



Flexi Family Cover Policy Document

Accidental Disability



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a registered financial services provider
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Hollard Life Assurance Company Limited
(Reg No. 1993/001405/06), a Licensed Life Insurer
and an authorised Financial Services Provider

Flexi Family Cover from Simply offers three different types of insurance benefits – life, disability and funeral. It also offers the option of a cashback benefit. You can choose any combination of these benefits in your Flexi Family Cover policy. Please refer to your Policy Schedule to see the type and level of cover you have selected.

The underwriter of this policy is The Hollard Life Assurance Company Ltd (Hollard), a Licensed Life insurer and authorised Financial Services Provider. Hollard is responsible for providing these benefits.

The cover will start as soon as your application has been completed, unless you have selected a start date in the future. Your policy will continue as long as you continue to pay premiums, or until your death. All benefits increase will increase by 5% on each policy anniversary.

LIFE COVER

Payout

If the insured person dies a lump sum will be paid to their nominated beneficiaries.

If they are diagnosed with a terminal illness and are expected to die within 12 months, they can opt for the benefit to be paid in advance to them or the nominated beneficiaries. If they choose this option, the policy will be terminated, even if they recover from their illness. We will require supporting medical evidence to confirm the diagnosis and a doctor's assessment that life expectancy is less than 12 months.

The insured person must have been receiving an income when the application was completed to qualify for this benefit.

Grocery benefit

An additional once-off benefit of R3,000 will be split between all nominated beneficiaries. The same limitations which apply to the life benefit also apply to the grocery benefit.

ACCIDENTAL DISABILITY COVER

Payout

A lump sum is paid if the insured person has suffered total, permanent and irreversible disability due to an accident. This can mean the loss of a body part, or the loss of the use of a body part. The incident which causes the disability must have occurred after the policy's inception date.

There is a 6-month deferred period (time from when the disability started) before they are eligible for this benefit. This benefit only covers very specific injuries or illnesses. It doesn't cover everything that could affect the insured person's ability to work. The lump sum amount is calculated as follows:



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- Both hands or both feet (at or above the ankle joint/at or above the wrist): 100% of cover
- One hand or one foot (at or above the ankle joint/at or above the wrist): 50% of cover
- One hand and one foot (at or above the ankle joint/at or above the wrist): 100% of cover
- Both eyes (permanent and irreversible loss of all vision with no light perception in both eyes): 100% of cover
- Speech (permanent and irreversible loss of ability to speak as a result of injury or disease to vocal cords or brain): 100% of cover.
- 3rd degree burns >40% of body surface: 100% of cover
- 3rd degree burns 20-40% of body surface: 50% of cover.

The insured person must have been receiving an income when the application was completed to qualify for this benefit.

FUNERAL COVER

Payout

A lump sum is paid if any of the lives covered under the benefit die. The amount payable for each person covered can be different, and the amounts selected are shown in your policy schedule.

Adding family members

Additional family members can be added to the funeral benefit after the policy has been purchased. You will need to pay an additional premium for each additional person covered.

Who can be covered?

The list of family members who can be covered under the funeral benefit is given below, along with a definition of what this relationship means. It is very important that the relationship selected is accurate. In the event of a claim Simply may verify that the person covered is related to the main insured person or their spouse as stated. We reserve the right to decline the claim if they are not.

First Spouse	the main insured person's legal or common law spouse (including via traditional marriage).
Children	these must be the main insured person's biological (or legally adopted) children.
Additional Spouse	if the main insured person has multiple spouses.
Parents	these must be the main insured person's biological (or legally adoptive) mother and/or father.
Siblings	these must be the biological (or legally adopted) children of one or both of the main insured person's parents.
Aunts and Uncles	these must be the sibling of one of the main insured person's parents, or legally married to the sibling of one of their parents.
Nieces and Nephews	these must be the children of main insured person's sibling.
First Cousins	these must be the children of main insured person's aunt or uncle.



