

About this Policy

1. 'Accident' means the sudden, unforeseen and uncertain event, which could not reasonably be expected to occur, which is caused by violent, external, physical and visible means at an identifiable time and place, resulting directly and independently of other causes, in Bodily Injury.
2. 'Accidental Death' means Bodily Injury which directly and independently of all other causes results in the Death of an Insured and shall exclude Natural Death.
3. 'Administrator' shall mean National Health Benefits (Pty) Ltd trading as Zazu Life ("Zazu") with registration number 2017/516074/07 and FSP Number 5070.
4. 'Adult Child' means a Child who is over 21 (twenty-one) years of age, who is not a registered full-time student or a Special Dependant, and who no longer qualifies as a Child under this Policy. Such person can be an insured as an Extended Dependant.
5. 'Applicable Laws' means the Insurance Act 18 of 2017 and/or the Long-term Insurance Act 52 of 1998, the Policyholder Protection Rules (Long-term Insurance), 2017 and the Protection of Personal Information Act 4 of 2013, and any other legislation dealing with data management and similar processes.
6. 'Application Form' means the form completed by a Policyholder, confirming the details of each Insured, the selected benefits and Premium and the Nominated Beneficiary. Application Form shall also include any electronic or voice logged application.
7. 'Benefit' the amount payable on the Death of an Insured under this Policy.
8. 'Bodily Injury' means physical bodily injury to an Insured caused by an Accident. Bodily Injury shall be deemed to include Death by starvation, thirst and/or exposure to the element.
9. 'Child' means either:
 - the Policyholder's unmarried Child who has not yet attained the age of 21 (twenty-one) years of age;
 - the Policyholder's Special Dependant.

and shall include natural children, an adopted child (legal or traditional) and a stepchild.

A child will remain covered on the Policy up to the age of 25 (twenty-five) as long as they are registered as a full time student at a registered tertiary education institution.

Traditional adoption includes a child who the Policyholder has been taking care of on a permanent basis; alternatively, who has been living with the Policyholder for at least 6 (six) months.

A stillborn Child is included under this definition provided that there is at least 26 (twenty-six) weeks of existence in the uterus and that the fetus showed no signs of life after complete birth. Stillborn shall exclude the intentional termination of the life of the Child.

The Policyholder can nominate (in writing) a maximum of 6 (six) Children. Proof of relationship, and that they are a full time student (where applicable) will be required by the Administrator / Insurer at claims stage.

10. 'Claim' means, unless the context indicates otherwise, a demand for Benefits under the policy by a Claimant, irrespective of whether or not the Claimant's demand is valid, made by submitting a completed and signed claim form with supporting documentation to the Administrator.
11. 'Claim Event' means the risk insured, occurring during the currency of this Policy, being the Death of an Insured.
12. 'Claimant' means the person who makes a Claim in relation to this Policy.
13. 'Commencement Date' means the date this Policy starts and is effective, being the date which the first Premium is received by the Insurer.
14. 'Day' means a 24 (twenty-four) hour period. 'Days' has a corresponding meaning.
15. 'Death' means the Accidental Death or Natural Death of an Insured.
16. 'Exclusions' means the losses or risk events not covered under this Policy and for which a Claim will be invalid if arising from such loss or risk event.
17. 'Extended Dependents' means a person between 0–85 (86 next birthday) years old at application stage on whose life Insurable Interest exists and who is a Parent, Parent-in-law, Adult Child, additional Spouse or an additional Child (outside the maximum number of Children who are Immediate Dependents) of the Policyholder or the Policyholder's Spouse and this definition may include a grandparent, great-grandparent, great uncles or aunts, uncles and aunts, first cousins, siblings and their children, great grandchildren of the

