Policy Document

Hollard Group Risk

Individual Survivor Benefit Policy

(Version 3)

Ceded to FNB Trust Services (Pty) Ltd

(the cessionary)

for clients of

TD Administrative Services (Pty) Ltd

work.live.play.

don't worry - we've got you covered.

work with purpose • live with freedom • play with passion

Hollard.

group risk

Introducing your policy

We will pay the benefits set out in this policy for the *policyholder* who qualifies for the benefits on condition that:

- the *premium payer* pays the *premiums* set out in this policy, and
- the *policyholder* complies with the terms and conditions of this policy.

Key words used in this policy

- 'We', 'us' and 'our' refer to Hollard Life Assurance Company Limited
- 'You' and 'your' refer to the *policyholder* named in the policy schedule
- *'Policyholder'* refers to the owner of the policy named in the policy schedule and who meets the conditions of eligibility to be covered by this policy.
- '*Cessionary*" refers to FNB Trust Services (Pty) Ltd, the entity to which all rights and/or interest in this policy is assigned and transferred to by the *policyholder*, as set out in the policy schedule
- *'Premium payer'* refers to the person who has agreed to pay the monthly *premiums* to us and is named in the policy schedule
- 'He', 'him' and 'his' refers to a male or female
- *'Material information'* refers to information that affects our decision to insure the *policyholder* on the terms and conditions in this policy.

The plural of these words is used where appropriate.

The headings in the policy are for reference only and will not affect the meaning of the terms and conditions to which they relate.

Words which refer to natural persons will also refer to legal persons.

Words defined in this policy appear in *italics*. For ease of reference, some definitions appear in the text in boxes. These terms have the same meaning throughout the policy. The glossary at the end of the document gives the full set of definitions.

ASISA jargon buster

The Association for Savings and Investment South Africa (ASISA) maintains a comprehensive jargon buster on its website, designed to make definitions and explanations contained in life insurance contracts and marketing material easier to understand. The jargon buster can be found in the Info centre section at www.asisa.org.za.

Plain language

You have the right to information in plain and understandable language as set out in the:

- Consumer Protection Act, 2008 (CPA); and
- General Code of Conduct for authorised Financial Services Providers and Representatives (Board Notice 80 as amended), to the Financial Advisory and Intermediary Services Act 37 of 2002 (FAIS)

This policy is written in plain English and special consideration was paid to:

- avoid uncertainty or confusion, and to not be misleading;
- clear and readable print size, spacing and format;
- context, comprehensiveness and consistency;
- organisation, form and style; and
- vocabulary, usage and sentence structure.

Summary of this policy

We will ensure that we:

- complete any assessment after receiving the medical information we ask for
- assess claims after receiving all the documents we ask for
- pay the benefits in terms of this policy

You must ensure that:

- the *premium* is paid in full and on time according to the *premium* set out in the policy schedule
- you give us all information that materially affects our risk
- you send us relevant and updated information about the *policyholder*.

Note: please read this policy for all conditions of your insurance with us and all responsibilities of the *parties*.

If you have any questions you can contact us during normal business hours on the numbers set out below:

Hollard Group Risk, a division of Hollard Life Assurance Company Limited
PO Box 87428
Houghton
2041

Tel: +27 (11) 351-5000
Fax: +27 (11) 351-8010
Email: hgrcompliance@hollard.co.za

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A. Conditions for cover

1. Conditions for eligibility

The person to be insured under this policy must:

a. have completed an application form*;*

b. be within the age limits set out in the policy schedule;

c. ordinarily reside in the *SADC region*, unless agreed to by us in writing; and

d. be a citizen of the Republic of South Africa or have been given the necessary permission from the South African authorities to live and work in the Republic of South Africa.

2. When cover starts

Cover starts on the *policy start date*, subject to our acceptance in writing and *premium* payment on the *premium debit date*.

Policy start date	The date cover for the *policyholder* begins under this policy. The date is set out in the policy schedule.
Premium debit date	The date in each month on which we will debit the *premium payer's* bank account. This date is set out in the policy schedule.

