

FUNERAL PLAN APPLICATION FOR MEMBERSHIP

New Client:	Yes ☐ or No ☐	Existing Client:	Yes ☐ or No ☐	Policy reference number (if applicable):
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Do you consider yourself a Politically Exposed Person (PEP) or are you related to any PEP?	Please tick Yes ☐ or No ☐ Please complete the PEP form attached.
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PRINCIPAL MEMBER DETAILS:		Mr ☐ Miss ☐ Mrs ☐	Male ☐ Female ☐	ID Number:																		
Date of Birth:	d	d	m	m	y	y	y	y	Passport Number:													
Surname:				First Names:																		
Mobile / Tel:				Tel (W):				Email Address:														
Occupation:				Source of Income:	Salary ☐	Pension ☐	Government Grant ☐	or Other ☐														
Country of Birth:				Country of Residence:				Citizenship:														
Nationality:				Method of Transaction:	Debit Order ☐	Persal ☐	Easypay ☐	Other ☐														
Street/ Postal Address:																Code:						

IMMEDIATE FAMILY DEPENDENTS, IF APPLICABLE																	
	Full first names and surname	Age	Relationship	ID number											Gender		
Spouse																M	F
Child																M	F
Child																M	F
Child																M	F
Child																M	F
Child																M	F

ADDITIONAL EXTENDED FAMILY MEMBERS (MAX 8)																		
Ext 1																	M	F
Ext 2																	M	F
Ext 3																	M	F
Ext 4																	M	F
Ext 5																	M	F
Ext 6																	M	F
Ext 7																	M	F
Ext 8																	M	F

BENEFICIARY									
Your beneficiary is the person you appoint to receive the policy pay-out after your death. He or she must be 18 years or older. You may change your beneficiary at any time. If the pay-out cannot be made to the beneficiary, it will be paid to your estate.									
Title				First names					
Surname				Relationship					
ID No					Contact no				

YOUR DECLARATION AS THE CLIENT									
I declare to the best of my knowledge and understanding that the particulars on this application form are true and correct. I confirm the following by ticking each block.									
☐ I can afford the policy monthly premium and I am not replacing an existing funeral policy with this policy									
☐ I can afford the policy monthly premium and I am replacing an existing funeral policy with this policy - (If this is a replacement policy, please complete the below only:)									
Are you currently insured on an alternate funeral policy? YES ☐ NO ☐ If YES, will you be cancelling that policy and replacing it with this one? YES ☐ NO ☐									
Has the waiting period for natural death already expired on the alternate policy? YES ☐ NO ☐									

Please Provide us with:									
a) Policy number of alternate policy:					b) Name of insurer with whom the alternate policy is with:				
c) Confirmation all premiums on the alternate policy are paid up to date YES ☐ NO ☐					d) Is the benefit selected on this policy the same of your current alternate policy? YES ☐ NO ☐				
e) If NO, please confirm the difference:									

☐ This funeral policy suits my financial needs and expectations and I have read the terms and conditions and understand them and accept them. Your privacy is of utmost importance to us. We will take the necessary measures to ensure that any and all information, provided by you for the purpose of this application, 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 in order to process and accept this application. 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 proceed to issue the Policy should we accept this application; Unless consented to by yourself, we will not sell, exchange, transfer, rent or otherwise make available your personal information (such as your 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 the Administrator/Insurer has utilised your Personal information contrary to the Applicable Laws, you have the right to lodge a complaint, with Guardrisk or with the Information Regulator.									
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Principal Member Signature	Date	d	d	m	m	y	y	y	y
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Fees disclosure: 66.50% Risk premium including 9% Binder Fee, 5% Guardrisk Life, 12% Profit, 7.5% commission Administrator: Exodec 229 (Pty) Ltd FSP43212 Email: info@exodecgroup.co.za Fax: 086 608 7594 Compliance: Leona Prinsloo CO4920 Email: lprinsloo@mweb.co.za									
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Funeral Plan Options:							Once off Joining Fee: R50			
Cover Amount	Single Plan			Member & Spouse			Single Parent & up to 5 children		Family Plan	
	18 – 64 Premium	65 – 74 Premium	75 – 84 Premium	18 – 64 Premium	65 – 74 Premium	75 – 84 Premium	18 – 64 Premium	65 – 74 Premium	18 – 64 Premium	65 – 74 Premium
R 5 000	R 60	R 80	R 100	R 70	R 140	R 150	R 70	R 140	R 80	R 140
R 10 000	R 80	R 110	R 190	R 90	R 170	R 250	R 90	R 170	R 100	R 170
R 15 000	R 100	R 160	R 270	R 110	R 210	R 330	R 110	R 210	R 120	R 210
R 20 000	R 150	R 220	R 350	R 160	R 260	R 420	R 160	R 260	R 180	R 260

