Prepare for the future, today

AFFINITY *life*

Policy Wording
2026

Affinity Life is a product of the Insurer, Affinity Life Limited (Registration Number 1952/001635/06), a registered Life Insurer (IN0048) and authorised Financial Services Provider (FSP 49986)

Welcome to Affinity Life

The customers, and all other stakeholders benefit if customers are treated fairly in all aspects of the business.

Affinity commits to:

- Provide customers with clear information about the products and services that are offered, including fees and charges;
- To provide customers with information and further clarification on anything that they do not understand in relation to products and services;
- Give customers access to a formal complaint procedure should they become unhappy with the service provided;
- Act fairly, reasonably and responsibly in all dealings with customers;
- Act honestly and try to make sure that brokers, and all other suppliers of goods and services that Affinity does business with do the same;
- Treat all the policyholders' personal information as private and confidential, and run secure and reliable systems; and
- Train staff to make sure that the procedures they follow reflect the commitments set out in Affinity's code of conduct.

This Policy Document includes important information about the new Policy purchased. The Policyholder must please take time to read through this document and keep it in a safe place. Affinity's dedicated team of client services staff are on hand to assist with any questions about the Policy.

Policyholders that are unhappy with the service received, should refer to the Disclosure Notice that is included in the Welcome Pack for guidance on their rights and how best to proceed.

Affinity is dedicated to meet the needs of clients whilst improving business and keeping the community at the heart of all we do. We strive to have along and mutually beneficial relationship for many years.

The Affinity Team

About your policy

The Affinity Life product provides security for the family of the Policyholder in the event of their untimely death. This Benefit has been chosen by the Policyholder and is identified as the Defined Cover. Details of the Affinity Life Plan Benefits will appear on the Policy Schedule.

This contract consists of three parts:

The application form completed and signed by the Policyholder and/or by
their representative on the Life Insured's behalf (if the Life Insured and Policyholder are not the same person) through a recorded telephonic
conversation;

- The Policy Schedule issued to the Policyholder electronically; and
- This document, which contains all the terms and conditions of this life assurance contract.

The Disclosure Notice, which provides a summary of all the important details of this contract as well as details of where and how to lodge a complaint, is included in this document. It does not form part of the contract, but contains important information for the attention of the Life Insured and/or Policyholder.

The Insurer agree to:

- Maintain the Policy in force for as long as the Policyholder and/or Life
- Insured meets all the Policy terms and conditions.
- Manage the Policy in accordance with the instructions provided by the Policyholder on the application form/application voice file or in any subsequent written or recorded telephonic instruction provided by the Policyholder in the format required.
- Pay the Policy Benefits to the nominated Beneficiary/ies or their
- estate according to the written instructions received from the Policyholder.
- Notify the Policyholder of any exclusions applicable to the Policy, should the Life Insured answer yes to any of the medical questions.

The Insured agrees to:

- Timeously provide Affinity with all information requested. Failure to do so may delay or prevent payment of any Policy Benefit to the Life Insured Beneficiary.
- Pay each and every premium due on the Policy as agreed and on time. Failure to do so may result in the Policy lapsing. Affinity will notify the Life Insured of any impending lapse. The Policy will lapse when the premium remains unpaid for a period of more than 45 (forty-five) calendar days.
- Notify Affinity of any change in postal address, residential address or contact details, or Beneficiary information. Please note that Affinity will always communicate with the Policyholder using their last known details.

Definitions

In this Policy, unless the context indicates a contrary intention, the following words and expressions bear the meaning assigned to them and cognate expressions bear corresponding meanings:

