

POLICY DOCUMENT

Family Cover

This section provides most of the important stuff you need to know. If you do not understand any of the terminology used, please refer to the glossary for explanations.

BENEFITS

Simply Family Cover offers three core benefits – Simply Life, Simply Disability and Simply Funeral. Within the Simply Funeral benefit, you can choose to cover only yourself, or you can choose to also cover direct and extended family members. Please refer to your Policy Schedule to see the type and level of cover you have selected.

All benefits increase at 5% per annum. The increase in benefits takes place on each policy anniversary.

SIMPLY LIFE

Payout:

100% of the insured amount is paid in a lump sum if you, as the insured person, die.

If you are diagnosed with a terminal illness and are expected to die within 12 months, you can choose to take 100% of your lump sum paid in advance to you or your beneficiaries. If you choose this option, your policy will be terminated, even if you recover from your illness. We will require supporting medical evidence to confirm the doctor's diagnosis and that life expectancy is less than 12 months.

Additional benefits:

Groceries

The primary beneficiary receives an additional R500 cash towards buying groceries every month, for 6 months after the death of the main life assured.

SIMPLY DISABILITY

Payout:

A lump sum is paid if you have suffered total, permanent and irreversible disability. This can mean the loss of a bodypart, or the loss of use of a body part. The incident which causes the disability must have occurred after your policy's inception date.

There is a 6 month deferred period (time from when the disability started) before you are eligible for this benefit. This benefit only covers very specific injuries or illnesses. It doesn't cover everything that could affect your ability to work. The lump sum amount is calculated as follows:

- Both hands or both feet (at or above the ankle joint/at or above the wrist): 100% of cover
- One hand or one foot (at or above the ankle joint/at or above the wrist): 50% of cover
- One hand and one foot (at or above the ankle joint/at or above the wrist): 100% of cover
- Both eyes (permanent and irreversible loss of all vision with no light perception in both eyes): 100% of cover
- Speech (permanent and irreversible loss of ability to speak as a result of injury or disease to vocal cords or brain): 100% of cover
- 3rd degree burns >40% of body surface: 100% of cover
- 3rd degree burns 20-40% of body surface: 50% of cover

SIMPLY FUNERAL

Payout:

A lump sum is paid if you or a family member covered under the policy dies. The amount payable for each person covered can be different, and the amounts you've selected are shown in your policy schedule.

Adding family members:

Additional family members can be added to the funeral benefit after the policy has been purchased. You will need to pay an additional premium for each additional person covered.

Who can be covered:

The list of family members who can be covered under the funeral benefit is given below, along with a definition of what this relationship means. It is very important that the relationship selected is accurate. In the event of a claim, Simply will verify that the person covered is related to you or your spouse as stated. We reserve the right to decline the claim if they are not.

- First Spouse – your legal or common-law spouse (including traditional marriage)
- Children – these must be your biological (or legally adopted) children.
- Additional Spouse – if you have multiple spouses.
- Parents – these must be your biological (or legally adoptive) mother and/or father.
- Siblings – these must be the biological (or legally adopted) children of one or both of your parents.
- Aunts and Uncles – these must be the sibling of one of your parents, or legally married to the sibling of one of your parents.
- Nieces and Nephews – these must be the biological (or legally adopted) children of your sibling.
- First Cousins – these must be the biological (or legally adopted) children of your aunt or uncle.
- Grandparents – these must be the biological (or legally adoptive) parents of your parents.
- Great Grandparents – these must be the biological (or legally adoptive) parents of your grandparents.
- Grandchildren – these must be the biological (or legally adopted) children of your own children.
- Great Grandchildren – these must be the biological (or legally adopted) children of your own grandchildren.

The relationship can also be marriage, so it can be your relation, or your spouse's relation, where the same definitions apply as above.

Your step-children and step-parents can also be covered.

ADDITIONAL BENEFITS

Body Repatriation:

Your policy also includes a body repatriation benefit for yourself, your spouse and your children under the age of 21 (if applicable). The benefit covers the transportation of the deceased's mortal remains to a place of burial within South Africa, as well as a number of other funeral assistance services. Please note that other persons covered under this policy do not qualify for the body repatriation benefit. Please see the terms and conditions (T&C's) for further detail.