Cover Amount	Extended Family Members	R 3 000	R 5 000	R 8 000	R 10 000	R 15 000	R 20 000
Ext Family Cover 00 – 22		R 13	R 17	R 30	R 40	R 70	R 90
Ext Family Cover 23 – 64		R 40	R 50	R 70	R 90	R 110	R 140
Ext Family Cover 65 – 74		R 90	R 120	R 120	R 130	R 180	R 210
Ext Family Cover 75 – 84		R 130	R 175	R 235	R 250	R 270	R 410

Premium Calculation:	
Tick the box for - eCoupon (non-underwritten benefit)	R 17 ☐
Monthly Premium:	R
Extended Premium:	R
Total Monthly Premium Due:	R

Premiums for the scheme will not change or be varied during the first 12 (twelve) months from the Commencement Date unless there are reasonable actuarial grounds on which to do so. Any change to the premium will be communicated to the Policyholder 31 (thirty-one) days before any increase takes effect and such communication will also confirm any increase to the benefit amount, if applicable. All premiums in the table above include the Repat Benefit premium of R2.

1. General terms and conditions: Funeral Plan

The maximum entry age for Principal Member and Spouse is 84 years. Cover for Children biological or legally dependant on the Principal Member will cease on the day before their 22nd birthday. Children aged 22 or older will be covered up to age 26 if they are studying full-time at a recognised school or tertiary institution. This is subject to the provision of satisfactory evidence (annually). Unmarried mentally/physically disabled Children who are totally dependent on the Principal Member will be covered for as long as the policy is in force. Cover will be provided for **(1) (one)** Spouse and for a maximum of 5 (five) Children at the stated premium. Should a Child be born to the Principal Member, the Principal Member has 60 (sixty) Days to update his application/nomination form. If the documentation is not updated the Child will not be covered for benefits. If the Principal Member ceases to be a member of the funeral scheme (dies, withdraws or retires) cover will cease immediately for the Principal Member and all their Dependents. Should the Spouse elect to take over the policy of an existing Principal Member due to the Principal Member's death, this must be done within 30 (thirty) Days of the death and application/nominations form and monthly membership schedule must be updated accordingly.

Only RSA residents and SADC citizens legally residing in RSA can be covered.

Benefit Split – Principal Member and Spouse same cover; cover of child between 14-22 years same as Principal Member – age 6-13 years 50% of Principal Member Stillborn – 5 years = 25% of Principal Member.

The Insurer reserves the right to cancel the policy with 31 (thirty-one) Days' notice at any stage for whatsoever reason.

The Insurer will not change or Vary the Premium rate during the first 12 (twelve) months after the Commencement Date of the Policy unless there are reasonable actuarial grounds to change or Vary the Premium rate or when the Variation will be to the benefit of the Principal Member. After the first 12 (twelve) months, the Insurer reserves the right to review and change the premium and cover annually. Any changes to the Premium rate will be notified to the Principal Member 31 (thirty-one) Days prior to the change taking effect. Such notification will provide appropriate details of the reasons for the change to the Premium rate and will afford the Principal Member with reasonable steps, such as an option to terminate the policy or to reduce the policy benefit or to enter into an alternate policy, to mitigate the impact of the increase on the Principal Member. The Premium rates 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 claims experience, past and future expected lapse experience, past and future expected mortality experience, expected future reinsurance, any regulatory and legislative changes impacting this Policy or any other factor impacting the Premium that the Insurer deems material at the time.

2. Extended Family Benefits

Maximum 8 extended family members (parents, parents-in-law, brothers, sisters, aunts, uncles or other relatives who are financially dependent on the Principal Member) can be added at an additional premium payable per Extended Family Member. This option must specifically be requested and catered for at a scheme level in the policy. Maximum entry age: 84 years.