3. Temporary absence from the SADC region

3.1 Conditions for continuing cover while temporarily absent

We will continue to cover you if you temporarily leave the *SADC region* for any reason, but only if both of the following conditions are met:

a. **Shorter than 12 months**. The absence is not longer than 12 months. We may agree to extend the 12 month limit if you request us to do so in writing. If we do agree to extend the period, we will inform you of our terms and conditions. Cover ends when you are absent from the SADC region for longer than the 12 month limit or any extended period agreed to by us in writing.

b. **Continuous premium payments**. During the temporary absence, the *premium payer* continues to pay *premiums*.

SADC region	The Southern African Development Community comprising Angola, Botswana, Democratic Republic of Congo, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Seychelles, the Republic of South Africa, Swaziland, Tanzania, Zambia and Zimbabwe.

B. Non-medical declaration of health

1. At policy start date

You must complete a non-medical declaration of health at the *policy start date*. We will accept or decline the application based on the information provided, or we may ask for further information.

If we require further information, we will tell you what information we require.

We will pay for any medical expenses you incur in obtaining the information we need.

If you do not send us the information we ask for, we will decline your application.

1.1 If we accept you based on further information

If we are satisfied with your further information, we will accept you. However, there may be additional terms and conditions for the cover.

We will send you a counter offer letter setting out the details and any additional terms and conditions for the cover. You must agree in writing to our additional terms and conditions.

1.2 If we do not accept you based on further information

If we are not satisfied with your further information, we will not accept you.

We will send you a letter advising that we have declined the application.

2. When you select a higher survivor benefit

If you select a higher survivor benefit, you must complete a new non-medical declaration of health and we will accept or decline the increase in benefits based on the information provided.

If we require further information, we will tell you what information we require.

We will pay for any medical expenses you incur in obtaining the information we need.

If you do not send us the information we ask for, we will limit your benefits to the limit previously accepted.

We will send you a letter advising you of the level of cover at which we have accepted you.

2.1 If we accept you for the higher survivor benefit

If we are satisfied with your further information, we will accept you for the increased cover. However, there may be additional terms and conditions for the increased cover.

We will send you a counter offer letter setting out the details of any additional terms and conditions for the increased cover. You must agree in writing to our additional terms and conditions.

2.2 If we do not accept you for the higher survivor benefit

If we are not satisfied with your further information, we will not accept you above the limit previously accepted.

We will send you a letter advising that we have declined the request for increased cover and confirm that you will only be covered up to the limit previously accepted.

C. Death benefit

1. Death benefit

1.1 Executor's benefit

If you die during the period of cover, we will pay the benefit in respect of the *executor's fees* or the *administrator's fees* as set out in the policy schedule, as a lump sum.

1.2 Survivor benefit

If you die during the period of cover we will, in addition to the executor's benefit, pay the survivor benefit as set out in the policy schedule.

Conditions for selecting a higher survivor benefit

You may only select to increase the survivor benefit if you:

- are younger than 60 years of age; and
- complete the non-medical declaration of health.

Executor's fees	The fees payable to FNB Trust Services (Pty) Ltd for the execution of your estate after your death.
Administrator's fees	In terms of section 18(3) of the Administration of Estates Act 66 of 1965, if the value of your estate does not exceed the amount as determined by the Minister, the Master of the High Court may dispense with the appointment of an executor and give directions as to the manner in which the estate shall be liquidated. If your heirs request the assistance of FNB Trust Services (Pty) Ltd to liquidate and administer your estate, the fees payable to FNB Trust Services (Pty) Ltd will be the fees mutually agreed upon between your heirs and FNB Trust Services (Pty) Ltd. These fees will be based on, but not limited to, the prescribed executor's fees determined by the Minister.

2. Exclusions – when we will not pay the benefit

2.1 Failing to disclose all material information

We will not pay a death benefit claim if you were required to give *material information* about yourself but did not do so.

Material information	Information that affects our decision to insure the *policyholder* on the terms and conditions in this policy.