HOW LONG ARE YOU COVERED FOR?

You are covered for life, as long as you pay the monthly premium.



Products underwritten by Old Mutual Alternative Risk Transfer Limited, a licensed Life Insurer.



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CASHBACK

Cashback is an optional benefit, but requires the payment of an extra premium. This is how it works:

- If you have selected this option, every five years that you do not claim, you will receive a cash payment equal to 50% of all the premiums you have paid in those 5 years, provided your premiums are up to date.
- You can cancel this option at any time and still keep your insurance cover, but you will not receive any cash value and will not be eligible for the benefit.
- Please read the T&C's for more details

PREMIUMS

Your monthly premium:

Your premiums are payable monthly in advance. Your premiums increase by 10% every year. Your cover increases by 5% every year. For an understanding of how your premiums will increase over the next 5 years, see your Policy Schedule.

Is my premium guaranteed?

Your premium (the amount you pay each month) is guaranteed not to change for the first year of your policy. Thereafter, we may revise it at any time with at least 31 days notice. We will only make changes to premiums (on top of the standard 10% annual increase) if claims experience or administration expenses are very different to what we expected when we initially set the price, or if there is a major change in regulation.

What if you miss a payment?

There is a 30 days grace period if you fail to pay a premium. This means you will still be covered until the following premium is due. If that payment also fails, your cover will become inactive, and any claims received after this point would not be paid. We will continue to try to collect a premium and your cover will start again as soon as a premium is received. See below for rules on reactivation.

What if the cover has stopped, but you want to re-activate it?

If your policy is cancelled because you haven't paid the last premium, but you don't want to lose the policy, you can restart it. This is called a reinstatement. Simply will continue to try to contact you, and to deduct the premium due for a period after your cover has become inactive. However, after a few attempts, we will give up and the policy will be canceled. You will receive a notification of this cancellation.

You will still have a short window after this to contact us, pay a premium and restart the cover. You can reinstate your policy in this way a maximum of 5 times. If you do not use this option you will need to take out a brand new policy, potentially at a different premium. New medical questions will also be asked, and a new waiting period will apply.

WAITING PERIOD

What if the cover has stopped, but you want to re-activate it?

The policy waiting period is the period directly after you've taken out the policy. During the waiting period, the cover is limited to accidental-only cover until you have paid 6 premiums and the policy has been in force for at least 180 days. After the waiting period, you will enjoy full cover. If you increase cover on an existing benefit, or add a benefit to your existing policy (including covering a new family member under the funeral benefit), a new waiting period will apply on the new benefits. As such, the additional cover will be limited to accidental-only until it has been in force for at least 180 days and you have paid the additional premium at least 6 times. This will not affect the waiting period on existing benefits.

What if a claim is submitted during the waiting period?

Death or disability related to accidental causes are covered during the waiting period. Death or disability from natural causes are not.

What happens to the premiums during the waiting period?

If you die of natural causes during the waiting period, your premiums will be paid back. If other family members die during the waiting premium, no premium will be refunded.

Waiving the waiting period for funeral benefits

If this policy is replacing an existing funeral benefit, it is possible that the waiting period on your Simply Funeral Cover, will be waived. In that case funeral benefits would be paid during the waiting period even if the cause of death is natural causes.

The waiting period can only be waived for lives that were covered under the previous policy, and there are several other requirements:

1. The previous policy must be for the same or higher cover amount
2. The policy must have been in force for at least 6 months
3. The policy can no longer be active, and must have been cancelled within 2 months of your Simply Family Cover policy being taken out.
4. The old policy must have been with an insurance company licensed with the Prudential Authority.

You must have requested to have the waiting period waived during your application process, and accepted these conditions. If you were eligible, no waiting period will be shown on your policy schedule. These details will be checked at claims stage, and if they cannot be proved, the waiting period will still be applied, and claims due to natural causes will not be paid.