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- Policyholder or the Policyholder's Spouse and an ex-spouse of the Policyholder or an employee of the Policyholder where an insurable interest exists, subject to the selected option/plan.
18. 'Immediate Dependant;' means a Spouse and Child as defined.
 19. 'Insured' means the Policyholder, an Immediate Dependant and an Extended Dependant, whose names shall reflect in the Policy Schedule as confirmation of cover and for whom the applicable Premium has been paid.
 20. 'Insurer' means a licensed life insurer in terms of the Insurance Act, and an authorised financial services provider, namely Guardrisk Life Limited, with registration number 1999/019322/06 and FSP number 76.
 21. 'Maximum Entry Age' means the maximum age an Immediate Dependant will be allowed to enter this Policy, to be covered for Policy benefits, which age shall be 65 (sixty-five) years of age (66 (sixty-six) next birthday).
 22. 'Misrepresentation' means the conscious decision to provide inaccurate or incorrect information in relation to any Personal Information or details or to change the true facts to mislead an interested party. This shall also mean the failure to disclose material information at the date of application that had the Insurer been aware of would have resulted in the Policy not being issued.
 23. 'Natural Death' means death which is caused by any illness, disease or natural causes and shall exclude Accidental Death.
 24. 'Nominated Beneficiary' means the person nominated by the Policyholder in respect of whom the Insurer must meet this Policy's benefits, other than the Policyholder, on the Death of the Policyholder. Such person will receive the Policy benefits after the Death of the Policyholder upon approval of a valid Claim. The Nominated Beneficiary can be changed at any time by the Policyholder and must be over the age of 18 (eighteen) years and does not have to be an 'Insured Life.'
 25. 'Parent' means (where a Parent has been nominated for cover by the Policyholder and where the additional Premium has been paid for such nomination) the Policyholder's parent/s and/or the Spouse's parent/s and shall include natural parents, step-parents and legally adopted parents of the Policyholder and/or the Spouse.
 26. 'Personal Information' means personal information as defined in the Protection of Personal Information Act 4 of 2013.
 27. 'Policy' means this legal document that has the Policy Schedule, terms and conditions, which includes any declarations made at application stage and any endorsements issued in terms of this Policy.
 28. 'Policyholder' means the person who holds and exercises the rights to this Policy, who has applied for this Policy, who is older than 18 (eighteen) and younger than 65 (sixty-five) at time of application, and who is the payer of the monthly Premium.
 29. 'Policy Schedule' means the benefit schedule issued which confirms the details of the Policyholder, the Insured, the benefits selected, the monthly Premium payable and the Nominated Beneficiary.
 30. 'Premium' means the monthly amount payable as stated in the Policy Schedule or any endorsement issued in terms of this Policy.
 31. 'Repudiate' means, in relation to a Claim, any action by which the Insurer rejects or refuses to pay a Claim or any part of a Claim, for any reason, and includes instances where a Claimant lodges a Claim in respect of a loss event or risk:
 - not covered under this Policy; or
 - the Premium or Premiums payable in respect of this Policy are not paid,'Repudiation' shall have a corresponding meaning.
 32. 'Special Dependant' means, in relation to a Child, a Policyholder's mentally/physically disabled Child/Children which Child is fully dependent on the Policyholder, irrespective of the Child's age and shall include natural children, an adopted child (legal or traditional) and a stepchild. Special Dependants will remain covered on the Policy regardless of their age, as long as such a child remains mentally/physically disabled and fully dependent on the Policyholder.
 33. 'Spouse' means the legal husband or wife of the Policyholder and which marriage/union is accepted under the law of South Africa - including a civil, customary, same-sex marriage, or person with whom the Policyholder lives in a relationship similar to marriage, which relationship is intended to be permanent like a marriage and has existed for at least 6 (six) months. Only 1 (one) spouse will be accepted at any time. An additional spouse or ex-spouse may be covered as an Extended Dependant provided the additional Premium has been paid.
 34. 'Suicide' means the Death of an Insured at their own hands. Death by suicide is subject to a 12 (twelve) month Waiting Period from the Commencement Date.
 35. 'Unclaimed Benefit' means a benefit in terms of an approved Claim where the benefit can't be paid to the Policyholder/Nominated Beneficiary within 3 (three) months of the Claim having been approved because the Policyholder/Nominated Beneficiary is not contactable. In other words, the Policyholder/Nominated

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Beneficiary cannot be located, his/her emails are undelivered, his/her post is returned to Zazu and/or his/her contact number is no longer in use. "Unclaimed Benefits" shall have a corresponding meaning.

