

This document together with your schedule and any written correspondence forms the basis of this contract between you (the Policy Holder or Insured) and Liberty Group Limited. The onus rest on you to read and understand these documents and that you make sure that all the information supplied by you, or anyone acting on your behalf, is correct. Any incorrect information may affect the validity of this contract.

‘You’ and ‘your’ are references to the Policy Holder or the Insured, as the context requires:

- Eligibility – All Policy Holders must be under the age of 75 years.
- Maximum Cover Age – 75 years.
- Policy Holder – is responsible for paying the premiums
- Insured - may only be you (the Policy Holder)
- Sum insured - the insurance cover amount elected on the Schedule.
- Schedule – The Contract between the Insurer and Policy Holder
- Insurer – Liberty Group Limited
- Financial institution – CrediCover CC (Reg no: 1999/038161/23) is an authorized financial services provider (FSP No:45735) (PBU20143367).

The Insured must personally answer all the relevant underwriting questions

When does your cover start?

Your cover starts on the Cover Start Date noted on your schedule, provided that we receive your first premium.

Cancellation of Benefits / End of insurance Cover:

The benefits in respect of the Policyholder will lapse as soon as any of these happens:

- The 30 days of grace are over and no outstanding premium(s) were paid; or
- A funeral benefit is paid; or
- You turn 75; or
- When Liberty Group or you cancels the policy.

What cover do we offer?

We offer DEATH benefit cover. Your schedule indicates the cover and sum insured you have selected. This insurance cover and sum insured may be limited to the balance of the agreement between you and the outlet.

DEATH benefit

If the Insured dies before the maximum cover age; the sum insured will be paid to the nominated beneficiary of the Policyholder.

- Exclusions:
 - Active participation in war, riot and civil commotion or terrorism.
 - All claims related to atomic, biological and chemical warfare or terrorism.
 - The liability to pay any death benefit in terms of the Policy will not arise if death, either directly or indirectly, arises from or is traceable to suicide within the first 24 months of policy.

Submitting a claim

Your responsibilities (or anyone acting on your behalf)

- You must report the claim or any incident which may lead to a claim to us as soon as possible, but within 6 months of date of death.
- When you submit a claim you must give us the information and evidence (medical or other) we ask for. The information you provide will be obtained at your own cost
- You have 12 months in which to submit all the required information and evidence. If you do not supply this information, we may reject your claim

- Claim Documents Required
 1. Certified death certificate
 2. Copy of Identity Document
 3. Copy of agreement
 4. Certificate (Statement) from outlet indicating balance
 5. Any other reasonably required documentation

Payment of Benefits

- Benefits payable in terms of this policy will be paid to the person nominated in writing by the Insured to his Broker to receive any Benefit payable in terms of this Policy;
- If no valid nomination of beneficiary exists, the benefit will be paid to the person responsible for the funeral arrangements of the Insured

Liberty’s responsibilities

Liberty will assess the validity of a claim by evaluating medical and any other circumstantial evidence. Once Liberty is satisfied that the claim is valid, the Sum Insured will be paid.

Claims subject to a dispute

If you dispute the outcome of your claim you have 90 days from the day you are first informed of the outcome to notify Liberty about your objection, on the below contact details:

Complaints Resolution Manager

Contactlcb@liberty.co.za

Tel: (011) 408 2999 / Fax: (011) 408 2264

Important Information

Non-disclosure, misrepresentation or mis-description of any material fact or circumstance in connection with an application or a claim in terms of this policy by you, the Insured or anyone acting on your behalf, may result in the policy being cancelled, a claim rejected or the policy voided from inception.

Fraud or dishonesty

We have a responsibility to all our Policy Holders to ensure that fraudulent claims are eliminated in order to keep premiums as low as possible. If your claim is rejected for reasons related to fraud or dishonesty, you will need to reimburse us for any expenses we incurred relating to the claim. If you or anyone acting on your behalf submits a claim, or any information or documentation relating to any claim that is in any way fraudulent or dishonest, we will reject that entire claim and cancel your policy retrospectively.

Consent to collect and share your personal information

- Liberty Group or Credicover or both of them may need to collect and share certain personal information about you (and the other insured persons) for administration purposes and to assess risks or consider claims for benefits under this policy. Liberty Group and Securitas may legally only collect, share and process information specifically related and relevant to this policy. Liberty Group and Securitas 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 Credicover (including staff, representatives and certain subcontractors):
 - Collection and personal, medical or financial information about you that they regards 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 continues after you die.