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Grandparents	these must be the parents of main insured person's parents.
Great Grandparents	these must be the parents of main insured person's grandparents.
Grandchildren	these must be the children of main insured person's own children
Great Grandchildren	these must be the children of main insured person's own grandchildren.

The relationship must be biological or as a result of a legal adoption process.

The relationship can also be via marriage, so it can be the main insured person's relation, or their spouse's relation, where the same definitions apply as above. Their step-children and step-parents can also be covered.

You cannot cover your ex-spouse, or family members of your ex-spouse. However, if you become divorced from your spouse after their cover has begun, they can remain on the policy.

If you cover children who are under the age of 21 at the start of the policy, they will automatically remain covered after they turn 21, unless you choose to remove them from the policy.

Only people who are under the age of 70 can be added to the policy, except in the case of parents, grandparents and great grandparents, who can be added as long as they are under the age of 80 (the maximum entry age).

Where the main insured person and/or their spouse are covered under this benefit, a R5,000 benefit will also be paid for a stillborn baby born to the main insured person or their spouse (after 26 weeks of pregnancy).

Body repatriation

This benefit is offered as part of the Funeral benefit, and only covers the main insured person, their spouse, and children under 21 (provided they are covered under the funeral benefit). There is no benefit available for extended family members. The benefit is not exchangeable for cash. The same limitations and exclusions that apply to claims on the main benefit also apply to the repatriation benefit.

For all qualifying lives, the benefit provides for the repatriation of the mortal remains within the borders of South Africa. For the main insured person ONLY, the benefit also includes the option of repatriation of the mortal remains to a Southern African Development Community (SADC) country.

RSA Services Included:

- Locating of the deceased.
- Overnight accommodation for the next-of-kin in order to identify the body (up to R500).
- Referral to a pathologist if an autopsy is required.
- Referral to a reputable undertaker.



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- Assistance with basic funeral arrangements.
- Advice on how to apply for death certificate and border-crossing documentation.
- Interpretation of legal documentation such as the funeral policy.
- Referral to counselling services for support and advice.
- The benefit is limited to services to the total value of R20,000 per policy, per policy year, regardless of how many lives are claimed for in that year.

SADC Services Included:

- Storage of the body (for maximum of 20 days).
- Embalming.
- Casket with Zinc Liner for SADC air transport.
- All documentation necessary, clearance and cargo fees.
- Transport to ANY destination in all neighbouring countries by road namely Namibia, Botswana, Zimbabwe, Mozambique, Lesotho and Swaziland. With allowance for one family member to travel with deceased free of charge.
- Transport to the Capital ONLY of remainder of SADC countries by air including Madagascar, Mauritius, Nigeria, Tanzania, Zambia, Malawi and Seychelles. No family member catered for on flights but assistance to book family on same flights for own account will be available. The benefit is limited to R50,000 per policy.

Cash Back

The Cash Back benefit is optional and requires the payment of an additional premium. If this option is selected, the policyholder will receive a cash payback after every 5th policy anniversary equal to 50% of the total premiums they have paid in the 5 years before that anniversary.

The date of payment of the benefit will change if you have missed a premium. If premiums have been missed, you will have to pay at least 5 years' worth of premiums (60 premiums) before you can claim the benefit.

If your policy lapses or is cancelled, or a claim is made on the policy, then no Cash Back benefit will be paid. The benefit only refunds 50% of premiums paid in the period since the last benefit was paid, not 50% of all premiums paid since the policy started. For example, on the 5th policy anniversary, you will receive 50% of premiums paid from years 1-5, on your 10th anniversary, you will receive 50% of premiums paid from years 6-10, etc.

You may choose to cancel this option at any time and keep the insurance cover, but you will lose the right to claim any Cash Back benefit.

