  |
| ID no.           |  | CRD no. |  |

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# TERMS AND CONDITIONS

**Premium payer:** The person who pays premiums on the policy.

**Beneficiary:** A person, aged eighteen (18) or older nominated by the Policyholder as the person in respect of whom the Insurer should meet policy benefits. The Policyholder is automatically the beneficiary of the policy, in cases where Policyholder is not available to claim, the beneficiary receives the policy benefits.

**Life insured:** The person/ persons, covered in terms of the plan selected. Also referred to as the Policy Member(s).

**Maximum cover:** The maximum cover per Life insured on all Dignity Group policies is R60 000, still at all times within the ambit of the relevant Legislation and Regulation.

**Insurable interest:** You can take out insurance on the lives of others. You can do that only if you have an interest in the other person recognised as worthy of insurance protection, often referred to as insurable interest. You have such an interest in your spouse, children, parents, and extended family members. You do not have such interest in for example your friend or your neighbour.

**Stillborn:** Only two stillbirth claims will be accepted per family during the term of the policy. A new-born may be covered if the policyholder informs King Price Life in writing, within 3 months (90 days) of the birth date of the new-born child for them to be covered (on condition that the policy allows an additional member to be added).

**Cover for foreign nationals:** A person who has legal standing in South Africa. Cover is applicable for such members so long as they reside in South Africa and the insurable event occurs within the borders of South Africa.

**Policy administration:** Your policy is administered by Dignity Group, Authorised FSP, No 44875 and a Binder holder of the Insurer. The insurer is King Price Life Insurance Limited, a licensed insurer in terms of the Insurance Act, 2017. Registration Number (1948/029011/06). Dignity Group (Pty) Ltd earns a 17% commission and 9% binder fee.

**Duration of your funeral assistance cover:** This funeral cover policy is a whole-of-life funeral policy, which means that your cover (and your dependents' cover) will remain in place if your policy premiums are up to date.

## **Policyholder responsibilities:**

- To ensure they provide accurate and enough information.
- To ensure premiums are paid up to date to ensure that the policy does not lapse.
- Ensure your details are up to date with Dignity Group and/or the Insurer.
- To request a policy schedule if not received within thirty-one (31) days of policy inception

## Waiting Periods



Your policy must be active before you or your dependents can lodge a claim. The waiting period for **natural death** is six (6) months. Waiting period is calculated from policy inception. Policy must have completed a period of 6 calendar months and must have 6 premiums paid in full, to qualify for a claim.

**Suicidal death** will be covered if the policy has completed twelve (12) months waiting period.

**Accidental death:** No waiting period will apply if the Policyholder or dependents were to pass away due to an accident as long as the first premium has been received and policy is active. Accidental Death means death caused directly 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 Life insured.

## Protection of Personal Information (POPI)



Dignity Group will not share information with any third party unless it is for the purpose of processing data for the conclusion of your application for insurance and managing your insurance policy. Dignity Group may therefore with your permission, disclose your information to any of our legitimate business partners should it be necessary and complementary to the purpose of maintaining your policy insurance.