36. 'Vary' means any act that results in a change to:
- the Premium.
 - any terms.
 - any condition.
 - any Policy Benefit.
 - any Exclusion; or
 - the duration of this Policy,
- 'Vary' and 'Variations' have corresponding meanings.
37. 'Waiting Period' means the period during which no Insured is covered and during which the Insurer is not liable for a Claim resulting from Natural Death or from Suicide and is the period starting from the Commencement Date. There is no waiting period for Accidental Death. There will, however, be no waiting period for Natural Death imposed in instances where an Insured was covered on a similar policy with an alternate insurer in the 31 (thirty-one) Day period before the Commencement Date of this Policy, provided such waiting period on the similar policy had already expired and where such similar policy is being replaced with this one. Should the waiting period on the similar not have expired by the Commencement Date of this Policy, the unexpired part up to a maximum of 4 (four) months will be imposed. Proof of the similar policy will be required confirming replacement for the Waiting Period to be waived, failing which the full Waiting Period will be imposed. In the event of this Policy providing a higher aggregate Policy Benefit than the replaced policy, the full Waiting Period will be imposed on the difference in cover.

Operative Clause

1. In return for the timeous and prior payment of the required monthly Premium, by the Policyholder and receipt thereof by the Insurer and subject to the terms of this Policy, on the occurrence of the Claim Event, the Insurer will pay the Policy Benefits to the Nominated Beneficiary, or in the case of a Death of an Immediate Dependand or an Extended Dependand, the Insurer will pay the Policy Benefits to the Policyholder.
2. A Claim, if valid, will be paid within 2 (two) Days upon receipt of all the necessary Claim documentation.

Fraud or Dishonesty

1. If any Claim under this Policy is in any respect fraudulent, or if any fraudulent means or devices are used by a Claimant or anyone acting on the Claimant's behalf to obtain any benefits under this Policy, all benefits including Premiums paid under this Policy shall be forfeited.
2. In the event of Misrepresentation, misdescription or non-disclosure by or on behalf of the Policyholder of any particular information material to the assessment of the risk where such Misrepresentation is likely to have materially affected the Insurer's ability to assess the risk under the Policy, the Policy will be voidable ab initio (from the beginning) and the legal remedy of rescission will be applied (which is the full refund of all Premiums paid since the Commencement Date less costs) as if this Policy did not come into effect. No Claim will be entertained and not payment of any Benefit will be made in such an instance.
3. The Administrator and/or Insurer will take any action deemed appropriate in this regard.
4. If, after payment has been made, it is then determined that fraud was used to obtain such benefit, such payment will be claimed back from the Claimant in full.

General Provisions

1. Payment of the monthly Premium is required for this Policy to remain in force so as to ensure that cover remains in place and to avoid the Policy lapsing.
2. A Policyholder will always be informed of any material changes to the information about the intermediary, Insurer and/or Administrator.
3. A Claimant will always be provided with a reason for the Repudiation of a Claim.
4. A Policyholder will always be entitled to a copy of this Policy document at no extra charge.
5. In the event of a Policyholder and Spouse becoming divorced, or where such relationship results in mutual separation or terminates other than as a result of Death, the Policyholder must inform the Administrator as soon as possible in order for the Spouse to be removed as an Immediate Dependand. Such ex-Spouse may be

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added onto an Extended Dependent Policy provided the applicable Premium is paid and received by the Insurer.

