



Description of Cover

Please read this document carefully. If you need help, please call **0860 123 999**.

1 Owner

Standard Bank of South Africa Limited, Registration Number 1962/00738/06 owns this policy.

2 Insured Person

You, the insured person must be a person with a loan or credit agreement with Standard Bank, who is between 18 years and 64 years old when the policy starts.

An extra insured person may also be covered on the same plan, conditions and level of cover, if Liberty Group allows this at the time.

3 Benefit Plans

You get different benefits from this policy depending on the type of plan. You can choose from these different plans.

3.1 Plan D

Provides benefits on death, total and permanent disability, temporary disability, retrenchment and dread disease.

Cover ends when you turn 65. The policy will then convert to a Death only cover Plan K. Death cover ends when you turn 75.

3.2 Plan E

Provides benefits on death, total and permanent disability, temporary disability, and retrenchment.

Cover ends when you turn 65. The policy will then convert to a Death only cover Plan K. Death cover ends when you turn 75.

3.3 Plan F

Death only cover. Cover ends when you turn 75.

3.4 Plan K

Provides benefits on death. This is a conversion plan for Plan D, E and F. Death cover ends when you turn 75 years.

4 Benefits

4.1 Special terms where Insurance is Mandatory

Where insurance is mandatory and the customer chooses the Liberty Group Personal Loan Protection Plan, the comprehensive Plan D plan with all the applicable benefits will be offered. The waiting periods on compulsory insurance are as follows:

A three months waiting period applies on Death, Temporary and Permanent Disability and Retrenchment

- If death or total and permanent disability or temporary disability occurs, Liberty Group will only pay benefits if the policy started three months before the event and you have paid all your premiums on time;
- If you claim because you were retrenched, Liberty Group will only pay the benefit if the policy started three months before the retrenchment date and you have paid all the premiums on time;

The dread disease benefit will be subjected to a 12 months pre-existing exclusion. Medical conditions diagnosed and treated for in the past 12 months prior to policy inception will be excluded for 12 months

4.2 Payment of benefits

Liberty Group will only pay the benefits of this policy if:

- a Your claim is valid;
- b You have paid all your premiums;
- c All the terms of cover have been met;
- d You correctly fill in your age and other important information on the application form; and
- e Standard Bank is entitled to the benefit.

4.3 Important: Exclusion for pre-existing conditions

Liberty Group will not pay any claim in the first twelve (12) months after the start (or reinstatement) of cover whether directly or indirectly related or associated with any pre-existing condition you had prior to cover starting. This includes conditions whether medically treated or not, where pre-existing symptoms or signs were present, but a diagnosis might not have been made:

- a e.g. including but not exclusively the following medical conditions:
 - Heart disease, angina or heart attack, high blood pressure or high cholesterol;
 - Cancer or tumour;
 - Stroke;
 - Visual problems
 - Neurological symptoms or diagnoses e.g. multiple sclerosis, Parkinson's disease or tremor, epilepsy or fit
 - Dementia
 - Kidney disease;
 - Psychiatric disorders as defined in DSM,;
 - Pneumonia, asthma, TB (tuberculosis) or lung disease;
 - Paralysis of any form, any disability or functional impairment of any kind; and
 - Diabetes or abnormal blood sugar.

- b The use of any form of chronic (long-term) medication or conditions where medication has been taken for more than 14 days;
- c Conditions requiring any special test (like a scan or X- ray) which may or may not have required medical treatment;
- d Any treatment during the past twelve (12) months for any form of back-illness, hip, knee or shoulder problem.

The exclusion applies only in the first twelve (12) months of cover, thereafter the Insured Person will have full cover.

The accident or illness that has directly resulted in the claim must have occurred during the period of cover, after the credit agreement starts and before the benefit expires.

No claim will be allowed for any condition where a previous claim for the same (or related) condition was already paid under the same or any other Liberty credit life insurance policy for the same underlying credit agreement. The claim event must also have occurred after the credit agreement was commenced.

Increases to credit agreement amount

If the loan amount for the credit agreement that this credit insurance applies to is increased, then all waiting periods and exclusions mentioned will apply in full to the increased portion from the date of the increase.

