VALUE PLAN

Dignity Group
FUNERAL INSURANCE

VALUE PLAN

About Value Plan

- This product provides cover for you (the policyholder), your spouse, children, or extended family members.
- Maximum entry age for extended members up to 99 years.
- The main member must always be covered on the policy.
- Cover for an extended family member may not exceed that of the main member.
- 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.

SINGLE MEMBER PLANS

	A	B	C	D	E
Cover	**R 5 000**	**R 10 000**	**R 15 000**	**R 20 000**	**R 25 000**
18-59 Years	R 20	R 40	R 60	R 80	R 100
60-69 Years	R 45	R 90	R 130	R 175	R 220
70-79 Years	R 95	R 185	R 275	R 365	R 460

*Cover for extended family members can be the same to that of the policyholder but not more than that of the policyholder.

IMMEDIATE FAMILY RATES

	A	B	C	D	E
Cover	**R 5 000**	**R 10 000**	**R 15 000**	**R 20 000**	**R 25 000**
18-59 Years	R 70	R 135	R 180	R 225	R 280
60-69 Years	R 100	R 195	R 255	R 360	R 450
70-79 Years	R 185	R 370	R 555	R 740	R 925

*A maximum of 6 children can be covered under Value 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 of age subject to proof being supplied

EXTENDED FAMILY RATES (up to 99 years)

	A	B	C	D
Cover	**R 5 000**	**R 10 000**	**R 15 000**	**R 20 000**
0-59 Years	R 60	R 90	R 120	R 150
60-69 Years	R 120	R 180	R 250	R 320
70-79 Years	R 200	R 240	R 355	R 475
80-89 Years	R 230	R 455	R 680	R 905
90-94 Years	R 365	R 725		
95-99 Years	R 470	R 935		

Dignity Group FUNERAL INSURANCE

King Price™ INSURANCE
Licensed life insurer | FSP no. 47235

VALUE 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 (below 80 years)

ID: | Title: | Initials: | Gender: male / female

Surname: | First names:

Tel (work): | Cell: | WhatsApp:

Preferred method of communication (policy schedule): Branch / WhatsApp / Email | Marital Status:

Postal Address: | Street:

Suburb: | City/Town: | Postal code:

Email Address: | Occupation:

Employer: | Preferred time to call: Anytime 08:00 - 17:00 / Morning 08:00 - 12:00 / Lunch 12:00 - 14:00 / Afternoon 14:00 - 17:00

Cover Amount: R | Premium: R

Details of Family (Below 80 years)

	First names and surname	Relationship	Age	ID Number
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Extended Members (below 100 years)

You may include as extended family child or relative in whom you have insurable interest and who is not listed above as immediate family. Please refer to the definitions of extended family members and insurable interest.

	First names and surname	Relationship	Age	Date of birth	Cover	Premiums
1				d d m m y y y y		
2				d d m m y y y y		
3				d d m m y y y y		
4				d d m m y y y y		
5				d d m m y y y y		
6				d d m m y y y y		
7				d d m m y y y y		
8				d d m m y y y y		
9				d d m m y y y y		

Beneficiary Details

A beneficiary is someone you nominate to receive Policy Benefit/s when you pass away. Beneficiary/ies must be 18 years (or older).

ID: | Title: | Initials: | Gender: male / female

Surname: | First names:

Tel (work): | Cell: | WhatsApp:

Relationship with policyholder:

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
Value Plan	☐	R

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:

Did the Advisor Complete an FNA : Yes | No

If NO, please state reasons:

Section 3: Replacement (if applicable)

Have you cancelled any policies in the last month/31 days or will you cancel an exsiting 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 financial services provider, FSP no: 44875. I am currently operating under supervision YES____NO____. DIGNITY GROUP holds a category I and IV Financial Services Provider License. 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 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 chosen product/plan 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.

Date: d d m m y y y y

I hereby agree that I may be contacted with regard to further marketing, advertising and other lifestyle products. YES | NO

Signature of policyholder:

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

Premiums are payable for the duration of the Policy and aren't refundable. This Cover is a whole-of-life Policy, which means that your Cover, including your Policy Members' Cover will remain in place as long as Premiums are up to date.