6. This Policy may not be assigned or transferred. This Policy does not accrue a surrender, paid up or loan value.
7. Strict compliance by the Policyholder (and any Insured) with all the provisions, conditions and terms of this Policy shall be a condition precedent to liability on the part of the Insurer hereunder.

Waiting periods

1. There is a 4 (four) months Waiting Period, starting from the Commencement Date of this Policy, which applies to all Insureds in the event of a Natural Death. The expiry of the Waiting Period is dependent on 2 (two) events occurring:
 - The expiry of a full 4 (four) month period
 - The payment of 4 (four) Premiums
2. Any Claim resulting from Natural Death within the Waiting Period will not be covered, and will remain uncovered even after the expiry of the Waiting Period
3. In order to be covered, for Natural Death, the Claim Event must occur after the first 4 (four) months have expired and after 4 (four) Premiums have been paid. This means that Natural Death will only be covered if the Claim Event occurs from month 5 (five) onwards.
4. There will be no Waiting Period for Death as a result of Accidental Death, conditional upon the first Premium having been paid. There is a 12 (twelve) months Waiting Period for Death due to Suicide. Only once the first 12 (twelve) months have expired, and 12 (twelve) Premiums have been paid, will Suicide, occurring from month 13 (thirteen) be covered.
5. If benefits in terms of the plan are increased at any stage by the Policyholder or a new dependant is added, the full Waiting Period will apply to the increased benefit portion from the date of receipt of the first successfully revised Premium. Should a Claim Event occur within the new Waiting Period, the increased portion will not be payable and only the original benefit will be deemed valid for payment.

Exclusions

No benefit will be payable if Death occurs directly or indirectly, resultant from, as a consequence to or from any of the following:

1. War, civil commotion, terrorist activity;
2. Participation in any criminal activity;
3. Being in violation of any law;
4. Natural Death within the 4 (four) months Waiting Period;
5. Suicide within the 12 (twelve) months Waiting Period.

Cancellation of the policy

1. The Policyholder may cancel this Policy by written notice within 31 (thirty-one) Days after receipt of the Policy document, or from a reasonable date on which it can be determined that the Policyholder received this Policy document (whichever occurred earlier), or within 31 (thirty-one) Days from the Commencement Date (the cooling-off period). Any Premium paid within this cooling-off period will be refunded in full provided no Claim Event has arisen or any benefit paid.
2. The Policyholder may cancel this Policy at any time after the initial cooling-off period by providing a 31 (thirty-one) Days' written notice. Such cancellation request, after the initial cooling-off period will not attract a refund of Premiums paid, which Premiums were legally owing to the Insurer in order to provide cover.
3. The Insurer may cancel this Policy at any time, for whatsoever reason by providing the Policyholder with a 31 (thirty-one) Days' notice of such intention.
4. The Insurer may immediately cancel this Policy or place it on hold, refuse any transactions or instructions, or take any other action considered necessary in order to comply with the law and to prevent or stop any undesirable or criminal activity.

Payment of Premiums

1. The Policy Benefits are conditional upon and will only commence following the payment of the first Premium.
2. Premiums are due and payable monthly in advance on the debit date as specified in the Application Form.

