

SIMPLY VOLUNTARY GROUP COVER

POLICY DOCUMENT

This section provides most of the important stuff you need to know. If you do not understand any of the terminology used, please refer to the glossary for explanations.

BENEFITS

Simply Voluntary Group Cover offers three core benefits – Simply Life, Simply Occupational Disability and Simply Funeral. Please refer to your Policy Schedule to see the type and level of cover you have selected.

SIMPLY LIFE

PAYOUT

100% of the insured amount is paid in a lump sum when the insured person, your employee, dies. If they are diagnosed with a terminal illness and are expected to die within 12 months, they can choose to take 100% of the lump sum paid in advance to them or their beneficiaries. If your employee chooses this option, their cover will be terminated, even if they recover from their illness. We will require supporting medical evidence to confirm the doctor's diagnosis and that life expectancy is less than 12 months.

ADDITIONAL BENEFITS

Groceries

The primary beneficiary receives an additional R500 cash towards buying groceries every month, for 6 months after your employee's death.

SIMPLY OCCUPATIONAL DISABILITY

PAYOUT

A lump sum is paid if the insured person is permanently occupationally disabled.

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



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

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

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

SIMPLY FUNERAL

PAYOUT

A lump sum is paid when your employee or a family member (spouse or child) covered under the policy dies. The lump sum amount is calculated as follows:

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

Children are only covered until they turn 21.

ADDING CHILDREN

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

ADDITIONAL BENEFITS

Premium waiver

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

PREMIUMS

Your monthly premium

You as the employer are the owner of this policy and are responsible for paying the premiums. Depending on the method of payment you have selected, the total premium (for all covered employees) will either be deducted by a single debit order,



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or you will be provided with an invoice setting out the total amount due for that month. Premiums are paid monthly in advance.

Premiums are fixed in rand terms, and should not change for at least one year from the policy start date, unless you choose to change the benefits. On 1 June each year, premiums and terms will be reviewed (the date of renewal). Please see the section on Policy Review for details.

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

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

What if you miss a payment?

There is a 60 days grace period if you fail to pay a premium. This means your employees will still be covered for up to 60 days from when the last premium was due. After the grace period, your cover will become inactive, and any claims received after this point would not be paid. We will continue to try to collect a premium and the cover will start again as soon as a premium is received. You are expected to catch up any missed payments. See below for rules on reactivation.

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

If your policy lapses because you haven't paid the last premium, but you don't want to lose the policy, you can restart it. This is called a reinstatement. Simply will continue to try to contact you, and to deduct the premium due for a period after your cover has become inactive. However, after 3 additional attempts, we will give up and the policy will be cancelled. You will receive a notification of this cancellation. You will still have one week after this to contact us, pay a premium and restart the cover. You can re-instate your policy in this way a maximum of 5 times. If you do not use this option you will need to take out a brand new policy, potentially at a different premium. New medical questions will also be asked, and a new waiting period will apply.

ADDING OR REMOVING EMPLOYEES

It is up to you to inform Simply of employees who have left your organisation, and so are no longer eligible, or who no longer wish to be covered under this policy. We may contact them and offer them the option of converting to an individual Simply policy on beneficial terms.

It is also up to you to inform Simply of any new employees who wish to join the policy. You will need to capture their details and confirm their benefits online. We need to receive notification of changes in the employees covered at least 1 week



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before your premium is due, in order to adjust your premium, and make sure the right people are covered.

New employees must join within 90 days of their employment start date.

Employees who choose not to join the scheme at inception, or within 90 days of joining, can only join at the annual renewal date.

New employees will join the scheme on the terms that were set at the policy's inception date (or last renewal date if the policy has been renewed).

POLICY REVIEW

The policy's review date will be on 1 June every year, but no review will take place within the first year of the start of your policy, so the first review date will effectively be waived. On this date:

- You can add any staff who have decided to join the scheme who had not joined when they were initially eligible.
- Premiums will be adjusted based on the ages of your staff at the date of renewal. They may also be revised due to claims experience, or changes in expenses or regulation.
- The number of staff covered, and the proportion of eligible staff covered will be reviewed, and the terms of the policy, as related to Free Cover limits and Waiting Periods will be revised. These changes will affect staff who join the scheme at this point, and those who join after this date.

The process for reviewing the policy will begin 2 month's prior to the review date, you can choose to accept the changes, or choose to amend benefits, or cancel the policy.

