Menlyn Corporate Park, Block C,
Cnr Garsfontein Road & Corobay Avenue,
Waterkloof Glen X11, Pretoria, 0181

King Price Life Insurance Limited
Licensed life insurer | FSP no. 47235
Reg no. 1948/029011/06

T's and C's
Funeral

Where it's discovered that more favourable terms and conditions would've applied to policies transferred from a previous insurer without any break in cover, such terms will be honoured, if possible and/or feasible.

New policy limits

	Waiting period (months)	Max entry age	Max Policy Member/s on a policy
Main Member	6	64	1
Spouse	6	64	1
Children	6	21	6
Parents / Parents-in-law*	6	74	4
Extended Family Members	6	74	up to 10**

* *Only applicable to the Medirest / Ex-Medirest Plans.*
Parents are defined as the biological-, adoptive-, or in-law parents of the Main Member.

** *As specified per plan selected on the Application*

Definitions

Term	Definition
Accidental Death	Death caused directly by, or resulting from, injuries sustained due to a sudden and unforeseen event (an accident) which occurs at an identifiable place, at a set time, which has a visible, violent, and external cause and results in the death of a Policy Member. Accidental death doesn't include death directly or indirectly relating to an illness.
Applicant / Main Member / Policyholder	The primary life assured who qualifies for Cover in respect of the policy, and who elects to apply for Cover and agrees to pay the Premium for it.
Application	The form, whether in physical or electronic format, completed by the Applicant to apply for Cover which details the applicable cover types and amounts, plan options and premiums.
Beneficiary/ies	A person who is 18 years (or older) and nominated by the Main Member to receive Policy Benefits due in the event of a valid claim. If no such Beneficiary is nominated or the Beneficiary is deceased or can't be located, the Insurer will use its discretion.
Benefit/s or Policy Benefit/s	A lump sum payable to the Beneficiary/ies on the occurrence of an Insured Event followed by a valid claim.
Child dependent / Child / Children	• A child born to the Policyholder or their Spouse, or a stepchild, or a legally adopted child under the age of 22, including a stillborn child (after 28 weeks of pregnancy and not due to an elective abortion). • A child who's a full-time student (on receipt of acceptable proof) will be covered until the age of 25. • A child who's declared permanently disabled (on receipt of acceptable proof) and dependent on the Main Member or his/her Spouse will be covered until the earlier of: - The death of the Main Member; - termination of the policy. • Children reaching any of the above ages, can be added as an Extended Family Member and pay the corresponding premium, if allowed.
Claimant	A person who submits a claim, whether a Policyholder, Main Member or Beneficiary.

Term	Definition
Cover / Policy	A contract in terms of which the Insurer, in return for a premium, undertakes to provide Policy Benefits upon the occurrence of an Insured event.
Cover Start Date	The date that Premiums are received by the Insurer in respect of the Main Member for the first time. If there's a claim and the first premium was paid, but not received by the Insurer, the claim will be honoured if acceptable proof of premium payment is provided. However, this will only be done if the Waiting period would have been fulfilled during this time. Any Premiums that may have been due will be deducted from the claim payment.
Extended Family Members	Family members dependent on the Main Member for financial assistance towards the costs of a funeral. The Main Member should have an Insurable Interest in the life of the Extended Family Member. This includes parents, parents-in-law, grandparents, siblings, grandchildren, adult dependent children, additional spouse/s, aunts, uncles, cousins, nephews, or nieces.
Insurable Interest	A financial- or familial interest in the life of a Policy Member.
Insured event	The death of the Main Member or any other Policy Members.
Intentional self-inflicted injury	An intentional act of harming one's own body without the intention for such injury to be fatal.
Policy Document / Policy Schedule / Policy certificate	The document, issued to the Policyholder, that confirms the existence of Cover on the lives of the Main Member and Policy Members.
Policy Member/s	All the lives assured on the policy.
Premium	The total monthly amount payable for the Cover, including all commission and admin costs.
Scheme/Product	Individual products underwritten on a group basis by the Insurer structured by the Intermediary.
Spouse/Partner	1 person to whom the Main Member is married in terms of law, including: • a customary marriage in accordance with the applicable indigenous law; • the doctrines of any recognised religion or tradition; • a common law spouse or life partner, provided that they've lived together for at least 12 months before the Insured event.
Suicide	The deliberate act of taking one's own life.
Waiting Period	The number of months during which no Policy Benefits are payable as specified, but during which Premiums remain payable.
Wilful exposure to danger	An intentional act that by its nature is potentially fatal, or an act that a reasonable person should know can be potentially fatal.