3. Exclusions

The Insurer will not pay any Funeral Benefit or any Extended Family Benefit if death was directly or indirectly caused, resulting from or in connection with any of the following: a. active participation in war, invasion, acts of foreign enemies, hostilities, warlike operations (whether war be declared or not), civil war, rebellion, revolution, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power; b. the deceased's deliberate exposure to exceptional danger, except in an attempt by the deceased to save a human life; c.

The deceased's active participation in the commission of a criminal activity resulting in a claim event.

Suicide will be excluded for the first 12 (twelve) months from the Commencement Date.

A 6 (six) months Waiting Period for natural death from the Commencement Date of cover for the Funeral or Extended Family Benefit. The Insurer will have no liability for a Claim Event if Death for any Insured is directly or indirectly caused by or attributable to natural causes during this period, unless proof is supplied to the Insurer of previous cover for such Insured in the 31 (thirty-one) Day period prior to the Commencement Date of this Policy, and where such similar cover with the alternate insurer was replaced with this Policy and where the waiting period on such prior policy had already expired. Where the waiting period has not yet fully expired, the unexpired part of the waiting period will remain in force until expiry.

Claims due to Accidental Death will not be subjected to a Waiting Period, on condition that the first premium is paid.

When taking up a higher benefit a 6 (six) months Waiting Period for natural death will apply to the increased amount not the current benefit cover enjoyed.

When taking over existing affiliation schemes Guardrisk Life Limited will require proof of membership with the prior underwriter for the Waiting Period for natural death to be waived, if not available the full Waiting Period for natural death will apply. Stillborn cover included only on family plans. The Policy becomes active on receipt of first premium paid.

4. Premiums

Premiums must be paid for the month for cover to remain in force. Should premiums not be paid in terms of the policy, cover ceases and should the Principal Member wish to re-join after 2 (two) months, they will be treated as a new entrant, with the full 6 (six) months waiting period for natural death restarting. The policy will lapse after 2 (two) premiums missed within a 12 (twelve) month cycle. The policy will be cancelled should the arrear premium/s not be paid in full before 2 (two) months of non-payment has passed. All outstanding premiums due must be paid before the end of the 2nd month. For all premium payments please always keep proof of payment for your records. The sum assured for Extended Family Members cannot exceed that of the Principal Member. An Extended Family Member can cease membership while the Principal Member remains a member, but that Extended Family Member cannot be readmitted.

5. Claim Requirements

Exodec/Guardrisk Life Limited must be notified of Funeral Claims within 6 (six) months of an Insured's death. Even if all the required information is not yet available, it must still be notified of the potential Claim. The following information is required to process a Claim (standard claims package):

Principal Member

- Fully completed, signed and stamped claim form
- Copy of a signed policy document
- Certified Copy of the deceased's identity document
- Certified Copy of the death certificate
- Fully completed DHA1663 Notice of Death Form
- Certified Copy of the beneficiary identity document
- Beneficiary's banking details
- If the cause of death is unnatural – a completed police report is required in an instance of a motor vehicle accident, or where the death is under investigation or resultant from suicide.

Principal Member Signature _____ Date _____

Spouse's and Children's funeral benefit

- Fully completed, signed and stamped claim form
- Copy of a signed policy document
- Certified Copy of the deceased's identity document or birth certificate
- If no identity document or birth certificate – a copy of the clinic card or a hospital file is required
- Certified Copy of the Death Certificate
- Fully completed DHA1663 Notice of Death Form
- Certified Copy of Principal Member's Identity Document
- Certified Copy of the marriage certificate, or a copy of the Lobola letter or an affidavit confirming person was life partner (2 family members), state duration
- Copy of 6 months receipts/bank transfers as proof of payments made
- Certified Copy of the beneficiary identity document
- Copy of the premium schedule
- Beneficiary's banking details
- If the cause of death is unnatural – a completed police report is required in an instance of a motor vehicle accident, or where the death is under investigation or resultant from suicide.
- If the Child is over the age of 22 - we require a certified copy of a letter from the educational facility confirming the Child is registered and the course / grade that they are registered for.
- If a benefit under this Policy is an Unclaimed Benefit, Exodec will take any and all appropriate action to determine if the 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.
- Before the end of the 3 (three) year period referred to above, Exodec 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.
- A maximum period of 6 (six) months from the date of Death is permitted to submit all funeral claim requirements. Failure to comply with this will result in closure of the file and no further evidence being considered for assessment and processing of a Claim, unless there are extenuating circumstances acceptable to the Insurer for the late submission.