If the Premium is not paid in full, the policy will be seen as being in arrears, and the standard lapse rules below will apply.
If a Premium isn't received on the due date, the policy will be seen as being in arrears and, in the case of a claim, the value of the outstanding Premium will be deducted from the Cover. If a second Premium isn't received on the subsequent Premium due date, the policy and won't be allowed more than once.
The Insurer reserves the right to either accept or decline reinstatement of the Policyholder or any other Policy Member/s.will lapse, and Cover will cease.
The Policy will lapse if three non-consecutive Premiums are missed over the lifetime of the Policy.

If the Policy Benefit lapses due to non-payment of Premiums, the Policyholder may apply directly or via the Non-Mandated Intermediary to reinstate Cover. Reinstatement will be allowed within 2 months from the effective lapse date, without applying a new Waiting period. The remaining Waiting period at the time of the policy lapsing will still apply, and outstanding Premiums must be paid in order for the Cover to be reinstated. Reinstatement isn't allowed at claims stage

Cover can't be ceded, nor assigned or pledged as security in any way. The Policy is a risk only policy and doesn't have a surrender value.
Where a Policy covers multiple lives, Premiums are determined by the age of the oldest Life insured, who will be the Main Member.
It is the responsibility of the Policyholder to remove deceased members, where a claim was not submitted. Premiums will not be refunded.
The Insurer reserves the right to adjust Premiums as determined by the Insurer's actuarial control function to the Policy Benefits if any government, provincial, municipal, or other authority imposes any involuntary charges, levies, or taxes on the Insurer.

To ensure that the Product is actuarially sound, the Insurer is entitled to review and increase the Premiums payable at least annually. The Insurer will notify the Main Member/s 31 days prior to implementing the increase.

Cover will cease for all Policy Members on the Main Member's death. If a Policy Member wants to continue with the policy, they need to apply as a new Main Member by submitting a new Application. This will ensure that Cover continues without new/ additional Waiting Periods. Cover for all Policy Members is subject to the Insurer receiving the relevant Premiums.

The Insurer reserves the right to amend, revoke, vary, or alter any of these terms and conditions, giving the Policyholder 31 days' notice.

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 Death, 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

Policy Members who're pregnant and need cover for children should move to a Product that accommodates children as soon as possible, bearing in mind the Waiting periods. The Insurer will (in good faith) cover children born to the Main Member/Spouse for the first 3 months from their date of birth.
Only two stillbirth claims will be allowed over the lifetime of the Policy.

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. Payment of claims under such circumstances can therefore not be guaranteed.

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

Complaints & Compliance

Any complaints must first be lodged with Dignity Group in writing, 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 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 Tel: 012 762 5000 / 012 470 9080 Fax: 012 348 3447 / 086 764 1422 Email: info@faisombud.co.za Website: www.faisombud.co.za
National Financial Ombudsman	Phone: 0860 80 09 00 WhatsApp: 066 473 0157 E-mail: info@nfosa.co.za Website: nfosa.co.za

Contact Details

The Insurer:	King Price Life Insurance Limited, A Licensed Insurer Tel Nr. 0861 007 966 Menlyn Corporate Park, Block C 175, Corobay Avenue, Waterkloof Glen, Pretoria, 0081
The Administrator:	Dignity Group (Pty) Ltd, Approved Financial Service Provider (FSP Nr 44875) Tel Nr. 086 177 7100 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:
Surname:
Bank:
Account Number:
Account Type:
Branch Code:
ID:
Cell Number:
WhatsApp:
Address:
Reference on payer's bank statement: DIGNITYGR
Debit Amount: R
Deduction Date: d d m m y y y y

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 comitted to safeguard and process your information in a lawful manner.

By signing your signature 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 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: d d m m y y y y

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/ 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 payrol deduction be unsuccessful, for any reason, the debit order mandate will instate.

Name and surname

Date

Signature

Dignity Group FUNERAL INSURANCE

KingPrice™ INSURANCE
Licensed life insurer | FSP no. 47235

SASSA mandate

Stop order mandate

Policy no. _____

Grant beneficiary

Name and surname		Grant Type	
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

Family tree and definitions

POLICYHOLDER
You, the primary life assured who qualifies for Cover in respect of the Policy, and who elects to apply for Cover and agrees to pay the premium for it. 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.