Cooling off period

- The Applicant may cancel his/her policy within 31 days from the signature date, if he/she didn't claim for a Benefit, all premiums paid up to that point will be refunded, subject to the cost of any Cover enjoyed.

Cover and Premium

- Premiums are payable for the duration of the policy and aren't refundable.
- If the Premium is not paid in full, the policy will be seen as being in arrears and the standard lapse rules below will apply.
- If a premium isn't received on the due date, the policy will be seen as being in arrears and, in the case of a claim, the value of the outstanding Premium will be deducted from the Cover. If a second Premium isn't received on the subsequent Premium due date, the policy will lapse, and Cover will cease.
- If the Policy Benefit lapses due to non-payment of Premiums, the Policyholder may apply directly or via the Intermediary, to reinstate Cover. Reinstatement may be allowed within 2 months from the effective lapse date, without applying a new Waiting period. The remaining Waiting period at the time of the policy lapsing will still apply and outstanding Premiums must be paid in order for the Cover to be reinstated. Reinstatement isn't allowed at claims stage and won't be allowed more than once in the lifetime of the policy. The Insurer reserves the right to either accept or decline reinstatement of the Policyholder or any other Policy Member/s.
- Cover can't be ceded, nor assigned or pledged as security in any way, and don't have a surrender value.
- The Insurer reserves the right to adjust Premiums as determined by the Insurer's actuarial control function to the Policy Benefits if any government, provincial, municipal, or other authority imposes any involuntary charges, levies, or taxes on the Insurer.
- To ensure that the Product is actuarially sound, the Insurer is entitled to review and increase the Premiums payable at least annually. The Insurer will notify the Main Member/s 31 days prior to implementing the increase.
- Cover will cease for all Policy Members on the Main Member's death. If a Policy Member wants to continue with the policy

they need to apply as a new Main Member, by submitting a new Application. This will ensure that Cover continues without new/ additional Waiting periods. Cover for all Policy Members is subject to the Insurer to receiving the relevant Premiums.

- The Policyholder may cancel the Cover at any time by giving 31 days' notice to the Intermediary/Insurer. In the event of cancellation, the Cover will continue to be in force during the notice period in respect of all Policy Members covered under the Policy for the period of such notice and for which Premiums have been received. Premiums will not be refunded, as you will enjoy Cover until the end of the month for which Premiums have been collected or processed.
- The Insurer may cancel the Cover on reasonable grounds at any time by giving 31 days' notice, subject to prevailing legislation.
- The Insurer reserves the right to amend, revoke, vary, or alter any of these terms and conditions, giving the Policyholder 31 days' notice.

Waiting periods

- No Waiting period will apply in respect of Accidental death, provided that the Insurer received the first Premium.
- A 6-month Waiting period will apply to the Main Member and any Policy Member/s in respect of death due to natural causes.
- A 12-month Waiting period will apply to the Main Member and any Policy Members in respect of death due to Suicide.
- If Benefits are added/ increased at any stage for a Main Member/Policy Member, a new Waiting period will apply to the added Benefit/s.
- If an active funeral policy is replaced, the Waiting period served on the replaced policy will be considered. However, this only applies in respect of the replaced policy's Cover. If the selected Cover is higher, then there'll be a Waiting period on the increased Cover. This only applies to Policy Members who were covered on the replaced policy. The replacement must be proven by the Main Member by providing a:
  - replacement record of advice, if applicable;
  - notice of cancellation with the previous insurer;
  - 6 months' payment history with the previous insurer for each replaced policy.

  If the Main Member can't provide the above documents, the policy will default to a 6-month Waiting period.