A waiting period is a period of time that must pass before some or all coverage begins.

4.4 Limit of cover

The highest cover for each insured person is **R300 000**.

4.5 Surrender Benefit

The policy has no surrender cash value. This means it does not pay out anything if you cancel it.

5 Death cover

If you die while this policy covers you and the claim is valid, Liberty Group will pay the benefit. All cover then ends, and Liberty Group is no longer liable under this policy. The death benefit ends on age 75.

5.1 Benefit

The death benefit cover, disability benefit is the amount you owe on the loan on the event date. (excluding late payments), together with any interest for up to 12 months. The most Liberty Group will pay is **R300 000** for each insured person. A minimum cover of R20 000 applies.

5.2 Suicide exclusion

If you die by your own deliberate actions (commit suicide) within two years of cover starting (or being re-instated), Liberty Group will not pay any benefit.

6 Total and Permanent Disability Cover

If you become totally and permanently disabled as described below, Liberty Group pays the total permanent disability benefit.

Total and permanent disability is when any accident, or illness or operation:

- a completely and continuously prevents you from doing any job or activity in return for money; or
- b causes you to lose (or permanently lose the use of) both hands, both feet, or one hand and one foot, or to lose the sight in both eyes.

6.1 Benefit

The Total and permanent disability benefit is the amount you owe on the loan (excluding late payments), together with any interest for up to 12 months. The most Liberty Group will pay for each insured person is **R300 000**. A minimum benefit of R20 000 applies. The benefit ends when you turn 64. If two of you are covered, and the oldest insured person turns 65, the benefit ends for both of you. The benefit plan converts to Plan K (death only).

6.2 When the benefit is paid

Liberty Group will pay Standard Bank the total and permanent disability benefit and is then no longer liable under this policy if the claim is valid and:

- a Liberty Group is convinced the disability is permanent;
- b you gave Liberty Group proof of total and permanent disability;
- c the accident or illness that caused total and permanent disability happened during the period of cover and before the benefit expires;
- d no claim for death or dread disease for either insured person has been approved.

7 Retrenchment Cover

If you chose this cover at the start of the policy and there is a loss of employment (as defined), Liberty Group will pay Standard Bank the retrenchment benefit. But this does not cover any:

- contract, seasonal, part-time, temporary or casual workers; or
- self employed people or workers that mostly earn commission;

- employment by any business in which the Insured Person is a partner, member or director or owns a share exceeding 10%.

Definition

Loss of Employment

Loss of employment is when you lose your job and remain unemployed because of redundancy or retrenchment and you do not earn money from any job or occupation.

Redundancy or retrenchment

Retrenchment is if you are formally employed and your employer ends your job for a fair reason based on the needs of the business and unrelated to your conduct, performance, health or injury, in terms of Section 189 of the Labour Relations Act.

For a claim to be valid, you must remain unemployed because of redundancy or retrenchment and you do not earn any money from any job or occupation and not be receiving any income from the Unemployment Insurance Fund. It does not cover resignation, voluntary retrenchment or retirement.

7.1

Benefit

The retrenchment benefit is your regular monthly loan repayment, limited to the last amount you had to pay before you were retrenched. If your loan repayment is paid other than monthly, the benefit is the equivalent monthly payment. Liberty Group will pay the benefit while you are unemployed, for **up to twelve months**: The insurance premium will be waived while the retrenchment benefit is being paid.

7.2

When the benefit is paid

Liberty Group will pay the retrenchment benefit to Standard Bank while you are unemployed, on the following conditions:

- the retrenchment benefit for the first twelve months after the policy starts is not covered (waiting period).
- the retrenchment benefit will not be paid for more than twelve months. After this the retrenchment benefit ends. The initial payment of the retrenchment benefit will be for 6 months. Should there be a need for a continuation of a retrenchment claim, an affidavit from the SAPS will be required, which states that the insured person is still unemployed where Liberty will then pay the remaining 6 months limited to the outstanding balance of the loan.
- no death or total and permanent disability or dread disease claim may have been approved for either insured person.
- the loss of employment must happen while cover is in place and before you turn 65.