2.2 Pre-existing conditions

We will not pay a death benefit claim within the first 24 months of cover for a death that was caused by an illness or injury that existed at any time before the *policy start date.*

If, within the first 24 months of any increase in the survivor benefit, a claim is made for a death that was caused by an illness or injury that existed at any time before the increase, we will not pay the amount of the increased cover. This means we will only pay the benefit amount that would have been paid before the date of the increased cover.

An increase in the survivor benefit results when you select a higher benefit.

Pre-existing condition	Refers to a medical condition or disability which existed at any time before the *policy start date*.

2.3 Criminal activity

We will not pay a death benefit claim if you commit a crime.

2.4 Your actions cause death

We will not pay a death benefit claim if your death is directly or indirectly caused by any of the following:

Warlike activities

a. Nuclear, biological and chemical warfare or sabotage.

b. If you actively take part in:

- any war, invasion, rebellion, revolution, uprising, riot, civil commotion, strike, *labour disturbance*, and the seizing of power
- overthrowing or influencing any government by force or *terrorism*.

Labour disturbance	Refers to a disturbance, including a riot, commotion or other form of public disorder in the work place which results in physical damage to property or injury or death.
Terrorism	Refers to an act which involves the use of violence, threats or intimidation to disrupt, coerce or influence a government or people as set out in the Protection of Constitutional Democracy against Terrorist and Related Activities Act (Act 33 of 2004) as amended.

Self-inflicted death

If you:

- deliberately or negligently expose yourself to the risks and events that led to the claim, except where you attempt to save a human life;
- attempt suicide or deliberately inflict injury on yourself within 24 months of the *policy start date*;
- refuse to seek or follow reasonable medical advice or treatment;
- drive when over the legal alcohol limit;
- take drugs or poison; or
- take medication unless a qualified medical practitioner prescribes them.

2.5 You die within the first six months of cover

We will not pay a death benefit claim within the first six months of cover if your death was caused by an illness.

If, within the first six months of any increase in the survivor benefit, you die because of an illness, we will not pay the amount of the increased cover. This means we will only pay the benefit amount that would have been paid before the date of the increased cover.

An increase in the survivor benefit results when you select a higher benefit.

3. Claims

3.1 How to claim

When the *claimant* wants to claim the death benefit for the *policyholder* he must:

a. **tell us of the death in writing within six months** from the date of death. We will tell him what evidence and other documents we need to process the claim; and

b. **send us the evidence and other documents we need within nine months** of the date of death. We typically need the following documents (but these may not be all):

- an original signed claim form
- an original certified copy of the *policyholder's* death certificate
- an original certified copy of the *policyholder's* identity document
- an original certified copy of the *claimant's* identity document
- proof of banking details
- a copy of the completed BI 1663 report
- if applicable, a copy of the relevant Police report

If we ask for an original certified copy of a document we will not accept a certified copy of a previously certified copy.

c. **send us any additional information we may ask for within three months** from the day that we ask for the information.

3.2 If the claim process is not followed

If the steps above are not followed, and/or the *claimant* does not send us the information we ask for within the time period given above, it will cause a delay in the assessment of your claim.

3.3 If we do not accept the claim

If we do not accept the claim, the *claimant* may ask us to review our decision **see: Section F – Dispute resolution**. We will review our decision only if he:

- sends us further evidence and argument within 90 days of the date that he receives our rejection letter; and
- covers all costs of the review.

Claimant	Is the person who is claiming the death benefit in respect of the *policyholder*.

4. Payment of the benefit

4.1 Beneficiary nomination for the survivor benefit

You must nominate a beneficiary to receive the survivor benefit in the event of your death. You may nominate only one beneficiary at any one time.

You may withdraw the nomination at any time. The change or withdrawal of the nomination shall not be binding on us unless you have told us in writing.

4.2 Who we will pay

We will pay the executor's benefit as a lump sum to the *cessionary*.

We will pay the total survivor benefit equal to 12 months' benefit as a lump sum to the *cessionary*. The *cessionary* will pay the total survivor benefit in 12 equal monthly instalments to the nominated beneficiary. If the nominated beneficiary is under the age of 18, the *cessionary* will pay the monthly benefit to the legal guardian or the trust.