Waiving the waiting period on Covid-19 Claims

The standard waiting period may be waived for the main life insured if the cause of their death is Covid-19. This special waiver will have been specified in your schedule. The waiver only applies if the main life insured has confirmed that (at the time of application):

- They have not chosen, nor been advised, to self-isolate as a result of COVID-19 exposure or potential exposure, or
- They have not tested positive for COVID-19, nor are they awaiting the results of, nor planning to take, a COVID-19 test
-

The waiver only applies to the main insured life on Life or Family Funeral benefits. It does not apply to any other family members covered under the Family Funeral benefit, or the Extended Family Funeral benefit. This waiver is also subject to standard underwriting rules, so if the insured life has failed to disclose a serious pre-existing health condition, their claim may not be considered valid, even where the cause of death is Covid-19.

COOLING OFF

If you change your mind within 31 days of taking out your policy, you can cancel your policy with a full return of any paid premium.

BENEFICIARIES

Your beneficiary is the person who receives the lump sum when you die. You can change or add a beneficiary at any time – just let us know. You can have up to four beneficiaries on one policy. If you chose more than one beneficiary, the benefit will automatically be split equally between them. If you have not chosen a beneficiary, the payout goes into your estate. If the beneficiary is a minor (younger than 18), the payout goes to their guardian for the minor's benefit. If a nominated beneficiary is deceased, their share of the benefit will be paid into your estate.

You will be the beneficiary for any family members covered under your Funeral benefit as well as on the disability benefit.

CHANGING THE COVER

The cover can be decreased at any time, for example if you can no longer afford the premium. It cannot be decreased below our minimum cover amounts (refer to the T&C's). The cover can also be increased at any time. However, if increased:

- within 6 months of taking out the policy, you will need to complete a simple declaration of good health.
- more than 6 months after taking out the policy, you will need to re-answer all the relevant underwriting questions and a new waiting period will apply for the additional cover.

You can also add new benefits and new family members to your Funeral benefit.

THE CLAIMS PROCESS

We need to be informed within 90 days of the insured's death, or the event which lead to the insured's disability claim. Read our T&C's to see the documents that are required when a claim is submitted. We will also help you or your beneficiaries through the process when the time comes. You should make sure your loved ones know that you have taken out this policy. Tell them how to contact us if they ever need to claim. You should also make sure your loved ones understand the importance of being honest when submitting a claim. Failure to be honest might affect the payment of the claim.

If your claim is declined by OMART, you have 90 days from when you are notified of this, to make representation to us so that we may review this decision.

REASONS A CLAIM CAN'T BE PAID

Unfortunately, no benefit can be paid if the death or injury is caused by one of the following:

1. Participation in any terrorist activity, riot, civil commotion, rebellion or war.
2. Radioactivity or nuclear explosion.
3. Wilful and material violation of any criminal law.
4. Driving while the concentration of alcohol in your blood exceeds the legal limit.
5. Intentional intake of drugs, narcotics or medication, unless prescribed by a registered medical practitioner, and used as prescribed.
6. For life/funeral cover: suicide or deliberate self-injury within 2 years of starting the policy. For disability cover: attempted suicide or deliberate self-injury at any time.
7. Refusal of treatment recommended by a registered medical practitioner.
8. Hazardous pursuits. See our glossary for a detailed description of 'hazardous pursuits'.

UNDERWRITER

The underwriter of this policy is Old Mutual Alternative Risk Transfer Limited (OMART), a registered Long-term Insurer in the Old Mutual Group. It's your responsibility to be absolutely truthful with us. OMART relies on this information to issue your policy and pay any claim. If you are not completely honest, or don't disclose all relevant information, or misrepresent any information to us, OMART has the right to cancel your policy or change the terms of your policy.

If any claim is based on false or incomplete information, OMART will not pay the claim. If, after OMART pays any claim, OMART finds that it was based on false or incomplete information, all claim payments must be refunded to them.

For more information on OMART, please see the T&C's.

CONTACTING SIMPLY

Please contact our team if you want to make any changes to your policy, including cancelling or cooling-off, or if you need to claim. You can also log in at any time to view or update your policy details.