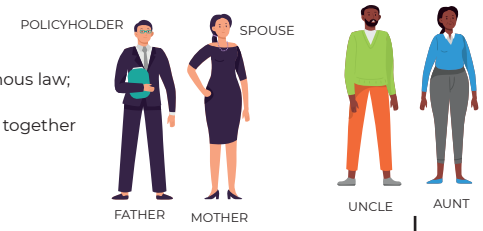
GRANDPARENTS

EXTENDED FAMILY MEMBERS
A person
- Who's financially dependent on the Main Member;
- Whose life the Main Member has an Insurable Interest in;
- Whose funeral costs the Main Member needs financial help with; or
- Who's related to the Main Member by blood, marriage, or adoption.

This includes parents, parents-in-law, grandparents, siblings, grandchildren, adult dependent children, additional spouse/s, aunts, uncles, cousins, nephews, or nieces.

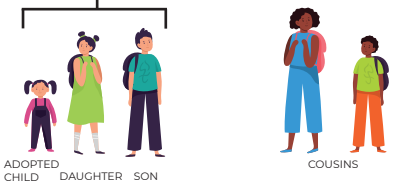
SPOUSE
1 person to whom the Main Member is married in terms of law, including:
- a customary marriage in accordance with the applicable indigenous law;
- the doctrines of any recognized religion or tradition;
- a common law spouse or life partner, provided that they've lived together for at least 12 months before the Insured Event.

This relationship must be in place when the policy is applied for.



IMMEDIATE FAMILY
Your spouse and children.

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)



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.

Value Plan - This product provides cover for you, as the Main Member, along with your spouse, children, or extended family members. Maximum entry age for extended members is allowed up to age 99 years, making it flexible for all generations. The Main Member must be covered in order for dependents to be added to the policy, and all members will be under the same plan. The cover amount for any extended member may not exceed that of the Main Member.

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 Cash Back 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.

Administered by Dignity Group, an authorised financial services provider FSP 44875 and underwritten by King Price Life Insurance Limited, a licensed insurer in terms of the Insurance Act, 2017. Registration Number 1948/029011/06 (Authorised FSP: No 47235)

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. A claim payment (following the Policyholder's death) is directly payable to the Beneficiary/ies.

Life insured: The person/ persons, covered in terms of the plan selected.

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: A financial- or familial interest in the life of a Policy Member. 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 insured 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. Premiums are payable for the duration of the Policy and aren't refundable. Cover can't be ceded, nor assigned, or pledged as security in any way. The Policy is a risk only policy and doesn't have a surrender value.

Policyholder responsibilities:

- To ensure they provide accurate and complete 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 Insurer/Binder holder.
- 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. Accidental death doesn't include unnatural causes or death directly or indirectly relating to an illness.

Protection of Personal Information (POPI)

Dignity Group and King Price Life 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. This consent clause will remain in force unless you object via lifepopi@kingprice.co.za.