NB: the above are extracts and summaries from the Policy and do not replace the official Policy, which contains all rights of members

On signing this document Exodec will confirm the offer of Insurance has been accepted on behalf of Guardrisk Life. Cover will commence on receipt of the first premium.

Fees disclosure: 66.5% Risk premium including 9% Binder Fee, 5% Guardrisk Life, 12% Profit, 7.5% commission

Disclosure Notice: Long-term Insurance Policyholder Protection Rules 2017 (PPRs) Financial Advisory and Intermediary Services (FAIS) General Code of Conduct 2003

Your Intermediary Business Name: Exodec 229 (Pty) Ltd Registration number: 2016/486897/07 Physical address: 1 st Flr Royal Palms Building, cnr Loch Street & Pierneef Blvd, Meyerton, 1961 Postal address: PO Box 934, Meyerton, 1960 Telephone: 016 362 0334 Website: www.exodecgroup.co.za FAIS registration (FSP No): 43212	In terms of the FSP license, Exodec 229 (Pty) Ltd, is authorised to give Intermediary Services and Advice for products under: CATEGORY I, II, IV,]: • [Long-term Insurance : Category A] • [Friendly Society Benefits] • [Long-term Insurance : Category B1] • [Long-term Insurance : Category B1-A] • [Long-term Insurance : Category B2] • [Long-term Insurance : Category B2-A] • [Long-term Insurance : Category IV]
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Without in any way limiting and subject to the other provisions of the Services Agreement/Mandate, Exodec 229 (Pty) Ltd FSP43212 accepts responsibility for the lawful actions of their representatives (as defined in the Financial Advisory and Intermediary Service Act No. 37 of 2002) in rendering financial services within the course and scope of their employment. Some representatives may be rendering services under supervision and will inform You accordingly.

Legal and contractual relationship with the Insurer: Guardrisk Life Limited and Exodec 229 (Pty) Ltd have concluded a shareholder and subscription agreement that entitles Exodec to place insurance business with Guardrisk Life. The shareholder and subscription agreement entitles Exodec to share in the profits and losses generated by the insurance business. Guardrisk Life may distribute dividends at the sole discretion of their Board of Directors, to Exodec during the existence of the Policy.

Professional Indemnity and/or Fidelity Cover: Exodec 229 (Pty) Ltd has a Professional Indemnity Cover and a Fidelity Guarantee Cover in place.

Claims Contact Person: Sanah Kwapeng

Tel: 016 362 0334 or Cell/WhatsApp: 071 600 1927

Email: claims@exodecgroup.co.za

Complaints Procedures: Contact Person: Marieta Pretorius

Tel: 016 362 0334

Email: info@exodecgroup.co.za

Compliance Officer: Leona Prinsloo

Tel: 012 664 6257

Email: lp@prinsloo@mweb.co.za

Conflict of Interest: Exodec has a conflict of interest management policy in place and is available to clients on the website.

The Insurer Business Name: Guardrisk Life Limited Registration number: 1999/013922/06 Physical address: The Marc, Tower 2, 129 Rivonia Road, Sandton, 2196 Postal address: PO Box 786015, Sandton, 2146 Telephone: +27-11-669-1000 Email: info@guardrisk.co.za Web: www.guardrisk.co.za FAIS registration (FSP No): FSP 76	In terms of the FSP license, Guardrisk Life Limited is authorised to give advice and render financial services for products under: CATEGORY I: • Long-term Insurance : Category A • Long-term Insurance : Category B1 • Long-term Insurance : Category B1-A • Long-term Insurance : Category B2 • Long-term Insurance : Category B2-A • Long-term Insurance : Category C
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Professional Indemnity and/or Fidelity Cover: Guardrisk Life Limited has a Professional Indemnity Cover and Fidelity Guarantee Cover in place.

Compliance Details: Telephone: +27-11-669-1000

Email: compliance@guardrisk.co.za

Website: www.guardrisk.co.za

Complaints Details: Telephone: 0860 333 361 Email: complaints@guardrisk.co.za

Conflict of Interest : Guardrisk Life Limited has a conflict of interest management policy in place and is available to clients on the website.