Telephone: 021 045 1513

Email: admin@simply.co.za or claims@simply.co.za

Website: www.simply.co.za



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Family Cover

Life insurance is full of strange language. Hopefully these definitions will help.

ACCIDENTAL DEATH OR DISABILITY

Death or disability caused by a sudden and unexpected event that happens at a clear time and place. An accident is usually something violent, external and outside your control that happens TO you.

BENEFICIARY

If the insured person dies or is disabled, the beneficiary is the person who receives the lump sum payment.

COOLING-OFF PERIOD

A 31-day window after the policyholder takes out the policy, during which the policy can be cancelled with a full refund of premiums.

DEFERRED PERIOD

This is the period between when an event happens and when benefits start being paid. So for example, if you are disabled, there will be a short period between when you become disabled, and when the payout takes place. This is to confirm that you will not recover before paying.

EXCLUSIONS

These are situations or causes of claims where the cover cannot be paid out. They are explained in a section above called "REASONS A CLAIM CAN'T BE PAID".

GRACE PERIOD

If you fail to pay a premium, you will remain covered for another 30 days ("the Grace Period"). If your next payment also fails, your cover will lapse (end) after those 30 days and you will not be entitled to any cash back.

HAZARDOUS PERSUITS

These are unusually dangerous activities that the insured person engages in regularly, not occasionally. Examples include but aren't limited to big game hunting, boxing, mixed martial arts, outdoor rock climbing, skydiving, motor and boat racing, as well as white water rafting.

INSURED PERSON

The person whose life is covered by the policy. When the insured person dies or is disabled, a lump sum is paid out.

LUMP SUM

A lump sum is the total amount of cover paid out in one payment, rather than the cover being paid out over time in smaller regular payments.

NATURAL CAUSES

Causes of death or disability like disease and old age, rather than those related to violence or an accident.

POLICYHOLDER

The person who takes out the policy and who is responsible for paying the monthly premium.

WAITING PERIOD

This is the period directly after you've taken out the policy – you need to pay premiums but the cover is limited until the waiting period is over. For more details of the cover during the waiting period, please see earlier in this document.

UNDERWRITER

This is the company who will be responsible for paying any claims that are made. They are also referred to as the insurer in this document.

TERMS AND CONDITIONS

Family Cover

Nobody likes to read the T&C's but there's important additional information in here. We've kept it as simple as possible, so please take a careful look.

SIMPLY FINANCIAL SERVICES

Simply Financial Services (Pty) Ltd (Simply), registration number 2011/132479/07, is an authorised financial services provider (FSP), FSP Number 47146, licensed by the Financial Sector Conduct Authority (FSCA) to distribute life insurance products.

THE INSURER

The Insurer is Old Mutual Alternative Risk Transfer Limited (OMART), registration number 1997/008994/06, a licensed life insurer with its offices at Mutual Park, Jan Smuts Drive, Pinelands. The Insurer is a member of the Old Mutual Group. The Insurer's Compliance Officer can be contacted at OMART compliance@oldmutual.com.

APPLICATION PROCESS

Simply distributes OMART insurance products online and through a call center. Sign-up for an insurance policy is done telephonically or by completing an online application. By signing up for an OMART policy through Simply, you agree to be bound by OMART and Simply's T&C's. Once your application has been submitted to Simply, Simply will evaluate your application and check the personal and banking details provided to ensure that they are correct and relevant to you as an applicant. You will be able to review the application and correct any mistakes in your application. Once Simply has received the application and accepted it on behalf of OMART, you can cancel the policy at any time by sending an email to: cancellations@simply.co.za. If you, as a policyholder, cancel the policy, we will not collect any more premiums from you. The cover will continue until the next normal debit date.

THE SIMPLY FAMILY COVER CONTRACT

Your contract consists of your application, the policy schedule and the policy documents. Simply Family Cover policies are underwritten by OMART, which means that OMART is responsible for paying claims to your beneficiaries and ensuring that you are provided with everything detailed in your policy document. Simply markets, distributes and looks after the insurance policies, including your own.