Restrictions and exclusions

- Should the life of any Policy Member be insured more than once with King Price Life, the total Cover Amount, in respect of Funeral Cover, payable in respect of the death of such Policy Member will be limited to:
  - Policy Member/s > 14 years: Can't exceed the Main Member's Cover up to a max of R100,000.
  - Children aged 6 – 13 years: 50% of Main Member's Cover up to a max of R50,000.
  - Children aged 0 – 5 years: 25% of Main Member's Cover up to a max of R20,000.
  - Should the claim amount be less than the Cover Amount paid for, Premiums will be refunded in respect of Cover paid for but not received.
- Policy Members who're pregnant and need cover for children should move to a Product that accommodates children as soon as possible, bearing in mind the Waiting Periods. The Insurer will (in good faith), cover children born to the Main Member/Spouse for the first 3 months from their date of birth.
- No Policy Benefits are payable if an Insured Event arises directly or indirectly caused by, resulting from, or in connection with the following:
  - war,
  - riots,
  - civil commotion,
  - terrorist activities,
  - Wilful exposure to danger,
  - the Main Member and/or Policy Member being under the influence of any drugs or alcohol,
  - participation in any criminal act,
  - radioactivity,
  - nuclear explosions,
  - Intentional self-inflicted injury.
- A Policy Member is only allowed 1 funeral plan policy for the scheme, per insured person.
- Foreigners who don't ordinarily reside in South Africa won't qualify for Cover. Foreigners residing in South Africa will only be allowed to join on a Main Member basis.
- Unless otherwise specified, Extended Family Members aren't automatically included in any policy but can be added to a policy at an individual age rated premium.
- In respect of Extended Family Members included in family cover, the Main Member may add new Extended Family Members until the maximum entitlement is reached. Such new Extended Family Members will be subject to the relevant Waiting Period. The Main Member may not however replace any Extended Family Member that was covered from the Cover Start Date.

Consent

- By accepting the terms and conditions of this policy, the Main Member effectively consents to:
  - enter into this policy;
  - receive communication from the Insurer/Binder holder/Intermediary, and

- having his/her personal information processed in terms of the Insurer's Privacy Policy that can be accessed via www.kingprice.co.za.

- Processing of personal information includes:
  - Verifying the information provided against any data source and compiling non-personal statistical information.
  - Sharing information to any affiliate, subsidiary, or reinsurer to provide insurance services, and enable further legitimate interests, including statistical analysis, reinsurance, and credit control.
  - Sharing information to any appointed third-party service provider/s.
- This consent clause will remain in force unless the Main Member objects to the processing of his/her personal information/data via lifepopi@kingprice.co.za which may affect your Cover.

Misrepresentation and incorrect details

- If it's proven that the Cover was based on an incorrect age or date of birth of a Main Member or any Policy Member, the Insurer may cancel Cover or, at its discretion, adjust the Policy Benefit/s, Premiums, or both, to what it would've been had it been based on the correct age or date of birth. In the event of a dispute the decision of the Insurer will be final and binding.
- The information provided and all declarations made by the Applicant forms the basis of the Cover. The Cover will be voidable in the event of misrepresentation or non-disclosure of any fact material to the insurance. Cover won't be voided if the incorrect statement was made in good faith, unless the statement materially affected the assessment of the risk.

Cancellation

- You can cancel your Policy at any time by giving 31 days' notice to the Intermediary, alternatively the Insurer.
- If you cancel your Policy, your Cover will terminate at the end of the month in which the cancellation was received. The Premiums for the notice period remains payable. The administration of the cancellation, i.e cancelling of any payment mandates, might take longer, which could result in Premiums being deducted after Cover terminated. Premiums deducted after the Cover terminated will be refunded. Refunds can take up to 10 business days, after the Insurer received the premiums or confirmation thereof.