The Cash Back benefit is 'attached' to the individual covers within the Flexi Family Cover policy. This means that you can cancel one type of cover on your policy, e.g. funeral cover, and lose the Cash Back



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benefit on that portion of your policy ONLY. You will keep the benefit on your remaining cover, e.g. life and disability. In the same way, if you submit a claim under one portion of your policy, e.g. disability, you will lose the right to claim the Cash Back benefit for that portion ONLY; you will still be able to claim Cash Back under the remaining portions of cover, e.g. life or funeral. However, you can only choose to add or remove this option at a policy level, not per benefit.

Maximum/minimum cover amounts

The maximum cover allowed on each benefit within a Flexi Family Cover policy is as follows:

- Life: **R2,500,000**
- Disability: **R2,500,000**
- Funeral (Main insured person / Spouse / Children over 14): **R100,000**
- Funeral (Children under 14): 50% of the cover offered to the Main insured person capped at **R 20,000** for children under 6
- Funeral (Other lives): **R50,000**

Please note Simply's maximum cover amounts apply at a consolidated level, so the cover provided for each insured person cannot exceed the cover amounts above across all Simply policies. This includes where the insured person is the policy holder, or covered under a policy owned by someone else (including their employer).

The minimum cover limits are:

- Life: **R50,000**
- Disability: **R200,000**
- Funeral: **R15,000** for main insured person and their spouse; **R10,000** for additional covered persons.

Tax

You or your beneficiaries will not need to pay tax on the benefits paid on this policy. However, the premiums you pay are also not tax deductible.

Waiting period

The waiting period refers to the 6-month period directly after you've taken out the policy, when cover is limited to claims resulting from accidental causes only. This is only applicable to the life and funeral benefits, since the disability cover is limited to accidental causes for the full term of the policy. After the waiting period, the life and funeral benefit will provide full cover.



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If you increase cover on an existing life or funeral benefit or cover a new family member under the funeral benefit, a new waiting period will apply on the additional cover or new benefits. As such, these will be limited to accidental-only until it has been in force for at least 6 months. This will not affect the waiting period on existing benefits.

What if a claim is submitted during the waiting period?

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

What happens to the premiums during the waiting period?

Premiums will not be refunded if a claim is declined during the waiting period.

Waiving the waiting period for funeral benefits

If this Simply policy is replacing an existing funeral benefit, it is possible that the waiting period on the Funeral Cover will be waived (or adjusted if the policies being replaced are less than 6 months old). In that case funeral benefits would be paid during the waiting period even if the cause of death is natural causes..

There are several conditions applicable:

- Where the cancelled policies are less than 6 months old, the waiting period will only be reduced by the period for which the old policies have been in force.
- The waiting period will only be waived for the people who were covered under the old policies, and only for the amount of cover that each person had under the old policies. Where you add new family members to the benefit, or you choose more cover than they had before, the waiting period will not be waived for the new insured people, or for the extra cover added.
- The policies replaced must be from licensed insurance companies recognised by the Prudential Authority.
- The policy must have been cancelled within the last 2 months, or if it is still active, it must be cancelled as soon as possible.
- Cancelled policies cannot be reinstated later.

You must have requested to have the waiting period waived during your application process and accepted these conditions. If you were eligible, no waiting period will be shown on your policy schedule.

These details may be checked at claims stage, and if they cannot be proved, the waiting period may still be applied, and claims due to natural causes will not be paid.

Beneficiaries

Your beneficiary is the person who receives the lump sum if a claim is approved for payment. You can change or add a beneficiary at any time – just let us know. You can have up to four beneficiaries



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on this policy. If you chose more than one beneficiary, you can specify how the payment should be split, otherwise the benefit will automatically be split equally between them. If you have not chosen a beneficiary, the payout goes into your estate. If the beneficiary is a minor (younger than 18), the payout goes to their guardian for the minor's benefit. If the claim is a result of your death, and your nominated beneficiary is deceased, their share of the benefit will be paid into your estate.

You will be the beneficiary for any family members covered under the funeral benefit as well as on the disability benefit.