ACTIVELY AT WORK REQUIREMENT

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

If the cover starts on a non-working day, the employee is on authorised leave (including enforced leave) other than sick leave or disability leave, then the above requirement is waived, provided that these conditions are met:



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

WAITING PERIOD

Policy Waiting period

This is the 6-month period directly after you've taken out the policy, where the cover may be limited to accidental causes. This Waiting Period will always apply to Disability Cover. The Waiting Period that applies for Life and Funeral claims will depend on the number of employees covered and the percentage of eligible staff who chose to participate. The details of the waiting periods applicable will be set out in your policy schedule, please study this carefully.

What if a claim is submitted during the waiting period?

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

COOLING OFF

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

COVER TERMINATION

Cover will terminate under the following conditions:

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



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Both Simply and the Employer retain the right NOT to renew the policy at the annual renewal date. If either party choose not to renew the policy the cover will terminate on the next renewal date.

BENEFICIARIES

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

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

If your employee has not chosen a beneficiary, the payout goes into their estate. If the beneficiary is a minor (younger than 18), the payout goes to their guardian for the minor's benefit.

COVER LIMITS

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

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

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

CHANGING THE COVER

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

If you choose to increase benefits (for example increase the multiple of salary offered), your staff may have to answer simple health questions to qualify, and in the case of Disability, a new Waiting Period will apply to the additional cover. Any



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changes you make should be consistent across all your employees. Hence, you cannot only increase the cover for a subset of employees.

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

THE CLAIMS PROCESS

We need to be notified within 90 days of the event that has caused death or disability, otherwise benefits may not be paid. Read our terms and conditions (T&C's) to see the documents that are required when a claim is submitted. Make sure your employees and their loved ones know that you have taken out this policy, and tell them how to contact us if a claim needs to be submitted. We will also help them or their beneficiaries through the process when the time comes. Make sure your employees and their loved ones understand the importance of being honest when submitting a claim. Failure to be honest might affect the payment of the claim.

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

NEED TO CLAIM?

Call: 021 045 1513 **Email:** claims@simply.co.za **Website:** www.simply.co.za

REASONS A CLAIM CAN'T BE PAID

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

1. Participation in any terrorist activity, riot, civil commotion, rebellion or war.
2. Radioactivity or nuclear explosion.
3. For life/funeral cover: suicide or deliberate self-injury within 2 years of starting the policy. For disability cover: attempted suicide or deliberate self-injury at any time.
4. Refusal of treatment recommended by a registered medical practitioner.
5. Some staff members may not be able to claim disability benefits where the disability is as a result of an existing condition. These exclusions will be highlighted in their policy schedule.

UNDERWRITER

The underwriter of this policy is Old Mutual Alternative Risk Transfer Limited (OMART), a registered Long-term Insurer in the Old Mutual group. It's the responsibility of you and your employees to be absolutely truthful with us. OMART relies on this information to issue your policies and pay any claim. If either of you are not completely honest, or don't disclose all relevant information, or misrepresent any



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information to us, OMART has the right to cancel your policy, or change the terms of your policy.

If any claim is based on false or incomplete information, OMART will not pay the claim. If, after OMART pays any claim, OMART finds that it was based on false or incomplete information, all claim payments must be refunded to them.

For more information on OMART, please see the T&C's.



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GLOSSARY

Life insurance is full of strange language. Hopefully these definitions will help :)

ACCIDENTAL DEATH OR DISABILITY

Death or disability caused by a sudden and unexpected event that happens at a clear time and place. An accident is usually something violent, external and outside your control that happens TO you.

BENEFICIARY

If the insured person dies or is disabled, the beneficiary is the person who receives the lump sum payment.

COOLING-OFF PERIOD

A 31-day window after the policyholder takes out the policy, during which the policy can be cancelled with a full refund of premiums.

DEFERRED PERIOD

This is the period between when an event happens and when benefits start being paid. For example, if your employee is disabled, there will be a short period between when they become disabled and when the payout takes place. This is to confirm that they will not recover before paying.

EXCLUSIONS

There are a few reasons why the cover cannot be paid out. They are explained by the reasons a claim can't be paid.

GRACE PERIOD

If you fail to pay a premium, your employee will remain covered for another 60 days ("the Grace Period"). At the end of this period, unless you have paid a premium, the cover will become inactive, and any claims will not be paid. This does not mean the policy is cancelled immediately, and further attempts to collect the premium and reactivate the cover will be made. You will be expected to catch up any missed payments.

OCCUPATIONAL DISABILITY

This means the insured person is disabled to the extent that they are unable to work.



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

INSURED PERSON

The person whose life is covered by the policy. When the insured person dies or is disabled, a lump sum is paid out.

SALARY AND ANNUAL SALARY

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

LUMP SUM

A lump sum is the total amount of cover paid out in one payment, rather than the cover being paid out over time in smaller regular payments.