Claims

- In the event of a claim, the Intermediary and/or the Insurer must be contacted.
- An Insured Event should be reported and supporting documents submitted, in writing, within 12 months. The claim will be forfeited and not honoured if the claim isn't submitted successfully within this period.
- Claim payments will be made into South African bank accounts only.
- No claim will be considered (or Benefit paid out) if:
  - The Claimant can't provide the Insurer with acceptable documentation as positive verification of the Insured Event.
  - If the Policy Member doesn't fall within the definitions or parameters as detailed in these terms and conditions.
- If the claim is fraudulent in any way, or if any fraudulent means are used to obtain Policy Benefit/s, the claim won't be honoured, and the Insurer will have the right to cancel the Cover.
- The Insurer reserves the right to investigate claims where risk indicators were triggered, which may affect the claim payment turnaround time.
- The Insurer will be entitled to deduct any outstanding Premiums from the claim amount.
- Payment of the Policy Benefits will be a full and effectual discharge of the Insurer's liabilities.
- A claim payment (following the Main Member's death) is directly payable to the Beneficiary/ies.
- Claim payments for Insured Events other than the Main Member's death, are directly payable to the Main Member.
- The Insurer will honour the written request of a Claimant to have a claim amount paid directly to a funeral/burial service provider.
- If an Insured Event occurs in respect of a Main Member or any other Policy Member outside the borders of South Africa, such claim will be subject to receipt of the official proof of death from another country, which the Insurer may or may not be able to verify. Payments of claims under such circumstances can therefore not be guaranteed.
- The following documents are required when submitting a claim:
  - Completed and signed claim form.
  - Certified copy of the Claimant's ID.
  - Certified copy of the deceased's ID.
  - Death certificate.
  - Notification of death: BI 1663, completed by the doctor who certified the death.
  - Police report (if death occurred due to unnatural causes).
  - Police officer's accident report (if death occurred due to a car accident).
  - Stamped bank statement of the Claimant.
  - Any other documents, as required by the Insurer in its sole discretion.

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Disclosure notice

Love Thy Neighbour Society

Boring we know, but we're afraid there's some stuff you just have to know…

New policies

	Waiting period (months)	Max entry age	Max Policy Member/s on a Policy
Main Member	6	64	1
Spouse	6	64	1
Children	6	21	6
Extended Family Members	6	74	up to 10*

** Each policy allows for up to 10 dependants (dependants can be Children and/or Extended Family Members)*

Important contact details

The Insurer / The Underwriter

King Price Life Insurance Limited is a licensed insurer and an authorised financial services provider.

Registration no. 1948/029011/06
FSP no. 47235.

Phone no. 0861 00 79 66
Email lifesales@kingprice.co.za
Web kingprice.co.za
Address Block C, Menlyn Corporate Park,
175 Corobay Avenue,
Pretoria, 0181

The Intermediary

Name Motordrive SA (Pty) Ltd
Registration no. 2016/315122/07
FSP no. 48031
Phone no. 082 612 1219
Email admin@motordrivesa.co.za
Address No. 8 Willowview Office Park
Van Hoof Street
Ruimsig, 1739
Commission 30%

Juristic Representative

Name Love Thy Neighbour Society, Juristic Representative under Motordrive SA (Pty) Ltd, an authorised FSP (FSP no. 48031)
Registration no. 2016/315122/07
Phone no. 082 612 1219
Email admin@motordrivesa.co.za
Address Willowview Office Park no. 8
Van Hoof Street
Ruimsig, 1739

Disputes

Complain to Binder holder
Formal complaints should first be submitted to the Binder holder.

Complain to the Insurer
If a Policyholder hasn't received a response within 20 days or isn't satisfied with the response from the Binder holder, a formal complaint can be made to lifecomplaints@kingprice.co.za. If there are concerns about the information received, send an email to lifecompliance@kingprice.co.za.

Complain to the Ombudsman
If the Policyholder isn't satisfied with the Insurer's response, a complaint can be made to the National Financial Ombudsman:

Phone	0860 80 09 00
WhatsApp	066 473 0157
Email	info@nfosa.co.za
Website	nfosa.co.za

Complain to FAIS Ombud
If a Policyholder isn't satisfied with the Binder holder, a complaint can be made to the Ombudsman for Financial Services Providers:

Phone	012 762 5000/012 470 9080
Fax	012 348 3447/086 764 1422
Email	info@faisombud.co.za
Website	faisombud.co.za
Address	P.O Box 74571 Lynnwood Ridge 0040