7.3

Important: Specific limits/restrictions to liability for Retrenchment:

Liberty Group does not cover any claim if:

- you resign, agree to be retrenched or retire from your employment;
- your fixed-term contract expires;
- you finish the job you were specifically employed to do;
- you work at a branch or office outside South Africa;
- you knew or should have known when the cover started that you would become unemployed or be retrenched;
- you had not been working continuously for at least 12 months before losing your job.

You lose your job because:

- you take part in an unprotected strike;
- of misconduct, fraud or dishonesty;
- you are sick or become disabled or have a medical condition;
- you take part in a crime;
- of nationalisation or other government action;

Liberty Group does not pay any further amount under this benefit if you lose your employment again after the full benefit was paid to you.

This benefit ends when you turn 65. The benefit plan then converts to Plan K (death only) and the premium is adjusted accordingly. If two of you are covered, and the oldest insured person turns 65, the benefit ends for both of you.

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Dread disease (Critical Illness) cover

The dread disease benefit will pay the outstanding amount on the loan as at date of diagnosis (excluding late payments) and all cover will end, if:

- you are diagnosed as suffering from a dread disease as defined below;
- you suffer impairment because of the dread disease as defined below during the period of cover; and
- all other claim requirements are met.

8.1

Benefit

The dread disease benefit at the date of claim is the amount outstanding on the loan (excluding late payments), together with any interest for up to 12 months. The highest dread disease benefit is **R300 000** for each insured person. A minimum cover of R20 000 applies.

8.2

When the benefit is paid

Liberty Group will pay Standard Bank the dread disease benefit in full and final settlement of their liability under this policy, if the claim is valid and:

- Liberty Group is convinced by the proof of impairment;
- the impairment happened during the period of cover and before this benefit expires;
- no death or total and permanent disability claim has been approved for either insured person.

8.3

8.3.1

Impairments (serious medical conditions) covered and definitions

Heart attack (Myocardial Infarction) is defined as the death of heart muscle, due to inadequate blood supply, as evidenced by all three of the following criteria:

- Compatible clinical symptoms; and
- New pathological ECG changes typically indicating myocardial infarction i.e. Q-wave changes which must be present in any two contiguous leads, and be greater than or equal to 1mm in depth, or permanent ST/T wave changes typical of myocardial infarction; and
- cardiac biomarkers defined as any one of the Troponin markers with the degree of severity for this benefit category defined as serial changes reaching a maximum value greater than a 10-fold increase of the upper reference range according to the WHO heart attack guidelines. Other causes of raised Troponin must be excluded.

The evidence must show a definite new acute myocardial infarction. Other acute coronary syndromes, including but not limited to angina and NSTEMI, are not covered by this definition.

This policy does not cover sub-endocardial or non-Q Wave infarctions.

Assessment criteria in addition to the above, measured at least 6 weeks after the event: NYHA class 3 or 4; or METS < 5 and EF < 40%.

8.3.2

Heart Disease that needs surgery:

This surgery benefit category includes open heart surgery via thoracotomy for the following:

having been performed to correct the narrowing of, or blockage of two or more coronary arteries by means of a by-pass graft. This policy does not cover any other treatment for coronary artery disease e.g. angioplasty, laser relief and stents.

- Valvular surgery, or
- septal defects, or
- the implantation of an artificial heart, or
- pericardiectomy.

8.3.3

Stroke is when brain tissue dies because of the inadequate blood supply or haemorrhage within the brain. as shown on CT scan or Magnetic Resonance Imaging (MRI). This policy does not cover stroke where special investigations are abnormal, without appropriate physical clinical signs. It must result in neurological deficit lasting longer than 24 hours with permanent appropriate signs of the stroke as defined in the assessment, and diagnostic investigations must show the recent infarction or bleed.

Specific exclusions:

- Transient ischaemic attack
- Migraine and vestibular disorders
- Vascular diseases affecting the eye or optic nerve

8.3.4

Cancer is defined as the presence of a malignant tumour rated according to the appropriate staging criteria characterised by the uncontrolled growth and spread of malignant cells with the invasion of normal tissue. Unequivocal histological evidence and, where appropriate, clinical evidence of the stage of invasive malignancy must be provided.