NATURAL CAUSES

Causes of death or disability like disease or old age, rather than those related to violence or an accident.

POLICYHOLDER

The person who takes out the policy and who is responsible for paying the monthly premium.

UNDERWRITER

This is the company who will be responsible for paying any claims that are made.

PARTICIPATION RATE

This is the percentage of your staff who were eligible to be covered under this policy, who actually chose to participate. Higher participation rates generally allow us to offer better benefits.



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TERMS AND CONDITIONS

Nobody likes to read the T&C's but there's important additional information in here. We've kept it as simple as possible, so please take a careful look.

SIMPLY FINANCIAL SERVICES

Simply Financial Services (Pty) Ltd (SIMPLY), registration number 2011/132479/07, is an authorised financial services provider (FSP), FSP Number 47146, licensed by the Financial Sector Conduct Authority (FSCA) to supply long-term insurance products (Categories A & B).

THE INSURER

The Insurer is Old Mutual Alternative Risk Transfer Limited (OMART), registration number 1997/008994/06, a registered insurer with its offices at Mutual park, Jan Smuts Drive, Pinelands. The Insurer is a member of the Old Mutual Group. The Insurer's Compliance Officer can be contacted at 021 509 2191.

APPLICATION PROCESS

SIMPLY distributes OMART insurance products online and through a call centre. Sign-up for an insurance policy is done telephonically or by completing an online application. By signing up for an OMART policy through SIMPLY, you agree to be bound by OMART and SIMPLY's T&C's. Once your application has been submitted to SIMPLY, SIMPLY will evaluate your application and check the personal and banking details provided to ensure that they are correct and relevant to you as an applicant. You will be able to review the application and correct any mistakes in your application. Once SIMPLY has received the application and accepted it on behalf of OMART, you can cancel the policy at any time by sending an email to: cancellations@simply.co.za. If you, as policyholder, cancel the policy, we will not collect any more premiums from you. The cover will continue until the next normal debit date.

THE SIMPLY CONTRACT

Your contract consists of your application, the policy schedule(s) and the policy documents. SIMPLY policies are underwritten by OMART, which means that OMART is responsible for paying claims to the nominated beneficiaries, and ensuring that you and your employees are provided with everything detailed in your policy document. SIMPLY markets, distributes and looks after the SIMPLY insurance policies, including your own. However, your agreement to pay a monthly premium in return for cover is directly with OMART. The cover your employee has with SIMPLY is explained fully in your policy document. Be sure to read your policy document



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carefully, double check all the details in the document and contact us if you have any questions.

SIMPLY AS A BINDER HOLDER

OMART is the insurer of your policy, but SIMPLY is the binder holder. This means that SIMPLY performs key functions on behalf of the insurer, such as issuing and administering the policy and managing the claims process.

CELL CAPTIVE ARRANGEMENT

SIMPLY is one of OMART's preference shareholders, which means SIMPLY shares in the profits and losses that result from the insurance business generated by SIMPLY. In the insurance industry, this is called a cell captive arrangement. As OMART's representative, SIMPLY markets and sells policies such as yours, in return for remuneration from OMART. SIMPLY is not an independent intermediary and only markets and sells SIMPLY policies.

PREMIUM PAYMENT

SIMPLY facilitates the collection of your premium on behalf of OMART. You agree that you will pay the premium on the specified date(s), and that you either a) authorise OMART to debit your bank account using the bank account information provided in your application, or b) agree to pay the monthly premium via bank transfer on or prior to the due date. Premiums will be payable monthly in advance from the start date of your policy, and your obligation to pay a monthly premium will continue as long as your policy is in effect. If you have selected debit order as the payment method, we will attempt to deduct your premium on the debit order date you've selected, but we may track your bank account and deduct on another day.

TAX

Your premiums are not tax deductible, and the benefits you receive will not be taxed as income.

POLICY RE-INSTATEMENT

You are permitted to reinstate lapsed policies within 3 months of your first missed premium. However, Simply and OMART reserve the right to limit the number of allowed reinstatements to 5 over the term of the policy.

TERM

The cover will begin as soon as your policy is issued, even if you have not yet paid your first premium. You will be informed as soon as the cover is in place. Your policy premium will be reviewed on an annual basis and will continue as long as you



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continue to pay premiums. In the case of Family Funeral plans, children are only covered until they turn 21. In the case of occupational disability, employees are only covered until they are 65. Non-South African employees are only covered as long as they remain legally able to live and work in South Africa. If they lose this right, their coverages should be cancelled. Family members covered under the Family Funeral Plan must reside in South Africa to be eligible for cover.