If you die without nominating a beneficiary or the nominated beneficiary cannot be located within 12 months from the date of death, the cessionary will pay the total survivor benefit equal to 12 months' benefit to your estate.

Nominations in a will or any other testamentary instrument that you agreed to, shall not affect or invalidate any existing beneficiary nomination that we have recorded.

Cessionary	FNB Trust Services (Pty) Ltd, the entity to which all rights and/or interest in this policy is assigned and transferred to by the *policyholder*, as set out in the policy schedule.

4.3 When we will pay

We will pay as soon as we have accepted the claim.

4.4 How we calculate interest

a. The benefit will not attract any interest for the first six months from the date that we accepted the claim.

b. An unclaimed benefit **see: Section B, nr. 4.5 – If we cannot make payment,** will attract interest as set out below:

After six months from the date that we accepted the claim, we will calculate interest on a monthly basis at a rate of:

- The Standard Bank of South Africa money market interest rate that is applicable during the period that the benefit remains unclaimed;
- less our administration fee.

4.5 If we cannot make payment

In terms of the ASISA Standard on Unclaimed Assets (as amended), it is your responsibility to ensure that the contact details of the *policyholder* and the nominated beneficiary are correct.

If anything prevents us from making payment within six months from the date that we accepted a claim, the benefit is referred to as an unclaimed benefit.

We will keep the claim open until we have obtained the outstanding information that will enable us to pay the claim.

a. If anything prevents us from making payment to the *policyholder* within six months from the date that we accepted the claim, will take the following steps to trace the *policyholder* or the nominated beneficiary:

- We will attempt to contact the *policyholder* or the nominated beneficiary, to tell them of the available benefit.
- If we cannot reach the *policyholder* or the nominated beneficiary, we will compare our internal database with an external database, and/or make use of an external tracing company.
- We will repeat the tracing process after three years from the date that we accepted the claim, and again after ten years from the date that we accepted the claim.
- If after ten years from the date that we accepted the claim we are still unable to trace the *policyholder* or the nominated beneficiary, we will not repeat the tracing process.
- We will deduct administrative, tracing and management fees that we incur as a result of the tracing, from the value of the claim.
- We will not trace the *policyholder* or the nominated beneficiary, where the value is less than R1,000.00.

5. When cover ends

Your cover ends when any of the following occurs:

- any conditions for eligibility are no longer met;
- *premiums* are not paid;
- you end this policy;
- you die*; or*
- you remain outside the *SADC region* for more than 12 months (or any extended period agreed to by us in writing).

D. Premiums

1. Your monthly premium

What the premium payer must pay

The *premium payer* must pay the *premium* as set out in the policy schedule. If the *policyholder* is not the *premium payer* and the *premium payer* stops paying the *premiums* the *policyholder* must pay the *premiums* for cover to continue.

Premium	The *premium* due as set out in the policy schedule.
Premium payer	*The person* who has agreed to pay the monthly *premiums* to us and is named in the policy schedule.

When the premium payer must pay

The *premium* is due by the first day of the month that the *premium* relates to, but we will collect the *premium* on the *premium debit date.*

If the *premium debit date* falls on a weekend or public holiday, the *premium payer's* bank account will be debited on the first working day before or after the weekend or public holiday.

If any debit order instruction is rejected because there are insufficient funds in the *premium payer's* bank account, then we may debit the bank account on a later date.

Premium debit date	The date in each month on which we will debit the *premium payer's* bank account. This date is set out in the policy schedule.

Overdue premiums

a. We will tell you in writing of any non-payment of *premium*.

b. We will allow a one month grace period (from the date that the premium was due) for you to pay your premium. This grace period does not apply to the payment of first premium.

c. If you do not pay the outstanding *premium* within the grace period, cover will end on the last day of the month for which a *premium* was received. This policy will then automatically end, unless you agree in writing to any terms of reinstatement we may offer. We are not obliged to offer terms for reinstatement or to reinstate your policy.

d. We will honour a claim that arises during the grace period and is a valid claim. The unpaid premium will be deducted from any amount paid out.

2. Premium guarantee

Your *premium* is guaranteed for the period shown in the policy schedule.

