

This document 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 Staff Cover offers three core benefits – Simply Life, Simply Occupational Disability and Simply Funeral. For the Funeral benefit, you can choose between the Family Funeral and Member-only Funeral options.

Please refer to your Policy Schedule to see the type and level of cover you have selected.

SIMPLY LIFE

Payout:

If the insured person, your employee dies, a lump sum will be paid to their beneficiaries. If they are diagnosed with a terminal illness and are expected to die within 12 months, they can choose to take 100% of the lump sum paid in advance to them or their beneficiaries. If your employee chooses this option, their cover will be terminated, even if they recover from their 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 first beneficiary listed receives an additional R500 cash towards buying groceries every month, for 6 months after your employee's death.

SIMPLY OCCUPATIONAL DISABILITY

Payout:

If the insured person, your employee becomes permanently occupationally disabled, a lump sum will be paid to them.

This means they suffer from a bodily injury, illness, disease, or surgical operation which results in them being, in our opinion, totally and permanently unable to perform their current occupation's duties or the duties of another suitable occupation.

In determining what a suitable alternative occupation is, we will take into account the insured person's education, previous training, abilities, and work experience. This occupation need not be with the existing employer.

There is a 6 month deferred period before your employee is eligible for this benefit.

This benefit terminates when your employee turns 65, even if they remain employed after this point.

SIMPLY FAMILY FUNERAL

Payout:

If your employee or a family member (spouse or child) covered under the policy dies, a lump sum will be paid. On the employee's death the payment will be made to the first beneficiary listed on the policy. On the death of any family member's covered, the payment will be made to your employee. The lump sum amount is calculated as follows:

Person	Payout
Main member or spouse	100% of cover
Child aged 14-21	100% of cover
Child aged 6-14	50% of cover
Child aged 0-6	50% of cover (maximum R10,000)

Children are only covered until they turn 21.

Adding children:

Additional children can be added to the funeral policy after the policy has been purchased (e.g. when a baby is born). The children have to be your employee's biological children or legally adopted by them to be eligible to be covered under this policy.

Additional benefits:

Premium waiver

If your employee dies, their spouse and children continue to receive funeral cover for a further 6 months without having to pay any premiums.

SIMPLY FUNERAL (MEMBER ONLY)

Payout:

If the insured person, your employee, dies, a lump sum will be paid to the first beneficiary listed on the policy. The employee's family members are NOT covered under this benefit.

PREMIUMS

Your monthly premium:

As the employer, you are the owner of this policy (the policyholder) and you are responsible for paying the premiums. Depending on the method of premium payment you have selected, the total premium (for all employees) will either be deducted by a single debit order, or you will be provided with an invoice setting out the total amount due for that month. Premiums are paid monthly in advance.

Premiums are fixed in rand terms and should not change for at least one year from the policy start date, unless you choose to change the benefits. On 1 June each year, premiums will be reviewed (the date of renewal). Note that no change will be applied where the first review date falls less than one year from the start of your policy.

Premiums will be adjusted based on the risk profiles of your staff at the date of renewal. They may also be revised due to claims experience, or changes in expenses or regulation.

Where the overall risk profile of the people covered under your policy changes significantly (as a result of staff being added or removed), we reserve the right to adjust the premium rate before the next review date.

You will be provided at least 60 days' notice of the revised premium and can choose to accept the revised premiums or, if you are not happy with the revised premium, you can choose to amend benefits or cancel the policy.

What if you miss a payment?

There is a 60 days grace period if you fail to pay a premium. This means your employees will still be covered for up to 60 days from when the last premium was due. After the grace period, 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 the cover will start again as soon as a premium is received. You are expected to catch up any missed payments. See below for rules on reactivation.

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

If your policy lapses 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 2 additional attempts, we will give up and the policy will be cancelled. You will receive a notification of this cancellation. You will still have one week after this to contact us, pay a premium and restart the cover.

You can re-instate 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.

COVER TERMINATION

Cover will terminate under the following conditions:

- An employee will cease to be covered at midnight on the date their service with the employer terminates.
- If the full premiums due have not been paid then after a grace period of 60 days the cover will cease.
- In the event that an employer misrepresents information in order to secure cover for their employees then the underwriter will have the option to terminate the policy and cease cover with immediate effect.
- In the event that an employee misrepresents information in order to secure cover then the underwriter will have the option to exclude that employee from the policy and cease their cover with immediate effect.
- Both Simply and the Employer retain the right NOT to renew the policy at the annual renewal date. If either party chooses not to renew the policy the cover will terminate on the next renewal date.