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3. Failure to pay the monthly Premium as agreed, during the grace period, will result in the Cover automatically lapsing at midnight on the last day of the grace period. From this date and for a period of 2 (two) months after the date the Cover lapsed, no cover will be in place and no claims will be paid. Benefits may be reinstated during this 2 (two) month period; however, no Claims will be considered for a Claim event arising prior to the reinstatement date.
4. If a Policy is not reinstated within this 2 (two) month period, the Policy will lapse and all Benefits will be terminated.
5. A period of 31 (thirty-one) Days' grace is allowed for the payment of each Premium becoming due and payable. During this period, all Benefits and cover will remain in force. In the event of a valid Claim during this period, the Claim will be paid and the outstanding Premium, if any, will be deducted from the benefit.
6. Premiums are guaranteed for the first twelve (12) months from the Commencement Date and thereafter may be reviewed annually by the Insurer and may be amended or changed, based on the following factors: past and future expected economic factors (for example, but not limited to, interest rates, tax and inflation), past and future expected lapse experience, past and future expected mortality experience, expected future reinsurance, administrative and operational costs of the Administrator, any other expected future costs to be incurred by the Administrator, any regulatory and legislative changes impacting this Policy or any other factor impacting the premium that the Insurer deems material at the time. Any such change will be communicated with the Policyholder thirty-one (31) days before such increase takes effect.
7. No indulgence, leniency or extension of time which the Administrator or the Insurer may grant or show to the Policyholder (or to any Insured), shall in any way prejudice the Administrator or the Insurer, or preclude the Administrator or the Insurer, from exercising any of their rights in the future.
8. Unless otherwise expressly provided in this Policy, nothing in this Policy shall give any rights to any person other than those listed in the policy, to the extent provided herein. Payment to the Policyholder, or Beneficiary (as applicable) shall in every case be a full discharge to the Insurer.

Waiver of Premium Benefit

This Policy provides for a Premium Waiver Benefit which will allow the Policy to continue upon the Death of a Policyholder for a period of 6 (six) months without a Premium being required to be paid. During this 6 (six) months period, which starts on the first of the month following the Death of the Policyholder, there will be no increases in Premiums or Benefits, and no additional Insured may be added. By the expiry of this 6 (six) months period a new Policyholder (such as the remaining Spouse) must be appointed, and Premiums must continue to be paid in order for cover to continue, failing which all Benefits will cease and no Insured will remain covered. Claims will no longer be covered, and no Benefits will become payable should Premiums not continue to be paid. Once a new Policyholder has been appointed, the Benefit and Premium increases will continue to take place, and additional Insured's may be added to the Policy.

This Benefit is subject to a 4 (four) months Waiting Period, starting from the Commencement Date of this Policy. The expiry of the Waiting Period is dependent on 2 (two) events occurring:

- The expiry of a full 4 (four) month period
- The payment of 4 (four) Premiums.

Processing of Personal Information in terms of the Protection of Personal Information Act 4 of 2013

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

You hereby agree to give honest, accurate and up-to-date Personal Information and to maintain and update such information when necessary. You accept that your Personal Information collected by Us may be used for the following reasons:

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

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We may share Your information for further processing with the following third parties, which third parties have an obligation to keep Your Personal Information secure and confidential:

1. Payment processing service providers, merchants, banks and other persons that assist with the processing of Your payment instructions;
2. Law enforcement and fraud prevention agencies and other persons tasked with the prevention and prosecution of crime;
3. Regulatory authorities, industry ombudsmen, governmental departments, local and international tax authorities, and other persons that We, in accordance with the Applicable Laws, are required to share Your Personal Information with;
4. Credit Bureau's;
5. Our service providers, agents and sub-contractors that We have contracted with to offer and provide products and services to any Policyholder in respect of this Policy; and
6. Persons to whom We cede Our rights or delegate Our authority to in terms of this Policy.

You acknowledge that any Personal Information supplied to Us in terms of this Policy is provided according to the Applicable Laws. Unless consented to by Yourself, We will not sell, exchange, transfer, rent or otherwise make available Your Personal Information (such as name, address, email address, telephone or fax number) to any other parties and You indemnify Us from any claims resulting from disclosures made with Your consent.

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

Reinstatement of the Policy

1. If the Policy has ended because Premiums were not paid, the Policyholder may within 2 (two) months after the cover has lapsed apply for it to be reinstated.
2. The reinstatement is subject to any Policy provisions which the Insurer may at such date apply. No Policy will be reinstated after the expiry of these 2 (two) months period allowed for reinstatement.
3. Any Policy reinstated before the expiry of these 2 (two) months period allowed for reinstatement will be reinstated with no new Waiting Periods being imposed.
4. If there is a request to reinstate a Policy after the 2 (two) months period allowed for reinstatement, a new Policy will be issued, and all Waiting Periods will recommence from zero.