Other important information

Description	Disclosure
1. Insurer & Administrator	Administered by: **Dignity Group Pty Ltd. Registration Number 2017/085106/07** An Authorised Financial Service Provider. FSP Number 44875 8 Balfour Road Vincent East London. Postnet Suite 307, Private Bag X9063. East London 5200 Tel: 0861 777 100 Fax: 086 219 6250 Email: info@dignitygroup.co.za www.dignitygroup.co.za Underwritten by: **King Price Life Contact Details:** King Price Life is a licensed insurer and an authorised Financial Services Provider. FSP Number is 47235. Menlyn Corporate Park, Block A 175 Corobay Avenue Waterkloof Glen, Ext 11, Pretoria, 0081 Tel: 0861 00 79 67 Email: lifesales@kingprice.co.za Web: //www.kingprice.co.za
2. Complaints procedure	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: complaints@dignitygroup.co.za. 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 20 days from receipt of a written complaint. Should there be any delays in this, we will advise you timeously. If a Policyholder hasn't received a response within 20 days or isn't satisfied with the response from the Binder holder/Non-Mandated Intermediary, a formal complaint can be made to lifecomplaints@kingprice.co.za. If there are concerns about the information received, send an email to lifecompliance@kingprice.co.za: **Complain to the Ombudsman** If the Policyholder isn't satisfied with the Insurer's response, a complaint can be made to the National Financial Ombudsman: Phone: 0860 80 09 00 WhatsApp: 066 473 0157 Email: info@nfosa.co.za Website: nfosa.co.za **Complain to FAIS Ombud** If a Policyholder isn't satisfied with the Binder holder/Non-Mandated Intermediary, a complaint can be made to the Ombudsman for Financial Services Providers: Phone: 012 762 5000/012 470 9080 | Fax: 012 348 3447/086 764 1422 Email: info@faisombud.co.za | Website: faisombud.co.za Address: P.O Box 74571 Lynnwood Ridge, 0040
3. Dignity Group Compliance Officer	**Moonstone compliance services** 25 Quantum Street, Techno Park, Stellenbosch, 7600. Tel: 021 883 8000 Fax: 086 6050 834. E-mail: rvermaak@moonstonecompliance.co.za
4. Policy Replacement	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 Policyholder by providing a signed and completed replacement Record of Advice, notice of cancellation with the previous insurer, and six (6) 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.
5. Policy Continuation	Cover will cease in respect of all Insured lives on the death of the Policyholder. Should a Family member 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 Insured lives is subject to Premiums having been received.
6. Cooling off Period & Conditions of Cancellation	**Cooling Off Period:** You may cancel your policy within 31 days from the signature date/application date, if you have not claimed for a Benefit. All premiums paid up to that point, subject to the cost of any Cover enjoyed. **Cancellation**: The Policyholder may cancel the Cover at any time by giving 31 days' notice to Dignity Group/Insurer. Please send your signed cancellation request to cancellation@dignitygroup.co.za. You can reverse your cancellation on a Policy within 7 working days from receipt of cancellation. If you cancel your Policy, Premium deductions will continue until they are cancelled by either the bank or PERSAL, and Cover will continue until such date. The cancellation will be effected at the end of the Cover period for which Premiums have been collected or processed. Premiums will not be refunded, as you will enjoy Cover until the end of the month for which Premiums have been collected or processed. The Insurer may cancel the Cover on reasonable grounds at any time by giving 31 days' notice, subject to prevailing legislation.

Other important information

Description	Disclosure
7. Premium Payment	**When will your cover start:** Your cover will start on the first calendar day of the month in which your first premium is succesfully received by the Insurer, for Cover for that same month. 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. **Premium guarantee period:** King Price Life undertakes to not change your benefits or premiums within the first twelve (12) months, unless it is absolutely required. **Premium reviews:** 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 actuarial control function to the Policy Benefits if any government, provincial, municipal or other authority imposes any involuntary charges, levies or taxes on the Insurer. **Arrears:** Should a premium not be received on the premium due date; such policy will be regarded as in-arrears. This is when you miss 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. **Lapsing of policy: Your policy will lapse if:** •You fail to pay two (2) consecutive premiums or; •You fail to pay three (3) non-consecutive premiums over the lifetime of the policy; A lapsed policy is considered cancelled and no further collection attempts will be made. This means that you are not covered and you will not be able to claim. **Reinstatement of policy:** 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 and won't be allowed more than once. The Insurer reserves the right to either accept or decline reinstatement of the Policyholder or any other Policy Member/s.
8. Claims	· An Insured Event should be reported and supporting documents submitted, in writing, within 12 months. The claim will be forfeited and not honoured if the claim isn't submitted successfully within this period. · Claim payments will be made into South African bank accounts only. · No claim will be considered (or Benefit paid out) if: - The Claimant can't provide the Insurer with acceptable documentation as positive verification of the Insured Event. - If the Policy Member doesn't fall within the definitions or parameters as detailed in these terms and conditions. · If the claim is fraudulent in any way, or if any fraudulent means are used to obtain Policy Benefit/s, the claim won't be honoured, and the Insurer will have the right to cancel the Cover. · The Insurer reserves the right to investigate claims where risk indicators were triggered, which may affect the claim payment turnaround time. · The Insurer will be entitled to deduct any outstanding Premiums or other amounts payable from the claim amount. · Payment of the Policy Benefits will be a full and effectual discharge of the Insurer's liabilities. · A claim payment (following the Main Member's death) is directly payable to the Beneficiary/ies. · Claim payments for Insured events other than the Main Member's death are directly payable to the Main Member. · The Insurer will honour the written request of a Claimant to have a claim amount paid directly to a funeral/burial service provider. · If an Insured event occurs in respect of a Main Member or any other Policy Member outside the borders of South Africa, such claim will be subject to receipt of the official proof of death from another country, which the Insurer may or may not be able to verify. Payments of claims under such circumstances can therefore not be guaranteed. **King Price Life** will not pay your claim in the following circumstances: • Death by suicide within the first twelve (12) months of the policy or cover, whether the insured life is of sound or unsound mind; • Participation in any terrorist activity, riot, civil commotion, rebellion or war; • Wilful and deliberate breaking of any criminal law by the Policyholder; • Death as a result of nuclear, biological and chemical terrorism and nuclear accidents.