Policy Wording: A copy of the policy wording can be obtained from Exodec

Policy details:

Type of Policy: Funeral Class of Business

Risk covered: Death

Policy Benefits: Cover amount selected on the application form

Your premium obligations

Monthly Premium: As per the policy agreement

Due date and frequency: Monthly

Manner of payment of premium:

Direct deposit, Debit order, EasyPay, Persal deductions

Consequence of non-payment:

Cover will cease and no further benefits will be in force.

Details of any premium increases, including the frequency and basis thereof: Annually upon the Review Date.

Fees payable to Exodec (included in the monthly premium)

Commission fee: 7.5% Binder fees: 9%

The Intermediary directly or indirectly does not hold more than 10% of the relevant product supplier's shares or has any equivalent substantial financial interest in the Insurer. Remuneration did not exceed 30%.

Cooling Off Rights:

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. 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 within which You may cancel Your Policy in writing at no cost provided no Claim has arisen or any benefit paid. Cover will cease upon cancellation of the Policy. All premiums paid by the Policyholder to the Insurer up to the date of receipt of the cancellation notice will be refunded to the Policyholder.

Cancellation Rights:

The Principal Member may cancel the Policy at any time after the Cooling Off period by giving Exodec 31 (thirty-one) Days notice. Such cancellation will not attract any refund of premiums paid. The Insurer may cancel this Policy at any time for whatsoever reason by giving the Principal Member 31 (thirty-one) Day notice period. 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 prevent or stop any undesirable or criminal activity.

Applicable Laws:

The Insurance Act 18 of 2017 and/or the Long-term Insurance Act 52 of 1998, the Policyholder Protection Rules (Long-term Insurance), 2017, the Protection of Personal Information Act 4 of 2013, and any other legislation relating to or regulating the protection or processing of data of Personal Information, direct marketing or unsolicited electronic communications and which may be applicable in the Republic of South Africa from time-to-time.

Fraud:

If any Claim under this Policy is in any respect fraudulent, or if any fraudulent means or devices are used by the Beneficiary or anyone acting on her/his behalf to obtain any benefits under this Policy, all benefits including premiums paid under this Policy shall be forfeited. The Insurer will take any appropriate action deemed necessary in such an instance and the Insurer's rights will remain reserved at all times.

Principal Member Signature _____ Date _____

Processing of Personal Information:

Your privacy is of utmost importance to us. We will take the necessary measures to ensure that any and all information provided by you for the purpose of this application, 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 in order to process and accept this application. 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 proceed to issue the Policy should we accept this application; Unless consented to by yourself, we will not sell, exchange, transfer, rent or otherwise make available your Personal Information (such as your 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 the Administrator/Insurer has utilised your Personal Information contrary to the Applicable Laws, you have the right to lodge a complaint with, Guardrisk or with the Information Regulator.

Other matters of importance:

You will be informed of any material changes to the information about the Intermediary, Insurer and or Underwriting Manager provided above. You have the right to complain, you may do so by contacting Exodec on 016 362 0334 or email: info@exodecgroup.co.za, alternatively with Guardrisk Life on 0860 333 361 or email: complaints@guardrisk.co.za. If We fail to resolve Your complaint satisfactorily, You may submit Your complaint to the **Ombudsman of Long-Term Insurance** on 021 657 5000. You/ your Nominated Beneficiary has the right to claim, the conditions under which a claim may be made are stipulated in the policy and may be made by contacting Exodec on 016 362 0334 or email: claims@exodecgroup.co.za. You will always be given a reason for the repudiation of Your claim. If the Insurer wishes to cancel Your policy, the Insurer will give you **31 (thirty-one) Days** written notice, to Your last known address. You will always be entitled to a copy of Your policy at no extra charge.

Warning:

Do not sign any blank or partially completed application form. Complete all forms in ink. Keep notes of what is said to You and all documents handed to You. Where applicable, call recordings will be made available to You within 7(seven) Days of request. Don't be pressurised to buy the product. Failure to provide correct or full relevant information may influence an Insurer on any claims arising from Your contract of insurance.