Important: Information on Unpaid or Unclaimed Benefits

It is your responsibility to ensure that Liberty Group and Credicover 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 addition amount may be payable in relation to any late payment.

Disclosure Notice of Liberty Group Limited

This document, in conjunction with the policy document, provides important information about the long term insurance policy you have purchased. These documents will assist you in understanding your rights, obligations and whom to contact.

Important Details about your broker (Financial Services Provider – FSP 45735)	
Name	CrediCover CC
Contact Details	0100105920 or 0861273342
Physical Address	78 Edelvalk Street Monument Park Pretoria, 0181
Postal Address	P.O. Box 25775 Monument Park, 0105
Legal Status	CrediCover CC (1999/038161/23) is an Authorized Financial Services (FSP 45735) Categories: 1.1;1.2;1.3;1.4;1.5;1.7;1.14;1.20 and Cat4. CrediCover accepts responsibility for the activities of its representatives in scope of their work for CrediCover.
Income earned by broker	The broker has earned at least 30% of its income in the last 12 months from this product supplier
Ownership interest in the Product Supplier	The broker does not own more than 10% of the shares of the insurer.
Professional Indemnity, Fidelity Insurance & Guarantees held	Yes
Important Notes:	<ul style="list-style-type: none">All material facts must be accurately and properly disclosed. The accuracy and completeness of all your answers, statements or other information provided whether these are provided by you or your broker are your responsibility. Please check that they are accurate and complete. All material information should be provided. You have a legal duty to disclose this to Liberty Group Limited.Should you provide incomplete or inaccurate information your claim may be repudiated.If you fail to pay your premium as required by your policy contract your cover will cease and any claim will be repudiated.The broker has an intermediary contract with Liberty Group Limited. The broker is performing the activities on behalf of Liberty and acting in terms of an agreement between the parties entered into as required in terms of Section 49A of the Long-term Insurance Act (binder regulations) for which the broker is earning a fee. The product provider is responsible for the product; the broker is responsible for the sale of the product.

Important Details about your Product Supplier (Financial Services Provider – FSP 2409)	
Name	Liberty Group Limited
Registration Number	1957/002788/06
Contact Details	(011) 408 2999
Physical Address	Libridge House, 25 Ameshoff Street Braamfontein, 2017
Postal Address	P.O. Box 10499 Johannesburg, 2000
Professional Indemnity, Fidelity Insurance & Guarantees held	Professional Indemnity held
Internet	www.liberty.co.za
Legal Status	The product supplier is a long term insurer registered in terms of the Long Term Insurance Act 52,1998. It is also an authorised financial services provider. There are no restrictions imposed on this FSP licensing conditions. No exemptions exist. Reg No: 1957/002788/06.

How to submit a claim

Your broker has been authorised to process your claim on behalf of Liberty Group Limited. You can submit your claim to your broker.

Broker Claims Department	Fax No: (012) 347 3345 Contact Details: 086 127 3342
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How to complain

If you are dissatisfied with the financial services provided to you have a right to complain. The details for the complaint departments are detailed below. Please put your complaint in writing. If your complaint is not resolved to your satisfaction you can lodge your complaint with the Ombudsman. Their details are reflected in the next section. The complaints processes are published on the website of each of the providers.

Liberty Group Limited Complaints	Email: contactlcb@liberty.co.za Contact Details: (011) 408 2999
Broker Complaints Department	Contact Details: 086 127 3342

Important Details about the Ombudsman

FAIS Ombudsman:	Email: info@faisinfo.co.za Postal Address: P.O. Box 74571 Lynnwood Ridge 0040 Contact Details: T:086 032 4766 F:(012)348 3447
Long Term Ombudsman:	Email: info@ombud.co.za Postal Address: Private Bax X45 Claremont, 7735 Contact Details: T:086 010 3236 F:(021)674 0951

Compliance Departments

Liberty Group Limited	Group Compliance Contact Details: 011 408 2999
Broker Compliance Department	Contact Person: S. Liebenberg Contact Details: (011) 425 4603 Email: Suel@mweb.co.za

Conflict of Interest

The broker earns commission and other fees income from the long term insurance policies calculated on a sliding scale. This conflict of interest is mitigated by ongoing compliance monitoring and adherence to the internal conflict of interest policy.

The conflict of interest policy of the product supplier may be accessed at www.liberty.co.za.
The conflict of interest policy of the broker may be accessed during business hours at the brokers premises.