2.1 Only applies when information is complete and correct

The *premium* guarantee does not apply if we have received incorrect or incomplete information that materially affects our risk.

We base our decision to insure you on the information you give to us, either directly or through your *intermediary*. If any of this information is incomplete or incorrect, our decision will have been based on incomplete or incorrect information and, if we had known the complete and correct information when you applied for the policy, we may not have agreed to cover you for the amount set out in the policy schedule. We are entitled to decline your application or to end the policy.

It is your responsibility to ensure that all *material information* we receive is complete and correct.

Material information	Information that affects our decision to insure the *policyholder* on the terms and conditions in this policy.
Intermediary	The person or entity you appoint to carry out any of your duties under this policy on your behalf. The person or entity is set out in the policy schedule.

3. When premiums may change

3.1 Yearly premium review

We will review your *premium* every year on the *policy review date* set out in the policy schedule. We will advise you within one month of the *policy review date* of the revised *premium.*

You must pay the revised *premium* from the *policy review date*.

Policy review date	The date on which we will review your *premium* every year. The date is set out in the policy schedule.

E. Your responsibilities

1. Your information

You must give us all your information on the application form.

The information must include:

- full name;
- identity number;
- date of birth;
- gender;
- beneficiary nomination;
- *premium payer* and debit order details;
- address details;
- contact details; and
- all other *material information*.

You must tell us of any changes to this information.

F. Ending this policy

1. When this policy ends

The policy ends when:

a. the *premiums* due under this policy are not paid; and/or

b. the notice period for cancelling this policy comes to an end.

2. Cancelling this policy

2.1 When we may cancel

We may cancel this policy by giving you one month's written notice.

2.2 When you may cancel

You may cancel this policy by giving us:

- immediate notice, in writing, if it is within the first month from the *policy start date*
- one month's written notice after the end of the first month from the *policy start date*.

At the end of the notice period, the policy will automatically end. If you wish to reinstate the policy, you must agree in writing to any terms of reinstatement we may offer. We are not obliged to offer terms for reinstatement or to reinstate the policy.

2.3 Premiums paid after cancellation

If you pay us any *premium* for any period of insurance after the date that this policy ends, we will refund the *premiums* to you.

Policy start date	The date cover for the *policyholder* begins under this policy. The date is set out in the policy schedule.

2.4 Cooling off period

In the case where no benefit has been paid or no insured event has yet occurred, you may within one month of receiving either the policy wording or a summary of the policy wording, request us in writing to cancel this policy and we will refund any *premiums* paid, less the deduction of costs for any cover provided for risk benefits.

G. Dispute resolution

If we do not accept a claim made in terms of this policy, void this policy or if the *claimant* disputes the amount of the claim, the *claimant* may request us to review our decision. We will only review our decision if he sends us a written request to review within 90 days (the "representation period") of the date that he receives our rejection letter.

He must send the written request to:

Hollard Group Risk Compliance

Hollard Life Assurance Company Limited

PO Box 87428

Houghton

2041

Tel: +27 (11) 351-5000

Fax: +27 (11) 351-3221

Email: hgrcompliance@hollard.co.za

Alternatively, he may contact:

The Ombudsman for Long-term Insurance

Private Bag X45

Claremont

7735

Tel: +27 (21) 657-5000

Fax: +27 (21) 674-0951

Email: info@ombud.co.za

If the dispute is not satisfactorily resolved in this manner, he may institute legal action against us for the enforcement of the claim, by way of the service of summons against us. Summons must be served on us within 180 days of the expiry of the representation period. If this is not done, the claim against us will be forfeited and will become time barred and we will no longer be liable for the claim.

H. General conditions

1. Good faith

You and us will always act in good faith in our mutual dealings.

Any administration error made by us will not invalidate the cover validly in force or continue cover which is not validly in force.

Conditions precedent

All benefit payments are subject to the verification of the validity of any claim.

Our liability in terms of this policy is conditional on you or anyone acting on your behalf, complying with all the terms, conditions and warranties of this policy.