ADDING OR REMOVING EMPLOYEES

You have to inform Simply of employees who have left your organisation and therefore need to be removed from the policy. We will contact these employees and offer them the option of converting to an individual Simply policy on beneficial terms.

It is also compulsory to add to the policy any new employees who have joined your organisation, so it is up to you to inform Simply of any new employees. You will need to capture their details and confirm their benefit levels online.

We will need to receive notification of changes in the employees covered at least 1 week before your premium due date, in order to adjust your premium and make sure the right people are covered.

ACTIVELY AT WORK REQUIREMENT

An employee must be at work – either on site or off site with permission – and able to attend to all their normal duties on the day that their cover is supposed to start (or if cover is increased, on the day that the increased cover starts). If they are on sick leave or disability leave, even if this is due to their being unable to attend work due to potential exposure to an infectious disease, the start of their cover (or increased cover) will be delayed until the insurer is given proof of the employee's good health or they complete eight consecutive weeks of service with the employer/policyholder without absence from employment. If the cover starts on a non-working day, the employee is on authorised leave (including enforced leave and maternity leave) other than sick leave or disability leave, then the above requirement is waived, provided that these conditions are met.

1. They were at actively at work on the last working day before cover began (or before they went on leave). In the case of new employees being added to an existing policy, this would not apply.
2. They would be able to attend work on the day that cover begins if they were not on leave, or it was a normal working day.

WAITING PERIOD

Policy waiting period:

This refers to the 6-month period directly after you've taken out the policy, where cover may be limited to accidental causes. For Staff Cover sign-ups after 1 August 2018, the Waiting Period does not apply to Life or Funeral claims. For Staff Cover sign-ups before 1 August 2018, the Waiting Period for Life and Funeral claims will only be applied where the death occurred before this date. The Waiting Period will apply for Disability Cover. Waiting Periods may also be waived where your Simply policy is replacing existing cover, which will be specified in 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.

What if a claim is submitted during the waiting period?

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

COOLING-OFF PERIOD

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

BENEFICIARIES

The beneficiary is the person who receives the lump sum if the insured person dies.

Your employee can change or add a beneficiary at any time, but neither you nor any member of your family may be added as a beneficiary to this policy (except where you are the insured person). Your employee can have up to four beneficiaries on one policy.

If your employee has not chosen a beneficiary, the payout goes into their 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 the employee's estate.



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



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.

☎ 021 045 1513 ✉ queries@simply.co.za 🌐 www.simply.co.za

CHANGING THE COVER

The cover level for each employee is fixed in rand terms at the start of the policy. Cover will not automatically increase in line with your employee's salary, even if you initially chose the cover level as a multiple of their salary. You can choose to adjust the cover for your employees at any time, subject to product and underwriting limits. This means that when you increase your employees' salaries their cover will not automatically increase unless you inform us of the change in salaries and update the cover amount. If changes in cover are purely a result of changes in staff salaries, then the additional cover will not be limited in any way.

If you choose to increase benefits (for example increase the multiple of salary offered), your staff may have to answer simple health questions to qualify, and in the case of Disability, a new Waiting Period will apply to the additional cover. Any changes you make should be consistent across all your employees. Hence, you cannot only increase the cover for a subset of employees.

Life and Occupational Disability Cover is always limited to a maximum of 8 times the employee's annual salary.

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, otherwise benefits may not be paid. Read our T&C's to see the documents that are required when a claim is submitted. Make sure your employees and their loved ones know that you have taken out this policy, and tell them how to contact us if a claim needs to be submitted. We will also help them or their beneficiaries through the process when the time comes. Make sure your employees and their loved ones understand the importance of being honest when submitting a claim. Failure to be honest might affect the payment of the claim.

Please note that claims can only be paid into a South African bank account.

If the claim is declined by OMART, the claimant has 90 days from when they are notified of this to make representation to OMART so that they may review this decision. If the dispute is not resolved, then the claimant has 3 years from the original letter of rejection to institute legal action against OMART by serving summons on it, failing which OMART is no longer liable for the claim.