Other important information

Description	Disclosure
9. Claims Documentations:	**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 claims@dignitygroup.co.za. · A fully completed King Price Life claim form. · A certified copy of a computerised death certificate issued by the Department of Home Affairs. · A certified copy of the deceased's ID document. · A certified copy of the ID document of the person making the claim. · A fully completed SAPS statement in cases where the death was due to unnatural/accidental causes and a certificate of release, if applicable. · A notification of death form (BI 1663) completed by the doctor who certified the death or an affidavit. · A letter from the funeral parlour confirming that the deceased's remains are with them (must be on letterhead). · Burial order issued by the Home Affairs. · Other supporting documents (such as proof of marriage or proof of relationship to children) if applicable. · 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. · A Stamped Bank Statement of the beneficiary (the person who will receive the pay-out) · For a disabled child, confirmation of the disability grants, copy of the medical application or medical report. · 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. NOTE: 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. **King Price Life** reserves the right to: · Request any further documentation or information it may deem necessary to assess a claim accurately. · Carry out investigations regarding your claim.
10. General Exclusions & Restrictions:	• Should the life of any Policy Member be insured more than once with **King Price Life**, the total Cover Amount, in respect of Funeral Cover, payable in respect of the death of such Policy Member, will be limited to: - Policy Member/s > 14 years: Can't exceed the Main Member's Cover up to a max of R60,000. - Children aged 6 – 13 years: 50% of Main Member's Cover up to a max of R50,000. - Children aged 0 – 5 years: 25% of Main Member's Cover up to a max of R20,000. - Should the claim amount be less than the Cover Amount paid for, Premiums will be refunded in respect of Cover paid for but not received. • An Extended Family Member cannot be covered for more than what a Main Member is covered in total across all Policies with the Non-Mandated Intermediary. • Policy Members who're pregnant and need cover for children should move to a Product that accommodates children as soon as possible, bearing in mind the Waiting periods. The Insurer will (in good faith) cover children born to the Main Member/Spouse for the first 3 months from their date of birth. • No Policy Benefits are payable if an Insured event arises directly or indirectly from: - war - riots - civil commotion - terrorist activities - Wilful exposure to danger. - the Main Member and/or Policy Member being under the influence of any drugs or alcohol. - participation in any criminal act. - radioactivity - nuclear explosions - Intentional self-inflicted injury. • Foreigners who don't ordinarily reside in South Africa won't qualify for Cover. • Deceased Policy Members on a society plan cannot be replaced by a new Policy Member. • Unless otherwise specified, Extended Family Members aren't automatically included in any Policy/Plan but can be added to a Policy at an individual age-rated premium.
11. Policy Amendments:	**How to make changes to your policy:** 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 **amendments@dignitygroup.co.za**

Administered by Dignity Group, an authorised financial services provider FSP 44875 and underwritten by King Price Life Insurance Limited, a licensed insurer in terms of the Insurance Act, 2017. Registration Number 1948/029011/06 (Authorised FSP: No 47235)

Dignity Group
FUNERAL INSURANCE

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
www.dignitygroup.co.za

Flagstaff
2686 Back Street
@Dr Qaba Surgery
Opposite Flagstaff Square
Flagstaff
Tel:086 1777 100

Fort Beaufort
45 Durban Street
Fort Beaufort
Tel:086 177 7100

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 Ludidi 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 1 12

Upington
10 Schroder street
Tel: 054 331 0768

KWA-ZULU NATAL

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

Empangeni
38 Union Street 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