2. Whole contract

This policy, the policy schedule and any endorsements, as well as any forms, declarations and communication relating to this policy, make up the whole contract between you and us. We are not bound by any changes unless we have agreed to them in writing and have incorporated them into this policy by means of an endorsement and/or a policy schedule.

3. Changes to policy conditions

We may change the terms and conditions of this policy at any time by giving you three months' written notice, provided that any change will not affect the extent of cover already provided and in force in terms of this policy.

If any statutory authority introduces measures which affect this policy or if legislation changes, we will make the necessary changes to this policy, after notifying you about the reason for the changes.

If you consider any change to be prejudicial to you, you may end this policy, subject to the relevant provisions contained in the policy.

4. No waiver

If we agree to change the terms and conditions of this policy, the changes will not be valid unless they are made in writing and signed by us.

If we agree to change any deadlines or requirements on an ad hoc basis, it does not mean that we have agreed generally or in all cases to change the deadlines or requirements.

5. Our liability does not exceed the benefit

Our payment of any benefit is a full discharge of our obligations under this policy in respect of an admitted claim and once we have paid it, we will not be liable for anything else. Our liability does not exceed the benefit for which you have paid *premiums* and no interest will be payable on any benefit.

6. Fraud

We do not tolerate any misrepresentation or fraud.

We will not accept any liability under this policy because you (or any person acting for you) misrepresent/s any information about you or make/s a fraudulent claim. If we are prejudiced or suffer a loss because of misrepresentation or fraud, then we will be entitled to:

- not pay any further benefit;
- recover any benefit paid;

- end the policy;
- retain *premiums* paid; and/or
- take legal action.

7. Cession

The *policyholder* hereby cedes all rights and/or interest in this policy to the *cessionary*.

Except for this cession, the *policyholder* may not transfer (including cede, assign or dispose of) this policy or any of the benefits payable under this policy to any other person.

Notwithstanding this cession, the beneficiary nomination will remain and the *cessionary* will pay as per clause 4.2 **see: Section F – Payment of the benefit**.

Cessionary	FNB Trust Services (Pty) Ltd, the entity to which all rights and/or interest in this policy is assigned and transferred to by the *policyholder*, as set out in the policy schedule.

8. Communicating with each other

The *parties* must communicate with each other in writing. The *parties* may use registered post, e-mail or fax.

For any formal notices or processes of law, the *parties* must use the addresses set out in the policy schedule, which are the addresses at which the *parties* agree to be served any notices or processes (*domicilium citandi et executandi*). The *parties* must tell each other, in writing, within seven days of any change in these addresses.

We will communicate with you, the *administrator* or the *intermediary* and such communications will be treated as if we had communicated directly with you.

9. Currency

Premiums and benefits payable under this policy must be paid in South African Rands only.

10. Law

The policy shall be governed by and interpreted in accordance with South African Law in the courts of the Republic of South Africa.

11. Consent to disclosure of private information

By virtue of being insured under this policy, you authorise us to access any information about you and to obtain any such information, which we may reasonably need to:

- assess the validity of a claim; and/or
- trace you in the event of an unclaimed benefit **see: Section C, nr. 4.5 – If we cannot make payment;**

and authorise any person and/or institution from whom we may request such access and information to grant access and provide the information.

By virtue of being insured under this policy, you also authorise us to share and provide any information which we obtain about you, with other insurers.

This right of access extends to claims made by any dependants or beneficiaries or any other party claiming benefits. Any medical information required will only relate to you and no other person.

The information which we are authorised to access and obtain includes, but is not limited, to information about your health.