However, your agreement to pay a monthly premium in return for cover is directly with OMART. The cover you have with OMART is explained fully in this document. Be sure to read this document carefully, double-check all the details in this document and contact us if you have any questions.

SIMPLY AS A BINDER HOLDER

OMART is the insurer of your policy and Simply is the binder holder. This means that Simply performs key functions on behalf of the insurer, such as issuing and administering the policy and managing the claims process. Simply is paid binder fees by OMART for these functions, up to a maximum of 1.5 times the monthly premium upfront, and 20% of each month's premiums thereafter. These fees are included in the premium you pay, there is no additional cost to you.

CELL CAPTIVE ARRANGEMENT

Simply is one of OMART's preference shareholders, which means Simply shares in the profits and losses that result from the insurance business generated by Simply. In the insurance industry, this is called a cell captive arrangement. As OMART's representative, Simply markets and sells policies such as yours, in return for remuneration from OMART. Simply is not an independent intermediary and only markets and sells OMART policies.



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PREMIUM PAYMENT

Simply facilitates the collection of your premium on behalf of OMART. You agree that you will pay the premium on the specified date (s), and authorise OMART to debit your bank account using the bank account information provided in your application. Premiums will be payable monthly in advance from the start date of your policy, and your obligation to pay a monthly premium will continue as long as your policy is in effect. We will attempt to deduct your premium on the debit order date you've selected, but we may track your bank account and deduct on another day.

The Debit Order transaction will include the shortcode "Simply", which will reflect on your bank statement.

POLICY RE-INSTATEMENT

You are permitted to reinstate lapsed policies within 3 months of your first missed premium. However, OMART will limit the number of allowed reinstatements to 5 over the term of the policy.

TERM

The cover will start as soon as your application has been completed unless your first premium is due to be collected more than 30 days from the application date, in which case the cover will start 30 days before Simply receives your first premium. Your policy will automatically be renewed and will continue as long as you continue to pay premiums. You must inform Simply should you or any covered family member spend more than 90 days outside of South Africa within a calendar year. We reserve the right to discontinue your cover if this is the case.

FINANCIAL ADVICE

Simply is an authorised FSP, marketing, distributing and servicing long-term insurance products underwritten by OMART. Simply's representatives do not provide financial advice as defined by the Financial Advisory and Intermediary Service Act, 37 of 2002 (FAIS). Where this product has been sold by an independent intermediary mandated by OMART, they may provide advice and may be licensed to do so.

REMUNERATION

Simply is OMART's representative authorised to market and sell this policy. Simply receives more than 30% of its total remuneration from OMART. Simply sales consultants earn a salary and a percentage of sales as remuneration.

The total remuneration paid by OMART to Simply or to a third-party intermediary for the sale of this policy will not exceed 15.6 times the monthly premium in regard of this policy.

ISSUER DISCLOSURES

Protection of Personal information

OMART may use your information or obtain information about you (including criminal and/or health information) for the following purposes:

- Underwriting
- Assessment and processing of claims
- Where applicable, credit reference searches or verification, credit scoring and assessment and credit management
- Verification of personal information (including your identity, address and banking details)
- Updating your personal information
- Claims checks (Industry Life & Claims Register(s))
- Tracing beneficiaries
- Debt tracing or debt recovery
- Tracing where you are uncontactable

- Prevention and detection of fraud, crime, money laundering (including anti-money laundering screening) or other malpractice
- Market or customer satisfaction research or statistical analysis Audit & record keeping purposes
- Compliance with legal & regulatory requirements and in connection with legal proceedings.
- Sharing information with service providers including appointed administrators (Simply Financial Services as at time of policy issue) we engage to process such information on our behalf or who render services to us. These service providers may be abroad, but we will not share your information with them unless we are satisfied that they have adequate security measures in place to protect your personal information
- You agree that we may view, search and update your information.
- You may access your personal information that we hold and may also request us to correct any errors or to delete this information. In certain cases, you have the right to object to the processing of your personal information.