Benefits can only be paid into a South African bank account.

Cession

If you have chosen to cede the life benefit on this policy as security for a loan, then the company to whom you are ceding this benefit ("cessionary") will be paid the benefit on your death, not your nominated beneficiaries. As this is a security (collateral) cession, the cessionary will only be paid the amount needed to settle the outstanding debt. If the life benefit payable is more than the value of the outstanding debt, the remainder will be paid to your nominated beneficiaries. You remain responsible for paying the premiums.

The cessionary has been informed of this cession and sent a copy of your policy document. Should they reject this policy as security for their loan to you, you will be informed, and the cession will be removed. We will notify them of any changes you make to the policy, as well as of any missed payments or if the policy lapses or is cancelled by you. We can only remove the cession from the policy at the written instruction of the cessionary. Once the debt has been repaid and/or the cession is no longer required, please ask the cessionary to instruct us to remove the cession from the policy.

You can also choose to add a security cession to an existing policy, please contact us if you wish to do so.

Premiums

Your monthly premium

Your premiums are payable monthly in advance. Your premiums increase by 10% every year on the policy anniversary. For an understanding of how your premiums will increase over time, see your Policy Schedule.

You agree that you will pay the premium on the specified date(s) and authorise Hollard to debit your bank account using the bank account information provided in your application. 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. We will attempt to deduct your premium on the debit order date you've



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selected, but we may track your bank account and deduct on another day. The Debit Order transaction will include the short code "SIMPLYSURE", which will reflect on your bank statement.

Is my premium guaranteed?

Your premium is guaranteed not to change for the first year of your policy. In addition to the 10% premium increase that automatically applies every year, we will assess the reality against the assumptions we made when we priced the product (for instance relating to claims experience and the cost of providing cover) every year. We will change the premium when the reality differs from the assumptions we made. We may review and change the premium at any time (even before the end of the year) where there are changes in law. We will give you at least 31 days' notice before the premium change is implemented.

What if you miss a payment?

There is a 30-day grace period if you fail to pay a premium. This means the insured persons will still be covered until the following premium is due. If that payment also fails, the cover will become inactive, and any claims received after this point would not be paid. See below for rules on reactivation.

If the cover is active but you are behind in your premium payments at the time of a claim, we will recover any arrears from the benefit payable. If there is a valid claim before any premium has been paid, a month's premium will be recovered from the benefit payable.

What if your cover has stopped, but you want to reactivate it?

If your policy is cancelled 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 a few attempts, we will give up and the policy will be cancelled. You will receive a notification of this cancellation.

You will still be able to contact us, pay a premium and restart the cover, as long as it has not been more than 4 months since you last paid a premium. You can reinstate 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.

Claims

The claims process

We need to be informed within 180 days of the insured person's death, or the event which led to the insured person's disability claim. We will help you or your beneficiaries through the process when the time comes. You should make sure your loved ones know that you have taken out this policy. Tell them how to contact us if they ever need to claim.



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The information provided at the time of application is critical in assessing the risk associated with your policy. The insurer relies on the information provided by the policyholder and/or insured persons to determine whether the insured persons were eligible for cover, the premium that should be charged, and terms of the cover provided.

If any of the information provided is inaccurate, this will impact the validity of the policy and future claims.

In the event of a claim, we will review the information provided during the application process to ensure that it was accurate. If any non-disclosure or misrepresentation is found that would have impacted the initial decision to offer cover, the claim may be declined, or benefits reduced. If, after Hollard pays any claim, Hollard finds that it was based on false or incomplete information, all claim payments must be refunded to them.

If the claim is declined by Hollard, the claimant has 90 days from when they are notified of this to make representation to Hollard so that they may review this decision. If the dispute is not resolved, then the claimant has 3 years from the original letter of rejection to institute legal action against Hollard by serving summons on it, failing which Hollard is no longer liable for the claim.