I. Glossary of defined terms

Administrator	TD Administrative Services (Pty) Ltd, (registration number 2014/090534/07), a company duly registered in accordance with the company laws of South Africa and a licensed financial services provider (FSP number 7379). This is the entity we appointed to carry out any administrative duties under this policy on our behalf.
Administrator's fees	In terms of section 18(3) of the Administration of Estates Act 66 of 1965, if the value of your estate does not exceed the amount as determined by the Minister, the Master of the High Court may dispense with the appointment of an executor and give directions as to the manner in which the estate shall be liquidated. If your heirs request the assistance of FNB Trust Services (Pty) Ltd to liquidate and administer your estate, the fees payable to FNB Trust Services (Pty) Ltd will be the fees mutually agreed upon between your heirs and FNB Trust Services (Pty) Ltd. These fees will be based on, but not limited to, the prescribed executor's fees determined by the Minister.
Cessionary	FNB Trust Services (Pty) Ltd, the entity to which all rights and/or interest in this policy is assigned and transferred to by the *policyholder*, as set out in the policy schedule.
Claimant	Is the person who is claiming the death benefit in respect of the *policyholder*.
Executor's fees	The fees payable to FNB Trust Services (Pty) Ltd for the execution of your estate after your death.
Insurer	Hollard Life Assurance Company Limited (registration number 1993/001405/06), a company duly registered in accordance with the company laws of South Africa and a licensed financial services provides (FSP number 17697)
Intermediary	The person or entity you appoint to carry out any of your duties under this policy on your behalf. The person or entity is set out in the policy schedule.
Labour disturbance	Refers to a disturbance, including a riot, commotion or other form of public disorder in the work place which results in physical damage to property or injury or death.
Material information	Information that affects our decision to insure the *policyholder* on the terms and conditions in this policy.
Parties	Collectively refers to *the insurer*, the *administrator*, the *intermediary*, the *policyholder* and the *cessionary.*
Policyholder	The owner of the policy named in the policy schedule and who meets the conditions of eligibility to be covered by this policy.

Policy review date	The date on which we will review your *premium* every year. The date is set out in the policy schedule.
Policy start date	The date cover for the *policyholder* begins under this policy. The date is set out in the policy schedule.
Premium debit date	The date in each month on which we will debit the *premium payer's* bank account.
Premium payer	*The person* who has agreed to pay the monthly *premiums* to us and is named in the policy schedule.
Premium	The *premium* due as set out in the policy schedule.
SADC region	The Southern African Development Community comprising Angola, Botswana, Democratic Republic of Congo, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Seychelles, the Republic of South Africa, Swaziland, Tanzania, Zambia and Zimbabwe.
Terrorism	Refers to an act which involves the use of violence, threats or intimidation to disrupt, coerce or influence a government or people as set out in the Protection of Constitutional Democracy against Terrorist and Related Activities Act (Act 33 of 2004) as amended.

Additional information

This section does not form part of the policy and is provided for information purposes only.

All material facts must be accurately, fully and properly disclosed by you. All information provided by you or on your behalf is your own responsibility. You need to be satisfied with the accuracy of any transaction submitted by anyone on your behalf.

You must not sign any incomplete or blank documents. No person may request or insist that you do so.

We have appointed TD Administrative Services (Pty) Ltd (TDAS) to handle claims and policy administration. TDAS's FSP reference number is 7379. TDAS has Professional Indemnity cover in force.

For all claims and administration matters, please contact:

Postal address
TD Administrative Services (Pty) Ltd
PO Box 1468
Bromhof
2154

Physical address
TD Administrative Services (Pty) Ltd
3 Hamerkop Road
Randpark Ridge Ext 5
Randburg

Tel: +27 (86) 111-2348
Fax: +27 (86) 540-5694
Email: claims@tdas.co.za

If you have a complaint about this policy

First try and resolve it with Hollard Group Risk, by writing to:

Hollard Group Risk Compliance
A division of Hollard Life Assurance Company Limited
PO Box 87428
Houghton
2041

Tel: +27 (11) 351-5000
Fax: +27 (11) 351-3221
Email: hgrcompliance@hollard.co.za

If you feel that the policy or the manner in which the policy was sold does not meet legal requirements, or if you are not happy about the advice received, please write to:

The Compliance Officer
Hollard Life Assurance Company Limited
PO Box 87428
Houghton
2041

Tel: +27 (11) 351-5000
Fax: +27 (11) 351-5001
Email: compliance@hollard.co.za

If the matter is not resolved to your satisfaction by Hollard, you may submit the complaint to:

The Ombudsman for Long-term Insurance
Private Bag X45
Claremont
7735

Tel: +27 (21) 657-5000
Fax: +27 (21) 674-0951
Email: info@ombud.co.za