Waiver of Rights:

No insurer and/or intermediary may request or induce in any manner a client to waive any right or benefit conferred on the client by/or in terms of any provisions of the said Code, or recognise, accept or act on any such waiver by a client. Any such waiver is null and void.

Particulars of the Long-Term Insurance Ombudsman (For claims/service-related matters) Postal address: Private Bag X45, Claremont, Cape Town, 7700 Telephone: +27-21- 657- 5000 0860 103 236 Fax number: +27-21- 674- 0951 Email address: info@ombud.co.za	Particulars of the FAIS Ombudsman (For product/advice related matters) Postal address: PO Box 41, Menlyn Park, 0063 Telephone: +27- 12- 762- 5000 Sharecall: 086 066 3274 Email address: info@faisombud.co.za
Financial Sector Conduct Authority (For market conduct related matters) Postal address: PO Box 35655, Menlo Park, 0102 Telephone: +27-12- 428-8000 Fax number: +27- 12- 346- 6941 Email: info@fsc.co.za	Particulars of the Information Regulator (For complaints relating to the use of Personal Information) Postal address: PO Box 31533, Braamfontein, Johannesburg, 2017 Telephone: +27- 10- 023- 5200 Email: POPIAComplaints@infoeregulator.org.za

Repatriation of mortal remains benefit and services by contracted service providers only (A NON-UNDERWRITTEN BENEFIT NOT OFFERED BY THE INSURER AND OFFERED SEPARATELY TO THE INSURANCE POLICY WITH A SEPARATE PREMIUM NOT INCLUDED IN TOTAL MONTHLY INSURANCE PREMIUM)

The repatriation benefit is not regulated in terms of the Financial Advisory and Intermediary Services Act ("FAIS Act") and therefore, you are not afforded the same protections which apply in respect of financial products or services which are regulated in terms of the FAIS Act.

Repatriation of Mortal remains within South Africa and neighbouring countries to a maximum of R10 000 per event and annual limitation of R20 000. Nominated extended family members excluded. When a member's death occurs more than 100km from their normal place of residence/place of burial, the deceased will be transported to the place of burial irrespective of where the death occurred, or where the burial will take place, provided that the repatriation is within the defined territory. Allowance for 1 family member to travel with the deceased free of charge. Funeral assistance services: all documentation referral to pathologist if required and referral to a reputable undertaker. Removal from place of death (anywhere in RSA) minimum of 20Km to a maximum of R900 per claim. Storage to a maximum amount of a R1000/7 days. Standard waiting period as per product waiting period apply to new and existing policies.

Exodec Assist Repatriation call centre no: 0861 55 5515 Quote following: Exodec Funeral Plan, Policy number.

Exodec eCoupon: (REWARDS PROGRAMME NOT OFFERED BY THE INSURER AND OFFERED SEPARATELY TO THE INSURANCE POLICY) At an additional cost per month the Principal Member (Policy holder) will receive coupons to the value of up to R750.00 per month for each retailer per month. – (No Role over on monthly eCoupon);

1. eCoupons Shoprite Checkers: Save up to R750 on your monthly grocery's by using our grocery discount coupons on a range of groceries which are redeemable at selected Shoprite, Checkers and Checkers Hyper stores.

Show the eCoupons to the cashier and claim your discount on every product. If you are also a Shoprite/Checkers Xtra Savings Loyalty member and a product eCoupon are offered on the Shoprite/Checker loyalty program, you will be able to claim both the savings.

Special Note: The eCoupons is not one eCoupon but is eCoupons on a range of specific grocery items which may be changed every month.

2. eCoupons Pick n Pay: Save up to R750 on your monthly grocery's by using our grocery discount coupons on a range of groceries which are redeemable at selected Pick n Pay stores.

Show the eCoupons to the cashier and claim your discount on every product.

Special Note: The eCoupons is not one eCoupon but is eCoupons on a range of specific grocery items which may be changed every month.

3. eCoupons Dischem: Save up to R750 on your monthly shopping by using our shopping discount coupons on a range of groceries which are redeemable at selected Dischem outlets.

Show the eCoupons to the cashier and claim your discount on every product.

Special Note: The eCoupons is not one eCoupon but is eCoupons on a range of specific shopping items which may be changed every month.