You also have the right to complain to the Information Regulator, whose contact details are:

<http://www.justice.gov.za/inforeg/index.html>

Tel: 012 406 4818

Fax: 086 500 3351

Email: inforeg@justice.gov.za

MARKETING

The Old Mutual Group (of which OMART is a subsidiary) would like to offer you ongoing financial services and may use your personal information to provide you with information about products or services that may be suitable to meet your financial needs. Please sms your ID number to 30994 if you would prefer not to receive such information and/or financial services.

To view the Old Mutual Group full privacy notice and to exercise your preferences, please visit our website on <https://www.oldmutual.co.za/privacy-notice> (<https://www.oldmutual.co.za/privacy-notice>)

INTERMEDIARY DISCLOSURES

Protection of Personal information

Simply may use your information or obtain information about you for the following purposes:

- To provide you with our financial products and services, and maintain our relationship with you;
- To provide you with intermediary services;
- To execute a transaction in accordance with your request;
- To comply with legislative and regulatory requirements, including codes of conduct and requirements of our regulators (including the Financial Sector Conduct Authority and Prudential Authority);
- To perform any risk analysis or for purposes of risk management to you or our business in general;
- To record and/or monitor and have access to your telephone calls (i.e. voice recordings), correspondence and electronic communications to/with us (or any of our employees, agents or contractors) in order to accurately carry out your instructions and requests, to use as evidence and in the interests of crime prevention;
- For statistical analysis and research purposes; For audit and record-keeping purposes;
- For purposes of proof and legal proceedings;
- To conduct market research and provide you with information about our products and services from time to time via email, telephone or other means (for example, invite you to events);
- To process your marketing preferences (where you have unsubscribed from certain direct marketing communications, keeping a record of your information and request to ensure that we do not send such direct marketing to you again);
- To prevent or control the spread of any disease; and
- For any purpose related to and compatible with the above.



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You agree that we may view, search and update your information.

You may access your personal information that we hold and may also request us to correct any errors or to delete this information. In certain cases, you have the right to object to the processing of your personal information.

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Tel: 012 406 4818

Fax: 086 500 3351

Email: infoereg@justice.gov.za

DOCUMENTATION REQUIRED FOR A CLAIM

Life cover claim

- Certified copy of death certificate
- Certified copy of insured person's ID
- Certified copy of the beneficiary's ID
- Completed death claim form
- Completed medical report

Funeral cover claim

- Certified copy of death certificate
- Certified copy of insured person's ID
- Certified copy of the beneficiary's ID
- Completed funeral claim form
- DHA1663 – notification of death register
- Claimant/Beneficiary 1 month bank statement

Disability cover claim

- Certified copy of insured person's ID
- Completed disability claim form
- Completed medical report form together with copies of any specialist reports and investigations relating to the claim cause

If the insured person dies within the first 2 years of the policy, extra documentation, may be needed such as:

- Police report / statement completed by the police
- Copy of the post-mortem report
- Result of any forensic laboratory investigations
- Inquest findings (if appropriate)
- Full verdict in the case of a murder (if appropriate)
- Completed medical report form together with copies of any specialist reports and investigations relating to the claim cause

We reserve the right to request additional supporting documents where required.

MINIMUM BENEFIT LEVELS

Minimum amounts of cover can be selected for each type of insurance (life/disability/funeral). For each type of insurance, the cover amount cannot be less than:

Life: R50 000 Funeral: R15 000 Disability: R200 000



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TAX

Your premiums are not tax deductible, and the benefits you receive will not be taxed as income.

BODY REPATRIATION BENEFIT

This benefit is offered to the main life insured, their first spouse, and any children under 21. It is NOT offered to any other family members covered under the funeral benefit. In summary, it provides:

- Assistance in locating the deceased's body if required
- Overnight accommodation for the next-of-kin in order to identify the body (up to R500)
- Repatriation of mortal remains from within the borders of South Africa to a place of burial also within the borders of South Africa
- Referral to a pathologist if an autopsy is required
- Referral to a reputable undertaker, and assistance with funeral arrangements Advice on how to apply for a death certificate
- Referral to counselling services for support and advice

The benefit is limited to services to the total value of R20,000 per policy, per policy year, regardless of how many lives are claimed for in that year. The benefit is not exchangeable for cash. The same limitations and exclusions that apply to claims on the main benefit also apply to the repatriation benefit.