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:

- Participation in any terrorist activity, riot, civil commotion, rebellion or war.
- Radioactivity or nuclear explosion.
- Wilful and material violation of any criminal law.
- Driving while the concentration of alcohol in your blood exceeds the legal limit.
- Intentional intake of drugs, narcotics or medication, unless prescribed by a registered medical practitioner and used as prescribed.
- For life cover: suicide or deliberate self-injury within 2 years of starting the policy.
- For funeral cover: suicide or deliberate self-injury within 1 year of starting the policy.
- For disability cover: attempted suicide or deliberate self-injury at any time.
- Refusal of treatment recommended by a registered medical practitioner.
- Hazardous pursuits. These are unusually dangerous activities that the insured person engages in regularly, not occasionally. Examples include, but aren't limited to: big game hunting, boxing, mixed martial arts, outdoor rock climbing, skydiving, motor and boat racing, as well as white water rafting.

You must also inform Simply should you or any covered family member spend more than 90 days outside of South Africa within a calendar year. We reserve the right to discontinue your cover if this is the case.



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DOCUMENTATION REQUIRED IN CASE OF A CLAIM

All claims

- Certified copy of the insured person's ID
- Proof of insured person's residence status (for non-SA ID holders only)
- Certified copy of the/each beneficiary's ID
- Proof of the/each beneficiary's bank details

Life and Funeral Cover specific

- Completed death claim form
- Certified copy of death certificate
- DHA1663 – notification of death register
- Completed medical report (Life Cover only)
- Proof of relationship for family members covered (Funeral Cover only)

Disability Cover specific

- Completed disability claim form.
- Completed medical report form together with copies of any specialist reports and investigations relating to the claim cause.
- After expiry of the deferred period, a final medical report from the attending specialist.

Additional requirements

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

- Motor vehicle accident report
- 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.

Changing your policy

Cooling-off

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



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Adjusting benefits

You can request that your cover is increased at any time. You can also add new benefits and new family members to the Funeral benefit as well as remove those currently covered.

Where you are increasing life or funeral cover, or adding new insured persons to an existing funeral benefit, a new waiting period will apply for the additional cover.

Where increasing Life Cover:

- within 6 months of taking out the policy, the main insured person will need to complete a simple declaration of good health.
- more than 6 months after taking out the policy, the main insured person will need to re-answer all the relevant underwriting questions.

Any increases to the cover are subject to the cover limits described in this document.

You can also choose to add the Cash Back benefit to an existing policy (or remove it if it has already been selected).

Your existing cover can be decreased at any time, for example if you can no longer afford the premium. It cannot be decreased below our minimum cover amounts.

Contacting simply

Please contact our team if you want to make any changes to your policy, including cancelling or cooling-off, or if you need to claim. You can also log in at any time to view or update your policy details.

Telephone: 021 045 1513

Email: admin@simply.co.za or claims@simply.co.za

Website: www.simply.co.za

Complaints

Should you have any complaints about the service Simply has provided, please contact us or Hollard immediately so we can attempt to resolve your problem or complaint. We are committed to helping you in every way we can.

Simply Complaints

E-mail: complaints@simply.co.za



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Hollard (Insurer)

E-mail: Mycomplaint@hollard.co.za

Office of Internal Arbitration at Hollard

Postal Address: PO Box 87419, Houghton, 2041

E-mail: lifeoia@hollard.co.za

If after contacting us, you still feel your complaint is unresolved, the matter can be pursued with the National Financial Ombud Scheme (NFO).

National Financial Ombud Scheme

E-mail: lifeoia@hollard.co.za

If you feel that Simply or the intermediary who sold you this product has contravened the provisions of FAIS, please contact the Simply Compliance Officer, or the FAIS Ombud.

Simply Compliance Officer

E-mail: compliance@simply.co.za

FAIS Ombud

E-mail: info@faisombud.co.za

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 the insured person.