Termination of the Policy

1. Cover will cease on the non-payment of a Premium/s within 31 (thirty-one) Days of the Premium due date;
2. The Policy will cease if not reinstated within the 2 (two) months period allowed for reinstatement from the date Cover ceased;
3. The Policy will cease if the Policyholder passes away; or
4. The Policyholder passing away, and the relevant person (such as the surviving Spouse) not opting to continue the Policy by the end of the Premium Waiver Benefit period.

Policy Variation

The Insurer reserves the right to Vary this Policy by giving the Policyholder written notice of such intention at least 31 (thirty-one) Days before any Premium rate adjustment or before any other Policy Variation, unless the Variation is to increase the Policy benefits without increasing the Premium, in which case no advance notice will be required. Any Variations will be binding on the Insurer, the Administrator and the Policyholder and can be applied at any time after the first 12 (twelve) months from the Commencement Date to the existing terms and conditions after written communication of these changes has been sent to the Policyholder.

Jurisdiction and Governing Law

1. Only the courts of South Africa shall have jurisdiction to entertain any claims arising out of or in respect of this Policy and the law of South Africa shall apply to this Policy.

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2. The parties hereby consent to the jurisdiction of the High Court of South Africa (Gauteng Local Division, Johannesburg), in respect of all claims and causes of action between them, whether now or in the future, arising out of or in respect of this Policy.

Commission or Other Remuneration Payable to the Administrator

An intermediary fee of 6% and a binder fee of 9% of the total monthly Premium is payable by the Insurer to the Administrator, which is included in the monthly Premium.

Claims Process

A Claim must be made within 6 (six) months of the Claim Event.

A Claimant is required to email the Claim documents to Zazu's Client Services Department. Contact details for the Client Service Department are:

Fax number: 087 230 1789

Email: info@zazulife.co.za / claims@zazulife.co.za

Share call number: 0861 001 788

In the event of the Death of an Insured, a Claim form must be requested from Zazu and submitted together with all the relevant supporting documentation within 6 (six) months of the date of Death of an Insured. Failure to submit the relevant duly completed and signed Claim form within this 6 (six) month period may result in the Claim being declined and the benefit being forfeited, unless there are extenuating circumstances for such late submission acceptable to the Insurer. This Policy is subject to the laws of South Africa and any Claim payments will be made into a South African bank account in South African Rands. No interest will accrue or be payable on any Claims payment unless the delay in making payment is due to the part of the Administrator, in which instance an additional payment will be added to the payment value, calculated at 6% pa. for the period of the delay.

Documentation required for a valid Claim:

- Completed Claim form.
- Certified copy of deceased's identity document.
- Police Report (in event of an Accidental Death);
- A certified copy of the death certificate.
- A certified copy of the Nominated Beneficiary's identity document.
- A copy of the latest payslip (only if the Policy is paid via persal or payroll).
- A certified copy of the Nominated Beneficiary's bank statement.
- A certified copy of the DHA 1663 – Registration of Death Form.
- Proof of residence of the Nominated Beneficiary (not older than 3 (three) months).
- Any additional documentation as may be required to validate a Claim by the Administrator/Insurer.

Unclaimed Benefits

If a benefit under this Policy is an Unclaimed Benefit, the Administrator will take action to determine if the Policyholder/Nominated Beneficiary is alive and/or aware of the benefit payable to him/her under this Policy. Specifically, in the 3 (three) year period after the Unclaimed Benefit arises, the Administrator may:

1. attempt to contact the Policyholder/Nominated Beneficiary telephonically and electronically to advise them of the Unclaimed Benefit; or
2. determine the last known contact information of the Policyholder/Nominated Beneficiary by comparing internal and external databases, including the use of internet search engines and/or social media; or
3. appoint an external tracing company to locate the Policyholder/Nominated Beneficiary.