# Other important information

| Description                                        | Disclosure                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Insurer & Administrator                         | <p>Administered by:<br/><b>Dignity Group Pty Ltd. Registration Number 2017/085106/07</b><br/>An Authorised Financial Service Provider. FSP Number 44875<br/>8 Balfour Road Vincent East London.<br/>Postnet Suite 307, Private Bag X9063.<br/>East London 5200<br/>Tel: 0861 777 100 Fax: 086 219 6250<br/>Email: <a href="mailto:info@dignitygroup.co.za">info@dignitygroup.co.za</a><br/><a href="http://www.dignitygroup.co.za">www.dignitygroup.co.za</a></p> <p>Underwritten by:<br/><b>King Price Life Contact Details:</b><br/>King Price Life is a licensed insurer and an authorised Financial Services Provider. FSP Number is 47235.<br/>Menlyn Corporate Park, Block A 175<br/>Corobay Avenue Waterkloof Glen, Ext 11, Pretoria, 0081<br/>Tel: +27 86 050 5050<br/>Email: <a href="mailto:life@kingprice.co.za">life@kingprice.co.za</a><br/>Web: <a href="http://www.kingprice.co.za">//www.kingprice.co.za</a></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 2. Complaints procedure                            | <p>If you have a complaint regarding the products or services, please reduce it to writing and submit it to the nearest office or e-mail directly to the following email address within ninety (90) days:<br/><a href="mailto:complaints@dignitygroup.co.za">complaints@dignitygroup.co.za</a>. Upon receipt of a written complaint, Dignity Group will provide a written acknowledgement of receipt of the complaint within 12 hours. We will endeavour to resolve your complaint within a period of not more than six (6) weeks from receipt of a written complaint. Should there be any delays in this, we will advise you timeously.</p> <p>If we are still not able to resolve the problem, you can send your complaint to King Price Life:<br/><a href="mailto:lifecomplaints@kingprice.co.za">lifecomplaints@kingprice.co.za</a>.</p> <p>Should King Price Life not be able to resolve the problem, you can contact these independent industry bodies for help:</p> <p><b>The Long-Term Insurance Ombud:</b> The ombudsman's role is to mediate between policyholders and life insurers when they have a dispute that they can't resolve in a way that is fair, independent and objective. The provisions of the Long-term Insurance Act guide the ombudsman's decisions.<br/>Office Address: Third Floor, Sunclare Building, 21 Dreyer Street, Postal Address: Private Bag X45, Claremont, Cape Town, 7735   Telephone: 021 657-5000 / 012 470 9080  Email: <a href="mailto:info@ombud.co.za">info@ombud.co.za</a></p> <p><b>The FAIS Ombudsman:</b> The FAIS Ombud's role is to mediate fairly and independently between clients and financial services providers on matters to do with financial advice. The Ombud follows the provisions of the Financial Advisory and intermediary Services Act (FAIS Act).<br/>Kasteel Park Office Park. Orange Building. 2nd Floor. Corner of Nossob and Jochemus Street.<br/>Erasmuskloof. Pretoria Email: <a href="mailto:info@faisombud.co.za">info@faisombud.co.za</a></p> |
| 3. Dignity Group Compliance Officer                | <p><b>Moonstone compliance services</b><br/>25 Quantum Street, Techno Park, Stellenbosch, 7600.<br/>Tel: 021 883 8000 Fax: 086 6050 834.<br/>E-mail: <a href="mailto:rvermaak@moonstonecompliance.co.za">rvermaak@moonstonecompliance.co.za</a></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 4. Policy Replacement                              | <p><b>How to make changes to your policy:</b> Please contact your administration agent or Dignity Group offices should you want the insurer to make any changes to your policy. Send a request to <a href="mailto:amendments@dignitygroup.co.za">amendments@dignitygroup.co.za</a></p> <p>If this Policy replaced an active funeral policy, the Waiting Period served on the replaced policy will be taken into account. This is however only applicable in respect of the Cover amount of the replaced policy; if the selected Cover amount is higher, then there will be a Waiting Period on the increased cover amount. This is also only applicable to lives insured covered on the replaced policy; new Policy Members will serve the full Waiting Periods. The replacement must be proven by the intermediary by providing a signed and completed replacement Record of Advice, notice of cancellation with the previous insurer, and three (3) months' payment history with the previous insurer for each replaced policy. Should this not be received when the data is submitted, the member will default to a 6-month waiting period.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 5. Policy Continuation                             | <p>Cover will cease in respect of all Insured lives on the death of the Policyholder. Should a Family member wishes to continue with the Policy as a new Policyholder, a new Application Form must be completed and submitted in order for cover to continue without new or additional waiting periods being applied in respect of lives covered as at date of death of the Policyholder. Cover in respect of all Insured lives is subject to Premiums having been received.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 6. Cooling off Period & Conditions of Cancellation | <p>You can cancel your policy anytime by letting us know in writing.</p> <p>If your cancellation notice reaches us within thirty-one (31) days after you received your policy summary or within thirty-one (31) days after it reasonably can be accepted that you should have received your policy summary, your policy ends when we receive your notice. We will pay back all premiums already paid to us provided that no claims have been reported. This is known as cooling-off cancellation. If no such written notification is received within the stipulated time frame, King Price Life will consider the policy as taken up and active, no refund can be effected. The policy cover and waiting periods will be effective from the cover start date and the cover will continue as long as future premiums are paid. Please send your signed cancellation request to <a href="mailto:cancellation@dignitygroup.co.za">cancellation@dignitygroup.co.za</a>. You can reverse your cancellation on an existing policy within 7 working days from receipt of cancellation.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |



# Other important information

| Description               | Disclosure                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 7. Premium Payment        | <p><b>When will your cover start:</b> Your cover will start on the 1st day of the month in which your first premium is paid. Your premiums may be paid via debit order, stop order or easy pay. Please inform our office immediately of any changes of your banking details or employment status change. Such information must be confirmed in writing.</p> <p><b>Premium guarantee period:</b> King Price Life undertakes to not change your benefits or premiums within the first twelve (12) months, unless it is absolutely required.</p> <p><b>Premium reviews:</b> King Price Life reserves the right to amend, revoke, vary or alter any of the terms and conditions of this policy provided that the Insurer gives the Policyholder at least 31 (thirty-one) days' written notice of its intention to do so. King Price Life reserves the right to adjust Premiums as determined by the Insurer's Head of Actuarial Control Function to the Policy benefits under this policy in the event of any government, provincial, municipal or other such authority imposing any involuntary charges, levies or taxes on the Insurer in respect of this Policy.</p> <p><b>Arrears:</b> Should a premium not be received on the premium due date; such policy will be regarded as in-arrears. This is when your policy misses one (1) month's premium payment and, in case of a claim, the value of the outstanding premium will be deducted from the claim amount.</p> <p><b>Lapsing of policy: Your policy will lapse if:</b></p> <ul style="list-style-type: none"><li>• You fail to pay two (2) consecutive premiums or;</li><li>• You fail to pay three (3) non-consecutive premiums within the lifetime of the policy;</li></ul> <p>A lapsed policy is considered cancelled and no further collection attempts will be made.</p> <p><b>Reinstatement of policy:</b> If the Policy benefit lapses due to non-payment of premiums, the Policyholder may apply for reinstatement of cover. Reinstatement will be allowed within 2 months from the effective lapse date, without imposing a new waiting period. The remaining period of a waiting period that had not yet passed at the time of lapse, will however still apply and outstanding premiums have to be paid in order for a reinstatement of cover to occur. Reinstatement of cover is not allowed at claim stage.</p> <p><b>Refunds:</b> The turnaround time for a refund request will be processed within 7-14 working days. Should you fail to inform Dignity Group within ninety (90) days to stop collecting premiums of a deceased member, the Insurer / Dignity Group reserves the right to recover collection fees before refunding your premiums.</p>                                                                                                                                                                                        |
| 8. Claims                 | <p>Misrepresentation or non-disclosure will result in the repudiation of your claim.</p> <p><b>How to claim:</b> Claims must be submitted within (12) twelve months of the death event. Failure to do so within the stipulated time frame will result in King Price Life not processing your claim. You must give Dignity Group all the required documents before King Price Life can process your claim.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 9. Claims Documentations: | <p>Dignity Group will provide you with a claim form that you will be required to complete. You may visit Dignity Group office near you, or call 0861 777 100 or email <a href="mailto:claims@dignitygroup.co.za">claims@dignitygroup.co.za</a>.</p> <ul style="list-style-type: none"><li>• A fully completed King Price Life claim form.</li><li>• A certified copy of a computerised death certificate issued by the Department of Home Affairs.</li><li>• A certified copy of the deceased's ID document.</li><li>• A certified copy of the ID document of the person making the claim.</li><li>• A fully completed SAPS statement in cases where the death was due to unnatural causes and a certificate of release, if applicable.</li><li>• A notification of death form (BI 1663) completed by the doctor who certified the death or an affidavit.</li><li>• A letter from the funeral parlour confirming that the deceased's remains are with them (must be on letterhead).</li><li>• Burial order issued by the Home Affairs.</li><li>• Other supporting documents (such as proof of marriage or proof of relationship to children) if applicable.</li><li>• In the case of a stillbirth, you need to give King Price Life a notification of the stillbirth (BI 1663) or a copy of the antenatal card and a letter from the hospital.</li><li>• A Stamped Bank Statement of the beneficiary (the person who will receive the pay-out)</li><li>• For a disabled child, confirmation of the disability grants, copy of the medical application or medical report.</li><li>• For a child who is over the age of twenty-one (21) years and a full-time student, proof of registration from a recognised educational institution must be submitted.</li></ul> <p><b>NOTE:</b> Should the Policyholder and the beneficiary be deceased when the claim event occurs, the policy benefit will be paid to an appropriately nominated or mandated person at the discretion of the Insurer.</p> <p><b>King Price Life reserves the right to:</b></p> <ul style="list-style-type: none"><li>• Request any further documentation or information it may deem necessary to assess a claim accurately.</li><li>• Carry out investigations regarding your claim.</li></ul> <p><b>General exclusions:</b> King Price Life will not pay your claim in the following circumstances:</p> <ul style="list-style-type: none"><li>• Fraudulent claim in terms of the benefits is committed.</li><li>• Death by suicide within the first twelve (12) months of the policy or cover, whether the insured life is of sound or unsound mind;</li><li>• Participation in any terrorist activity, riot, civil commotion, rebellion or war;</li><li>• Wilful and deliberate breaking of any criminal law by the Policyholder;</li><li>• Death as a result of nuclear, biological and chemical terrorism and nuclear accidents.</li></ul> |