CASHBACK BENEFIT

The Cashback benefit is optional and requires the payment of an additional premium. If this option is selected, you will receive a cash payback after every 5th policy anniversary equal to 50% of the total premiums you have paid in the 5 years before that anniversary.

The date of payment of the benefit will change if you have missed a premium. If premiums have been missed, you will have to pay at least 5 years' worth of premiums (60 premiums) before you can claim the benefit. If your policy lapses or is cancelled, or a claim is made on the policy, then no Cash Back benefit will be paid. The benefit only refunds 50% of premiums paid in the period since the last benefit was paid, not 50% of all premiums paid since the policy started. For example, on your 5th policy anniversary, you will receive 50% of premiums paid from years 1-5, on your 10th anniversary, you will receive 50% of premiums paid from years 6-10, etc.

You may choose to cancel this option at any time and keep the insurance cover, but you will lose the right to claim any CashBack benefit. The Cash Back benefit is 'attached' to the individual covers within the Family Combo package. This means that you can cancel one type of cover on your policy, e.g. funeral cover, and lose the Cash Back benefit on that portion of your policy ONLY. You will keep the benefit on your remaining cover, e.g. life and disability. In the same way, if you submit a claim under one portion of your policy, e.g. disability, you will lose the right to claim the Cash Back benefit for that portion ONLY; you will still be able to claim Cashback under the remaining portions of cover, e.g. life or funeral.

ADVERTISING

All models depicted in our advertising have no material relationship to any brand or person mentioned in our advertising.

COMPLAINTS

Should you have any complaints about the service Simply has provided, please contact us or the insurer immediately so that we can attempt to resolve your problem or complaint. We are committed to helping you in every way we can.



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SIMPLY Complaints

complaints@simply.co.za

OMART (Insurer)

OMARTComplaints@oldmutual.com

Office of Internal Arbitration at Old Mutual

Postal Address: P O Box 455, Cape Town, 8000

Office of Internal Arbitration at Old Mutual

Postal Address: P O Box 455, Cape Town, 8000

E-mail: arbitrator@oldmutual.com

In the event that you have exhausted all internal complaints channels and you are not satisfied with the outcome, please contact National Financial Ombud Scheme (NFO) as per below:

National Financial Ombud Scheme (NFO)

E-mail: info@nfosa.co.za

Tel: 0860 800 900

Website: www.nfosa.co.za

If you want to complain about the way this policy was sold, please contact The Ombudsman for Financial Advisory and Intermediary Services (FAIS):

Simply Compliance Officer

E-mail: compliance@simply.co.za

FAIS Ombud

E-mail: info@faisombud.co.za

Tel: 012 762 5000/ 012 470 9080

Website: www.faisombud.co.za

DISCLOSURES

1. SIMPLY's business details are:

Company Registration Number:	2011/132479/07
Physical Address:	3rd floor, Grove Exchange, 9 Grove Avenue, Claremont, 7708
FSP Number:	47146
Postal Address:	3rd floor, Grove Exchange, 9 Grove Avenue, Claremont, 7708
Website:	www.simply.co.za
Email:	admin@simply.co.za
Phone:	021 045 1513

2. The Compliance Officer deals with issues relating to Simply's FAIS compliance.

3. Our consultants who do not meet the full Fit and Proper Requirements as defined by FAIS render services under management supervision.

4. Simply has professional indemnity insurance.

5. Simply has and maintains an Anti-Money Laundering Policy in accordance with FIAS.

• The Compliance Officer deals with issues relating to SIMPLY's FAIS compliance.



FROM  OLD MUTUAL



Simply Financial Services (Pty) Ltd is a registered financial services provider (FSP 47146). Ts&Cs apply. Policies Underwritten by Old Mutual Alternative Risk Transfer Ltd.

¹ Products underwritten by Old Mutual Alternative Risk Transfer Limited, a licensed Life Insurer.

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• SIMPLY has and maintains an Anti-Money Laundering Policy in accordance with FAIS.