REASONS A CLAIM CAN'T BE PAID

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

- Participation in any terrorist activity, riot, civil commotion, rebellion or war.
- Radioactivity or nuclear explosion.
- 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.
- Refusal of treatment recommended by a registered medical practitioner.
- Some staff members may not be able to claim disability benefits where the disability is as a result of an existing condition. These exclusions will be highlighted in their policy schedule.

COVER LIMITS

There is a limit to how much cover your employees can receive without any underwriting. This is called the 'Free Cover' limit, and will have been disclosed to you during the sign-up process. Where you have selected cover above this amount for some or all employees, they will have been asked to answer some health questions. Until they have done this, their cover will only be up to the 'Free Cover' limit.

If the questions we ask pick up some health issues, they will also only have full cover up to the free cover limit. The cover above the free cover limit will be limited to accidental causes only. Where this happens you will be informed and your premium will be adjusted on the next renewal date.

It is possible that the limit could increase or decrease as you add or remove staff. Any changes will only affect new employees and not existing ones.

UNDERWRITER

The underwriter of this policy is Old Mutual Alternative Risk Transfer Limited (OMART), a licensed Life Insurer in the Old Mutual Group. It's the responsibility of you and your employees to be absolutely truthful with us. OMART relies on this information to issue your policies and pay any claim. If either of 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 any employees need to claim. You can also log in at any time to view or update your policy details.



[admin@simply.co.za/](mailto:admin@simply.co.za)
claims@simply.co.za



021 045 1513



www.simply.co.za



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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 PURSUITS

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.

OCCUPATIONAL DISABILITY

This means the insured person is disabled to the extent that they are unable to work. In our case this means that they cannot perform either their current occupation, or another suitable occupation, even if the alternative employment is with another organisation. Deciding on suitable alternative occupations will take into account their education, previous experience, training and ability.

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.

SALARY AND ANNUAL SALARY

Salary is defined as the total earnings paid by the employer to the employee as reflected on the IRP5 document and / or pay advice issued to the employee. We may request proof of salary to determine the amount of a claim that will be paid.

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.

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.

Staff 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 OMARTcompliance@oldmutual.com

APPLICATION PROCESS

Simply distributes OMART insurance products online and through a call centre. 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 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 STAFF COVER CONTRACT

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

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 that you either a) authorise OMART to debit your bank account using the bank account information provided in your application, or b) agree to pay the monthly premium via bank transfer on or prior to the due date. 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 begin as soon as your policy is issued, even if you have not yet paid your first premium. You will be informed as soon as the cover is in place. Your policy premium will be reviewed on an annual basis and will continue as long as you continue to pay premiums. In the case of Family Funeral plans, children are only covered until they turn 21. In the case of occupational disability, employees are only covered until they are 65. Non-South African employees are only covered as long as they remain legally able to live and work in South Africa. If they lose this right, their coverages should be cancelled. Family members covered under the Family Funeral Plan must reside in South Africa to be eligible for cover.

FINANCIAL ADVICE

Simply is an authorized 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 7.5% of each monthly premium paid for this policy.

INSURER 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:



infoereg@justice.gov.za



012 406 4818



086 500 3351



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

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>

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.

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:



infoereg@justice.gov.za



012 406 4818



086 500 3351



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

Marketing

Simply Financial Services 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. If you prefer to no longer receive such information and/or financial services from Simply Financial Services please email your ID number to admin@simply.co.za.

To view Simply's full privacy notice and find out how to exercise your preferences, please visit our website on www.simply.co.za

DOCUMENTATION REQUIRED IN CASE OF A CLAIM

It is important that you submit the following documents when making a claim so that we can help you and your employee as quickly as possible. You should make sure that your employee's loved ones are aware of the documents that are required in order to make a claim. The documents needed are as follows:

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.

Simply will not be responsible for the cost of providing the initial medical evidence.

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	Funeral	Disability
R50,000	R5,000	R50,000

FREE COVER LIMITS

This is the amount of cover we can guarantee to offer your employees, regardless of their health. To give anyone cover above this amount we will need to ask them a few simple health questions. This limit varies depending on how many employees are covered under your policy and will be disclosed at the time you add new employees.

It is possible that the limit could increase or decrease as you add or remove staff. Any changes will only affect new employees and not existing ones.

TAX

Your premiums are not tax deductible in the hands of your employees, and the benefits they receive will not be taxed as income.

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.

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.