## EASTERN CAPE

### Bizana

Shop no 42, Bizana Square Mall  
Tel: 039 251 0015

### Butterworth

16 King Street, Office 5  
Tel: 047 491 0745

### Cradock

No. 70 Frere Road  
Tel: 048 881 0465

### Dutywa

101 King Street  
Tel: 047 489 1165

### East London (Head Office)

8 Balfour Road, Vincent  
Balfour Office Park  
Tel: 0861 777 100  
Fax: 086 219 6250  
WhatsApp: 074 024 4455  
Email: [info@dignitygroup.co.za](mailto:info@dignitygroup.co.za)  
[www.dignitygroup.co.za](http://www.dignitygroup.co.za)

### Engcobo

135 Cala Road  
Office No 21  
Old Mutual Building  
Tel: 047 548 0119

### Grahamstown

115 High Street  
Tel: 087 153 7974

### King Williams Town

126 Alexandra Road  
Tel: 043 642 1138

### Lusikisiki

Office 5, Just On Building  
47 Amca Street, Lusikisiki, 4820  
Tel: 061 585 6097

### Mount Frere

Shop No 3, C & J Ludid Building  
77 N2, Mount Frere, 5090  
Tel: 039 255 0284

### Mthatha Office

No. 106 Ludidi House  
Madeira Street  
Tel: 047 531 1237

### Port Elizabeth

473 Govan Mbeki Avenue  
North End (opposite Pier 14)  
Tel: 041 363 3146

### Queenstown

Shop 7A, 12 Bert Strauss Centre  
66 Cathcart Road  
Tel: 045 838 2167

### Sterkspruit

Office 3, 60 Main Road  
Tel: 051 611 0187

### Uitenhage

Shop No B7  
Cnr Durban & Market Street  
Uitenhage Mall  
Tel: 041 964 8047

## FREE STATE

### Bloemfontein

No.10 Aliwal Street  
Tel: 051 430 2071

### Botshabelo

Shop No 18,  
Addy's Plaza Second Floor  
(Next to Reahola Entrance KA Mora  
Cambridge)  
Tel: 051 534 0314

## NORTHERN CAPE

### Kimberley

Shop 1, 4 Old main Road  
Hyesco Arcade  
Tel: 053 831 7 112

### Upington

10 Schroder street  
Tel: 054 331 0768

## GAUTENG

### Braamfontein

Office M0003 Nzunza House 88  
Jorissen Street, Braamfontein  
Johannesburg, 2001  
Tel: 011 970 1144

## LIMPOPO

### Polokwane

No 5 Schoemen Street  
Standard Bank Square  
Tel: 015 295 5850

## KWA-ZULU NATAL

### Durban

320 West Street, Suite 127  
1st Floor  
Tel: 031 301 0729

### Empangeni

28 Seven Max Well Empangeni  
Tel: 035 772 2240

### Kokstad

Office No. 17, Tiagos Building  
81 Main Street  
Tel: 039 727 3780

### Port Shepstone

Shop 25, 33-37 Aiken Street  
Port Shepstone Mall  
Tel: 039 682 0222

## WESTERN CAPE

### Cape Town

Unit 8C1, Ground Floor  
Nobel Park Centre  
Old Paarl Road, Bellville  
Tel: 021 945 2736

FOR MORE INFORMATION CALL

REPRESENTATIVE NAME

CONTACT NUMBER