Coupon Redemption Retailers:

a. Shoprite b. Checkers c. Checkers Hyper d. Dis-Chem e. Pick n Pay

Should a member run into a problem redeeming coupons in-store or have any query whatsoever please sms 'exodec' to 30172.

The eCoupon benefit is not regulated in terms of the Financial Advisory and Intermediary Services Act ("FAIS ACT") and therefore, you are not afforded the same protections which apply in respect of financial products or services which are regulated in terms of the FAIS Act.

SHOPRITE

CheckersHyper

Checkers

Principal Member Signature _____ Date _____

ANTI-MONEY LAUNDERING PROVISIONS AND INFLUENTIAL PERSONS DECLARATION

The Financial Intelligence Centre Act (FICA) requires that we know if you are an influential person as explained in the Act. It differentiates between a politically exposed person, domestic prominent influential person, foreign prominent public official and a known close associate or family of domestic prominent influential persons and foreign prominent public officials. More than one of the definitions can apply to the same person. Read the explanations at the end of this form, indicate which explanations apply to you and give your reason.

☐	Politically exposed person	
☐	Domestic prominent influential person	
☐	Foreign prominent public official	
☐	Known close associate	
☐	Family member	

Definitions of influential persons

- **A Politically exposed person** is someone who is or has been entrusted with prominent public functions, based on a specific political affiliation.
Examples: A head of state, cabinet minister, member of parliament/local/provincial government, senior administrator in government department (financial department/tender processes), senior judge, manager of local municipalities who award tenders, senior and/or influential official, ambassador/high commissioner, senior representative of a religious organisation.
- **A Prominent influential person** refers to any individual who is or has in the past been entrusted with prominent functions in a particular country. A South African PIP would be known as a Domestic PIP. A Foreign Prominent Public Official (FPPO) would be someone who holds a Prominent Public Official (PPO) position in a foreign country.
Examples: Premier of a province, member of a foreign royal family, government minister or equivalent senior politician, leader of a political party, high ranking member of the military/police, etc.
- **A known close associate** is an individual who is closely connected to a prominent person, either socially or professionally. The term "close associate" is not intended to capture every person who has been associated with a prominent person.
Examples: Known relationships outside the family unit (e.g. girlfriends, boyfriends, mistresses), a prominent member of the same political party, civil organisation, labour or employee union as the prominent person, business partner or associate, especially one who shares (beneficial) ownership of corporate vehicles with the prominent person, or who is otherwise connected (e.g. through joint membership of a company board), any individual who has sole beneficial ownership of a corporate vehicle set up for the actual benefit of the prominent person.
- **A family member** is an individual who is related to a PEP/PIP either directly (consanguinity) or through marriage or similar (civil) forms of partnership.
Examples: Spouse or civil/life partner, previous spouse or civil/life partner, children and stepchildren and their spouses or civil/life partners, parents, siblings and stepsiblings and their spouses or civil/life partners.

DECLARATION IN RESPECT OF THE PROTECTION OF PERSONAL INFORMATION ACT

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

Your privacy is of utmost importance to Us. We will take the necessary measures to ensure that any and all information, 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:

- to establish and verify your identity in terms of the Applicable Laws.
- to enable Us to fulfil our obligations in terms of this Policy.
- to enable Us to take the necessary measures to prevent any suspicious or fraudulent activity in terms of the Applicable Laws; and
- reporting to the relevant Regulatory Authority/Body, in terms of the Applicable Laws.

Unless consented to by yourself, we will not sell, exchange, transfer, rent or otherwise make available your Personal Information (such as your 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 the Administrator/Insurer has utilized your Personal Information contrary to the Applicable Laws, you have the right to lodge a complaint with Guardrisk or with the Information Regulator.

Member Signature:

DATE:

Y

Y

Y

Y

M

M

D

D

OFFICE USE ONLY – TO BE COMPLETED BY THE ADMINISTRATOR – FICA CONFIRMATION

Is the policyholder:

- a Politically Exposed Person (PEP)? Yes ☐ No ☐
- a Domestic Prominent Influential Person (DPIP)? Yes ☐ No ☐
- a Foreign Prominent Public Official (FPPO)? Yes ☐ No ☐
- on a Sanction List? Yes ☐ No ☐

Administrator Name: _____ Exodec _____ Administrator Signature: _____ Date: _____