Unless otherwise stated, Liberty will only pay for stage IV cancers according to the TNM or AJCC classification system.

For brain tumours, only Grade III and IV as per WHO guidelines are covered. Hodgkin's or Non-Hodgkin's lymphoma (stage III or IV on Ann Arbor classification system).

- Acute myeloblastic leukaemia
- Chronic lymphocytic leukaemia (Stage III or IV on the Rai classification system)
- Chronic myeloid leukaemia (having undergone bone marrow transplant)
- Acute lymphoblastic leukaemia
- Multiple myeloma (stage III on the Durie-Salmon Scale).

8.3.5

Kidney failure: Chronic, irreversible, bilateral kidney failure due to end-stage kidney disease undergoing permanent, regular haemodialysis treatment. Any renal disorder caused by anti-inflammatory abuse is not covered.

8.3.6

Paraplegia/Paralysis the complete and irreversible paralysis in 2 or more limbs caused by nerve damage below the level of a documented spinal cord injury or lesion. The diagnosis is to be confirmed by a neurologist with appropriate neurological and radiological evidence.

8.3.7

Major Burns is defined as full thickness burns over at least 20% of the body.

8.3.8

Coma is being continuously unconscious, with a Glasgow Coma Scale of 10 or less, without any reaction to external stimuli or internal needs for at least 96 hours on external life support system. This state excludes medically induced coma.

8.3.9

Blindness Complete and irreversible loss of vision in both eyes with no reaction to light stimuli. The diagnosis must be confirmed by an ophthalmologist with medical reports and objective evidence to prove the blindness.

- Specific exclusions:
- Congenital blindness
- Loss of sight due to neurological disorders
- Partial visual loss

8.3.10

Major Organ Transplant is receiving one (or more) of these organs from a human donor in an organ transplant operation: kidney, heart, lung, heart-lung, liver, pancreas, or bone marrow. This policy does not cover transplants of any other organs, parts of organs, or any other tissue.

8.3.11 Loss of Speech is permanently losing all ability to speak because of physical damage or disease, and this lasts for at least 12 months.

Liberty Group must be told about the loss of speech within three months of the damage.

8.3.12 Multiple Sclerosis is defined as a chronic progressive nervous disorder involving loss of myelin sheath around certain nerve fibres. The diagnosis of multiple sclerosis must have been confirmed by a neurologist using objective radiological evidence such as MRI. Two separate clinical events must have occurred resulting in permanent neurological sequelae. These sequelae must have involved a minimum of two major neurological areas - i.e. the optic nerves, motor, sensory or cerebellar.

8.3.13 Alzheimer's disease and progressive dementia, as diagnosed by a neurologist with supporting radiological evidence, resulting in permanent, ongoing deterioration of intellectual function and cognitive skills, with no possibility of recovery.

On diagnosis of Alzheimer's disease or progressive dementia in accordance with the latest version of the DSM criteria.

8.4 End of dread disease benefits

If you chose Plan D when cover started, the dread disease benefit ends when you turn 65. The benefit plan then converts to Plan K (death only) and the premium is adjusted accordingly.

If two of you are covered, and the oldest insured person turns 65, the dread disease benefit ends for both of you. The benefit plan converts to Plan K (death only) and the premium is adjusted accordingly.

9 Important conditions and exclusions applicable for Death, Total and Permanent disability, Temporary Disability and Dread Disease (critical illness) cover:

You must provide any reasonable medical evidence of death, total and permanent disability or dread disease (critical illness), and have any medical examination done (at your own cost) that Liberty Group needs.

In addition to the pre-existing condition exclusion, this policy also does not cover any claim because you:

- a commit a crime;
- b take part in any riot, uprising, civil disorder, revolution, martial law, war or act to overthrow or influence any government or ruling body by force, terrorism or violence;
- c are exposed to any atomic energy, nuclear fission or reaction, biological or chemical hazards or weapons;
- d refuse to seek or follow medical advice;
- e drug and/or alcohol abuse;
- f try to kill or injure yourself on purpose; or
- g take part in any dangerous sport or activity more than once a year.