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. So, for example, if you are disabled, there will be a short period between when we are notified, and when the payout takes



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place. This is to confirm that they will not recover before paying.

Exclusions

These are situations or causes of claims where the cover cannot be paid out. They are explained in a section above called "REASONS A CLAIM CAN'T BE PAID".

Grace period

If you fail to pay a premium, the insured lives will remain covered for another 30 days ("the Grace Period"). If your next payment also fails, the cover will lapse (end) after those 30 days. We may continue to attempt to collect a premium for a further month, and if successful the cover will automatically be reactivated.

Hazardous pursuits

These are unusually dangerous activities that the insured person engages in regularly, not occasionally. Examples include, but aren't limited to: big game hunting, boxing, mixed martial arts, outdoor rock climbing, skydiving, motor and boat racing, as well as white water rafting.

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. There can be multiple insured persons covered under a Simply Funeral benefit.

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 and 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.

Waiting period

This is the period directly after you've taken out the policy - you need to pay premiums, but the cover is limited until the waiting period is over. For more details of the cover during the waiting period, please see earlier in this document.

Underwriter

This is the company who will be responsible for paying any claims that are made. They are also referred to as the insurer in this document.



ADDITIONAL DISCLOSURES

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 distribute life insurance products.

Hollard holds a minority shareholding in Simply Financial Services.

Simply's contact details are as follows:

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

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

Website: www.simply.co.za

The Insurer

The Insurer is The Hollard Life Assurance Company Ltd (Hollard), (registration number 1993/001405/06). Hollard is a licensed life insurer and authorised financial services provider. Hollard is a public unlisted company and has Professional Indemnity insurance and Fidelity Guarantee insurance in place. Hollard's compliance officer can be contacted at compliance@hollard.co.za.

Application process

This Hollard insurance product is distributed by Simply online and through a call centre, as well as by independent intermediaries. By signing up for a Simply policy underwritten by Hollard, you agree to be bound by Hollard and Simply's T&C's. Once your application has been submitted to Simply, we 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 Hollard, 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 Flexi Family contract

Your contract consists of your application, policy schedule and policy documents. Simply's Flexi Family policies are underwritten by Hollard, which means that Hollard is responsible for paying claims to beneficiaries and ensuring you are provided with everything detailed in your policy document. Simply markets, distributes and services the policies, including your own.

However, your agreement to pay a monthly premium in return for cover is directly with Hollard. The cover you have with Hollard is explained fully in this document. Be sure to read this document carefully, double check all the details in this document and contact us if you have any questions.

Simply as a binder holder

Hollard is the insurer of your policy and Simply is the binder holder. This means that Simply performs key



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functions on behalf of the insurer, such as issuing and administering the policy and managing the claims process. Simply is paid binder fees by Hollard for these functions equal to 30% of each month's premium (excl. VAT). These fees are included in the premium you pay, there is no additional cost to you.

Financial Advice

Simply is an authorized FSP, marketing, distributing and servicing long-term insurance products underwritten by Hollard. Simply's representatives do not provide financial advice as defined by the Financial Advisory and Intermediary Service Act, 37 of 2002 (FAIS). Where this product has been sold by an independent intermediary mandated by Hollard, they may provide advice and may be licensed to do so.

Remuneration

Your intermediary is Hollard's representative authorised to market and sell this policy. Your intermediary earns commission from Hollard for rendering services as intermediary (as defined in the Regulations under the Long-term Insurance Act), up to a maximum of 15.6 times the monthly premium payable on this policy. Simply receives more than 30% of its total remuneration from Hollard.