FINANCIAL ADVICE

SIMPLY is an authorised FSP, marketing, distributing and servicing long-term insurance products underwritten by OMART. SIMPLY's FSP license conditions stipulate that the company may not provide financial advice as defined by the Financial Advisory and Intermediary Services Act, 37 of 2002 (FAIS). You confirm that you have chosen these benefits yourself and have not been given any advice regarding the application for this policy.

REMUNERATION

SIMPLY is OMART's representative authorised to market and sell this policy. SIMPLY receives more than 30% of its total remuneration from OMART. SIMPLY sales consultants earn a salary and a percentage of sales as remuneration. The total remuneration paid by OMART will not exceed three and a half times the monthly premium in regard of this policy.

DOCUMENTS NEEDED FOR A CLAIM

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

Life cover claim

- Certified copy of death certificate
- Certified copy of insured person's ID
- Certified copy of the beneficiary's ID
- Completed death claim form
- Completed medical report

Funeral cover claim

- Certified copy of death certificate
- Certified copy of insured person's ID
- Certified copy of the beneficiary's ID
- Completed funeral claim form
- DHA1663 – notification of death register



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- Claimant/Beneficiary 1 month bank statement

Disability cover claim

- Certified copy of insured person's ID
- Completed claim form
- Completed medical report form, together with copies of any specialist reports and investigations relating to the claim cause. Simply will not be responsible for the cost of providing the initial medical evidence.
- We may ask for additional evidence while assessing a claim, which must be provided to us within 3 months. We will pay for the cost of additional medical evidence.

If your employee dies within the first 2 years of the policy, extra documentation may be needed such as:

- Police report/statement completed by the police
- Copy of the post-mortem report
- Result of any forensic laboratory investigations
- Inquest findings (if appropriate)
- Full verdict in the case of a murder (if appropriate)
- Completed medical report form together with copies of any specialist reports and investigations relating to the claim cause

We reserve the right to request additional supporting documents where required.

MINIMUM BENEFIT LEVELS

Minimum amounts of cover can be selected for each type of insurance (life/disability/funeral). For each type of insurance, the cover amount cannot be less than:

Life: R50 000 **Funeral:** R5 000 **Disability:** R50 000

FREE COVER LIMITS

This is the amount of cover we can guarantee to offer your employees, regardless of their health. To give anyone cover above this amount we will need to ask them a few simple health questions. This limit varies depending on how many employees are covered under your policy, and the proportion of eligible employees who've chosen to be covered under the policy. This is disclosed in your schedule and will also be confirmed when you add new employees. It is possible that the limit could increase or decrease as you add or remove staff. Any changes will only affect new employees, not existing ones.



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ADVERTISING

All models depicted in our advertising have no material relationship to any brand or person mentioned in our advertising.

CONTACTING EMPLOYEES

Simply will contact the employees covered under this policy, to obtain their consent for the cover, to collect outstanding information, and to perform underwriting if required. We may also contact them to offer them additional Simply insurance benefits. We will not share their details with any third parties.

COMPLAINTS

Should you have any complaints about the service SIMPLY has provided, please contact us immediately so that we can attempt to resolve your problem or complaint. We are committed to helping you in every way we can, but if, after contacting us, you still feel your complaint is unresolved, the matter can be pursued with the

Ombudsman for Long-term Insurance. If you feel that SIMPLY has contravened the provisions of FAIS, please contact the SIMPLY Compliance Officer, or the FAIS Ombud.

SIMPLY Complaints

E-mail: complaints@simply.co.za

SIMPLY Compliance Officer

E-mail: compliance@simply.co.za

Ombudsman for Long-term Insurance

E-mail: info@ombud.co.za

FAIS Ombud

E-mail: info@faisombud.co.za

OMART

E-mail: OMARTComplaints@oldmutual.com

DISCLOSURES

1. SIMPLY's business details are:

Company Registration Number:

2011/132479/07



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Physical Address: 3rd floor, Grove Exchange, 9 Grove Avenue, Claremont, 7708

FSP Number: 47146

Postal Address: 3rd floor, Grove Exchange, 9 Grove Avenue, Claremont, 7708

Website: <https://www.simply.co.za/>

Tel: 087 625 0461

2. The Compliance Officer deals with issues relating to SIMPLY's FAIS compliance.
3. Our consultants who do not meet the full Fit and Proper Requirements as defined by FAIS render services under management supervision.
4. SIMPLY has professional indemnity insurance.
5. SIMPLY has and maintains an Anti-Money Laundering Policy in accordance with FAIS.



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