The current list of hazardous activities is:

- a Rock climbing/Mountaineering;
- b Underwater diving which includes Scuba diving; Snorkelling; Cave diving; Pot-holing; Sink-hole dives and Wreck diving;
- c Aviation, which includes: Private aviation fixed wing and helicopter; Micro-light; Ballooning; Sailplane; Parasailing; Gyro-copting; Gliding and hang-gliding; Paragliding; Aerobatics; Crop-dusting; Game spotting etc.
- d Parachuting, sky-diving and sky surfing;
- e Speed contests, which include: Motor sport/racing; Powerboat racing and Motorcycle racing etc;
- f Fighting (except in bona fide self-defence).

If you die (or are injured or disabled) because you committed a crime or did something illegal, you will lose all benefits. Liberty Group may cancel all cover and you will lose all premiums paid.

10 Temporary Disability Benefit

Temporary disability cover

If you suffer temporary disability as defined below, Liberty Group will pay the temporary disability benefit.

10.1 Benefit

Temporary disability is when you cannot earn money doing any business, activity or job because of:

- a Illness or disease; or
- b an accident (a sudden external, violent, unexpected event, which results in injury), which stops you from doing any job or business, directly or on its own. You are regarded as temporary disabled if you have to stay at home continually or in hospital on medical advice.

The temporary disability and sickness benefit is equal to the monthly instalment (payment) you must pay immediately before the insured event happens. Where you pay other than every month, the benefit is the equivalent monthly payment. If Liberty Group has already paid the full benefits for 12 months under a previous claim, **it will not pay** any further amounts if you become temporarily disabled later. The policy continues and claims for other benefits can be made.

10.2 When the benefit is paid

Liberty Group will pay Standard Bank the temporary disability and sickness benefit while you are ill or disabled, **but**:

- the benefit **will not be paid** during the first 30 days of temporary disability;
- the benefit **will not be paid** for more than 12 months;
- If you have lost only part of your income the benefit is less (based on how much you have lost);

- You must prove that you are still temporarily disabled;
- the accident, illness or disease that caused temporary disability must happen during the period of cover and before this benefit expires;
- the benefit will not be paid if a death claim was paid for any insured person.
- Liberty Group regards the temporary disability as ended when its medical adviser says the illness or bodily injury is healed or cured as far as reasonably possible, even if there is still some permanent disability.

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Start of cover

The policy covers you from when the first premium is received, as long as all other terms of the policy are followed.

Liberty Group will cover your debt to Standard Bank if you die because of an accident (as defined below) before paying the first premium, as long as you had completed all appropriate proposals (applications) for life insurance and Liberty Group had already decided to accept these proposals and the insurable risk.

**Accident

An accident is a sudden external, violent, unexpected event, which results in injury or death.

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Termination of Cover

This cover ends as soon as any of these happens:

- a Your personal loan is paid off; or
- b Your personal loan/overdraft facility is cancelled; or
- c The 31 days of grace are over and you have still not paid any outstanding premium; or
- d A benefit for death, total and permanent disability benefit or dread disease is paid; or
- e You turn 75. Where joint lives are covered and the oldest insured person turns 75, cover for the oldest insured person ends, but cover for the other insured person continues until age 75;
- f The policy is cancelled because of legal action to recover the loan debt; or
- g When either you, or Liberty Group cancels the policy.

13

Premiums

Premiums you must pay

The premiums are the monthly amounts you pay for insurance benefits cover.

13.1

Changes to monthly premium:

The monthly premium also changes according to the average outstanding loan amount.

The total premium you pay on joint lives (for two people) is the premium rate for the older insured person, plus a discount on the premium for the younger insured person.

If the Premium Debit Date falls on a weekend or public holiday, the nominated bank account will be debited on the first working day before or after the weekend or public holiday.

A monthly minimum premium of **R4.00** applies.

13.2

Debt Review

If the account from which the premiums are debited from goes into debt review and we don't receive premiums the policy will cancel.

Legal Statuses

If your account goes into a legal status resulting in us being unable to collect the premiums due, the policy will cancel.