HOLLARD DISCLOSURES

Protection of Personal information

Hollard may use your information or obtain information about you (including criminal and/or health information) for the following purposes:

- Underwriting.
- Assessment and processing of claims.
- Where applicable, credit reference searches or verification, credit scoring and assessment and credit management.
- Verification of personal information (including your identity, address and banking details).
- Updating your personal information.
- Claims checks (Industry Life & Claims Register(s)).
- Tracing beneficiaries.
- Debt tracing or debt recovery.
- Tracing where you are uncontactable.
- Prevention and detection of fraud, crime, money laundering (including anti-money laundering screening) or other malpractice.
- Market or customer satisfaction research or statistical analysis.
- Audit & record keeping purposes.
- Compliance with legal & regulatory requirements and in connection with legal proceedings.
- Sharing information with service providers including appointed administrators (Simply Financial Services as at time of policy issue) we engage to process such information on our behalf or who render services to us. These service providers may be abroad, but we will not share your information with them unless we are satisfied that they have adequate security measures in place to protect your personal information.



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Hollard Life Assurance Company Limited
(Reg No. 1993/001405/06), a Licensed Life Insurer
and an authorised Financial Services Provider

You agree that we may view, search and update your information.

You may access your personal information that we hold and may also request us to correct any errors or to delete this information. In certain cases, you have the right to object to the processing of your personal information.

You also have the right to complain to the Information Regulator, whose contact details are:

<http://www.justice.gov.za/inforeg/index.html> (<http://www.justice.gov.za/inforeg/index.html>)

Tel: 010 023 5200

Fax: 086 500 3351

Email: popiacomplaints@inforegulator.org.za

Marketing

The Hollard Group (of which Hollard is a subsidiary) would like to offer you ongoing financial services and may use your personal information to provide you with information about products or services that may be suitable to meet your financial needs. Please email your ID number to customerservice@hollard.co.za if you would prefer not to receive such information and/or financial services. customerservice@hollard.co.za if you would prefer not to receive such information and/or financial services.

To view the Hollard Group full privacy notice and to exercise your preferences, please visit our website on <https://www.hollard.co.za/our-world/company-overview/hollard-privacy>.

SIMPLY DISCLOSURES

Protection of Personal information

Simply may use your information or obtain information about you for the following purposes:

- To provide you with our financial products and services, and maintain our relationship with you.
- To provide you with intermediary services.
- To execute a transaction in accordance with your request.
- To comply with legislative and regulatory requirements, including codes of conduct and requirements of our regulators (including the Financial Sector Conduct Authority and Prudential Authority).
- To perform any risk analysis or for purposes of risk management to you or our business in general.
- To record and/or monitor and have access to your telephone calls (i.e. voice recordings), correspondence and electronic communications to/with us (or any of our employees, agents or contractors) in order to accurately carry out your instructions and requests, to use as evidence and in the interests of crime prevention.
- For statistical analysis and research purposes; For audit and record-keeping purposes.
- For purposes of proof and legal proceedings.
- To conduct market research and provide you with information about our products and services from time to time via email, telephone or other means (for example, invite you to events).
- To process your marketing preferences (where you have unsubscribed from certain direct marketing



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communications, keeping a record of your information and request to ensure that we do not send such direct marketing to you again).

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You may access your personal information that we hold and may also request us to correct any errors or to delete this information. In certain cases, you have the right to object to the processing of your personal information.

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Tel: 010 023 5200

Fax: 086 500 3351

Email: popiacomplaints@inforegulator.org.za

Marketing

Simply Financial Services would like to offer you ongoing financial services and may use your personal information to provide you with information about products or services that may be suitable to meet your financial needs. If you prefer to no longer receive such information and/or financial services from Simply Financial Services, please email your ID number to admin@simply.co.za

To view Simply's full privacy notice and find out how to exercise your preferences, please visit our website on www.simply.co.za (<http://www.simply.co.za>)

Advertising

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

Compliance

Simply's Compliance Officer deals with issues relating to Simply's FAIS compliance.

Our consultants who do not meet the full Fit and Proper Requirements as defined by FAIS render services under management supervision.

Simply has professional indemnity insurance.

Simply has and maintains an Anti-Money Laundering Policy in accordance with FAIS.



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