Before the end of the 3 (three) year period referred to above, the Administrator will confirm the Unclaimed Benefit and transfer the amount of the Unclaimed Benefit to an account in the name of the Insurer, and the Insurer will accept liability for the Unclaimed Benefit.

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Benefit Schedule

1. Payment of the benefits (cash or equivalent where applicable) to the Policyholder or Beneficiary, as applicable and set out in the Benefit Schedule, will be full and final discharge of liability for the Insurer.
2. These benefits do not become paid-up on Death of the Policyholder.
3. A Claimant must submit a Claim within 6 (six) months from the date of Death of an Insured.
4. Benefits are paid, as reflected in the Policy Schedule, directly to the Nominated Beneficiary if the Policyholder dies, and to the Policyholder if any other Insured dies.
5. If a Nominated Beneficiary is under the age of 18 (eighteen) years of age, or cannot be located, the benefit will become payable to the surviving Spouse, and if such person is no longer alive, to the person who has paid for the funeral of an Insured. If no such person submits a Claim, then the benefit will become payable to the Policyholder's deceased estate.

Premium	R 60	R 120
Top-Up Plan Type	Top-Up A	Top-Up B
Natural Death Benefit*		
Main Member	7 500	16 000
Spouse	7 500	16 000
Child (14-21)	7 500	16 000
Child (6-13)	4 500	9 500
Child (0-5)	2 500	4 300
Stillborn	1 500	3 300
Overage Child (22-26)	7 500	16 000
Special Dependant (21+)	7 500	16 000
Accidental Death Benefit*		
Main Member	15 000	32 000
Spouse	15 000	32 000
Child (14-21)	15 000	32 000
Child (6-13)	9 000	19 000
Child (0-5)	5 000	8 600
Stillborn	3 000	6 600
Overage Child (22-26)	15 000	32 000
Special Dependant (21+)	15 000	32 000

*All Benefit amounts are expressed in Rand

Duplication of Policies / Lives

1. Only one Immediate Policy is allowed per Policyholder.
2. The Policyholder may be a registered Immediate and an Extended Dependant on two separate policies.
3. Only one Extended Dependant policy and Top-up policy is permitted per Policyholder.
4. The Extended Dependant, Immediate Dependant and Top-up policies are treated as 3 separate policies.
5. In the event of an Accidental Death, the maximum Benefit payable is capped at R100 000.

Cooling Off Period

1. If any of the information reflected above and below was given to you orally, this disclosure notice serves to provide you with the information in writing.

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2. Should you not be satisfied with the Policy, you are entitled to a period up to 31 (thirty-one) Days from the date of receipt of the Policy document, or from a reasonable date on which it can be determined that the Policyholder received this Policy document (whichever occurred earlier), or within 31 (thirty-one) Days' from the Commencement Date (the cooling-off period) within which you may cancel your Policy in writing at no cost. Cover will cease upon cancellation of the policy.
3. All Premiums paid by the Policyholder to the Insurer within the cooling-off period, up to the date of receipt of the cancellation notice will be refunded to the Policyholder provided no Claim has been lodged or any Benefit paid within this cooling-off period.

Treating Customers Fairly ("TCF")

The TCF principles are viewed seriously by the Insurer and we strive to practice all 6 TCF ("**Outcomes**") at all times. We will, in all Our interactions with any Insured, endeavor to deliver excellent customer experiences which We will achieve through the ongoing review of all Our business practices and analysis of complaints. It is Our objective to be:

(i) fair in Our treatment of all Insureds and partners; and

(ii) compliant, in all aspects, with the 6 Outcomes of the TCF framework.

The TCF Outcomes are:

1. You are confident that your fair treatment is key to Our culture;
2. products and services are designed to meet your needs;
3. We will communicate clearly, appropriately and on time;
4. We provide advice which is suitable to your needs and circumstances;
5. Our products and services meet your standards and are of an acceptance level; and
6. there are no barriers to access Our services or to lodge any complaints.