13.3

Change of Premium Rates

Liberty Group does not guarantee premium rates and reviews them at least once each year. When reviewing the premium rates, Liberty Group will investigate the extent to which the pricing assumptions used to calculate the premiums varied from the actual experience and Liberty Group expectation of future experience. These assumptions include but are not limited to the expected:

- Claims incidences
- Renewal costs of providing the policy
- Lapse rates
- Interest rates; and
- The average age and demographics of the lives assured on the product as a whole.

Furthermore, Liberty Group reserves the right to appropriately adjust the benefits payable and the premium of this policy if:

- Any legislation or regulation (including tax legislation or regulation) affecting this policy or Liberty Group is introduced,
- The Legal interpretation or understanding of any legislation or regulation (including tax legislation or regulation) affecting this policy or Liberty Group has changed; or
- Any other circumstance that is beyond Liberty's reasonable control affects this policy or Liberty. Circumstances beyond Liberty's control is defined under the Force Majeure clause in this policy; or
- Such adjustment is necessary to ensure that actual benefits paid each year are similar to the expected benefits payable (which are adjusted by Liberty's expectation of current and future experience, including the economic climate, claim incidences as well as the age and demographics of the lives assured).

Liberty Group and Standard Bank will let you know about any change at least 31 days before it happens.

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Days of grace

If you do not pay a premium on time, Liberty Group allows you 31 extra days to pay it. If no premium is received for two months, then it will be taken that you don't want the cover anymore and the policy will be cancelled by giving you one month's notice of cancellation. If the policy is cancelled then no benefit is payable under this policy. You may reinstate (restore) the policy within three months of the last premium payment by paying all the late premiums.

- But you can only reinstate a policy once.
- We will not cover anyone before a policy is reinstated.
- If we are unable to recover missed premiums at reinstatement, there may be a waiting period applied for all benefits from date of reinstatement.

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Commission and Fees

- Commission is charged for each premium.
- Premiums are worked out based on a total commission charge of 7.5% (excl. 15% VAT), according to the Regulations under Section 49 of the Long-Term Insurance Act.
- SBIB receives binder fees of between 4% and 7.5% of premium (excl. 15% VAT), depending on the binder services rendered.
- Where the policy was sold through an external call centre, the call centre receives a binder fee for entering the policy.

16 General Terms and Conditions (including conditions and exceptions)

16.1 Change to terms of the policy

- No changes to this policy are valid unless made in writing and duly authorised by an official of Standard Bank and Liberty Group.
- Standard Bank and Liberty Group may change or cancel any terms of this policy. You will be notified about any changes or cancellation at least 31 days in advance by writing to you at your last known address or email address.

16.2 Leaving out material information (Non disclosure)

- If you do not disclose any material information that is relevant (for example about your health or medical history); or
- if you disclose any information that appears to be wrong (for example, your date of birth);

Liberty Group may regard any claim as invalid. It may also cancel the policy and you will lose all premiums you paid.

16.3 Fraud

If you are dishonest when you claim, you give up all benefits under this policy. Liberty Group may cancel this cover and you will lose all the premiums you have paid.

16.4 Territorial Limits

This policy only covers South African citizens living in South Africa, people who live in South Africa permanently or people who work in South Africa and have a legal working permit of at least six months

16.5 Jurisdiction

South African law governs this policy. The South African courts may decide any dispute about this policy.

16.6 Currency

Premiums and benefits are shown and are paid in South African Rands.

16.7 Events beyond Liberty's control (Force Majeure)

Should Liberty Group be prevented from carrying out any of its obligations in terms of this policy because of Force Majeure, Liberty will notify the Policyholder/Insured Person of the circumstances and nature of the Force Majeure as well as the estimated duration and extent to which Liberty's performance is made impossible.

Under such circumstances, Liberty's obligations under the Policy will be suspended until the circumstances causing the Force Majeure ends and Liberty will not be liable to the Policyholder/ Insured Person for any damages whatsoever caused to the Policyholder/Insured Person due to Liberty's inability to perform its obligations in terms of the Policy.

Force Majeure includes, acts of God, acts of the State or Government, exceptionally adverse natural disasters, riot, insurrection, sanctions, sabotage, terrorism, political or civil disturbance, war, boycotts, embargo, strikes, lock-out, shortages of labour or materials, material delays in public transport or any similar circumstances beyond the reasonable control of Liberty

17 Important: Consent to collect and share your personal information

Liberty Group or Standard Bank or both of them may need to collect and share certain personal information about you (and the other insured person in a joint policy) for administration purposes and to assess risks or consider claims for benefits under this policy.

Liberty Group and Standard Bank may legally only collect, share and process information specifically related and relevant to this policy. Liberty Group and Standard Bank undertake to keep that information confidential and secure, and not to keep it for longer than it is needed. You consent to Liberty Group and Standard Bank (including their staff, representatives and certain subcontractors):

- collecting any personal, medical or financial information about you that they regard as necessary from any person and processing it; and

- sharing information in any related policy or other document with any other insurance company, directly or indirectly.

This consent may limit your right to privacy. But it applies only for the above purposes and you may ask at any time for access to the information collected, processed or shared. Your consent is effective after you die.

Information on Unpaid or Unclaimed Benefits

It is the responsibility of the owner/policyholder to ensure that Liberty and SBIB always have up to date contact information (including that of any potential beneficiary).

Where we become aware that benefits are payable, we will seek to communicate at the last address provided to us. If this is unsuccessful, we will take reasonable steps to find those who are entitled to the benefits, which steps may entail the appointment by us of external tracing agents. The policyholder/owner consents to us appointing an external tracing agent and providing them with the necessary personal information to conduct such tracing. A tracing and management fee as determined at time of tracing may be deducted by us from the benefits payable. Note that in certain circumstances, an additional amount may be payable in relation to any late payment.

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Cooling-off period

Every policyholder has a right to cancel their policy entered into with the insurer (or the right to cancel any changes requested by the policyholder to the insurer) within 31 days after receiving their policy summary issued by Standard Bank and Liberty Group and where no benefit was paid or a claim made or an event insured against has occurred. The Policy Summary is considered to have been received 10 days after the date that Policy Summary was issued by Standard Bank and Liberty Group.

After receiving any cancellation or change request, and subject to any law, Standard Bank and Liberty Group may take any of the actions below:

- Change the policy in line with the requested change;
- Inform the policyholder where in law the policy cannot be cancelled; or
- Cancel the policy and refund any premiums you have already paid less any expenses related to the cover you have enjoyed up until the cancellation of the policy.

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Cancellation

If you wish to cancel your policy, you need to provide us with 31 days' notice of your request to cancel the policy. If we wish to cancel your insurance policy, we will provide you with 31 days' notice at your last known postal or email address. You may not make any changes to the policy after you have requested cancellation.

We will not refund any unused proportion of premiums if the policy is cancelled.

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Claims

To claim a benefit on your policy please contact your Standard Bank adviser for the necessary documents or telephone the claims line on Call centre **0860 123 999**

Email: creditlifereg@standardbank.co.za.

You must report a claim within three years of the insured event, after which your claim will no longer be valid.

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Queries or Complaints

Discuss your query or complaint with your Standard Bank adviser. If you are not happy with how the matter is handled, contact:

- **The Credit Life Help Line** on: **0860 123 999**
Email: Complaint.resolutioncentre@standardbank.co.za; or
Email: relations@liberty.co.za
Fax number: **011 408 4488**; or
IF you are still not satisfied you may contact:
- **Financial Sector Conduct Authority**
PO Box 35655, Menlo Park, 0102.
Phone number: **012 428 8000 / 0800 203 722**
Fax number: **012 346 6941**
Website: www.fsca.co.za
- **FAIS Ombudsman**
PO Box 74571, Lynwood Ridge, 0040.
Kasteelpark Office Park
Orange Building, 2nd Floor,
546 Jochemus Street,
Erasmusklouf, Pretoria.
Phone number: **012 762 5000 / 0860 663 247**
Email: info@faisombud.co.za
Website: www.faisombud.co.za
- **Ombudsman for Long-term Insurance**
Private Bag X45, Claremont,
Cape Town, 7735.
Sunclare Building, 3rd floor,
21 Dreyer Street, Claremont
Cape Town, 7700.
Phone number: **021 657 5000 / 0860 103 236**
Fax number: **021 674 0951**
E-mail: info@ombud.co.za
Website: www.ombud.co.za