Accident - Means an unforeseen event such as a motor vehicle Accident, murder or assault, injuries at home and other tragedies, which could not reasonably have been expected to occur and was not planned, and which results in bodily injury and subsequently in the death of the Insured, caused directly and independently of all other causes, by some external and visible means arising from the said event and excludes Natural Death.
Bodily Injury shall be deemed to include death by starvation, thirst and/or exposure to the elements, directly or indirectly resulting through accidental means.
Accidental Death - Means an unplanned, unfortunate and unexpected death which is caused solely and directly by violent, external, physical and visible means.
Active Cover - Means the cover and Benefits provided in terms of this Policy in force and available to you, subject to the terms and conditions contained in the Policy wording.
Affinity/We/Us/Our - means Affinity Life Limited, the Insurer a licenced Financial Services Provider with FSP number 49986 and any of its affiliated products .
Age Next Birthday (ANB) - refers to the age a person would achieve on their next birthday.
Beneficiary(ies) - Means the party(ies) nominated to receive any Benefits paid under this Policy.
Benefit - Means the benefit amount as set out in the Policy Schedule, provided by the Insurer in terms of this Policy.
Benefit Start Date - Means the date on which the Life Insured becomes covered and occurs after the completion of initial waiting periods.
Commencement/Commencement Date - Means the date on which the Policy comes into force and effect for the first time as specified in the Policy Schedule. Prior to Commencement, the Policy and contractual relationship between Affinity / The Insurer and the Policyholder does not exist.
Compensation - Means either a lump sum or annuity payment depending on the Benefit being claimed for up to the maximum Benefit amount as per the Policyholders Policy Schedule.
Consecutive Premiums - Means monthly premiums received when due, in succession and without interruption or default.
CPI or Consumer Price Index - Measures the average change in prices over time that consumers pay for a basket of goods and services.
Death Event - Means the death of the Life Insured.
Fraudulent Act - Includes you, or any member on the Policy, or any person acting on your behalf or associated with your providing Affinity or the Insurer at any time with inaccurate, incomplete, dishonest, false, fabricated or exaggerated information.
In-Force Cover - Means the cover and Benefits provided in terms of this Policy in-force and available to you, subject to the terms and conditions contained in the Policy wording.
Lapse/Lapsed Cover - Means that the cover and Benefits provided in terms of this Policy have been suspended due to non-payment of premiums due and are no longer available to you.
Life Insured - Means the natural person who has in-force life assurance cover in terms of this Policy.
Life Cover - Means the Benefit payable in the event of the death of the Life Insured.
Natural Death - Death occurring in the course of nature, and from natural courses (like age) as opposed to an Accident or violence.
Policyholder/Member/Policyholder/You/Your - The Member or Policyholder as named on the Policy Schedule and has been accepted by the Insurer and whose Premium is paid without interruption or default and is up to date.
Policy - An agreement between the Policyholder and The Insurer as set out in the Policy Schedule.
Policy Schedule - Means the confirmation of Benefits and Life Assurance Amounts payable to the Beneficiary(s) in the event of the death of the Life Insured, issued to the Policyholder in terms of section 48 of the Long-Term Insurance Act, which should be read in conjunction with this document.
Pre-existing Condition - Means any personal illness, injury or health condition for which the Policyholder received or sought medical advice, diagnosis, care, and/or treatment in the 24 (twenty four) months prior to the Commencement Date.
Premium - Means the amount payable to the Insurer on a monthly basis in terms of this Policy to secure the Benefits.
Premium Payer - Means the person responsible for the payment of the Policy premiums.
Private Guardians Fund Umbrella Trust - Means an independent trust which, subject to the Life Insured's election, shall protect the Benefit of Dependent Beneficiary(ies) and manage certain trustee-approved payments towards the care of Dependent Beneficiary(ies) as from the Death Event.
Waiting Period - Means the number of days/months you have to wait from the Commencement Date.

- Any reference to the singular includes the plural and vice versa; and
- Any reference to gender includes the other gender.
- The clause headings in this Policy have been inserted for
- convenience only and shall not be taken into account in its
- interpretation.
- If any provisions in a definition is substantive provision conferring rights or imposing obligations on any party, effect shall be given to it as if it were a substantive clause in the body of the Policy, notwithstanding that it is only contained in the interpretation clause.
- This Policy shall be governed by, construed and interpreted in accordance with the laws of the Republic of South Africa.

Dependent Beneficiary(ies) - Means a beneficiary nominated by the Life Insured who, at the time of the Death Event, is incapable of receiving the Benefit either because such a person is a minor or, a person declared by the High Court incapable of managing his or her own affairs.
Guardian - Means a legally appointed guardian of a minor Dependent Beneficiary to assume the legal responsibility of the minor and/or a curator who has been appointed to act on behalf of a Dependent Beneficiary who is not a minor but due to mental or physical disabilities, is unable to manage their affairs.
Approved Trust - Means the Private Guardians Fund Umbrella Trust or any other valid trust nominated by the Life Insured to receive the Benefit on behalf of Dependent Beneficiary.

Waiting Period/s

- This policy has a 6 (six) month waiting period.
- Accidental Death cover has no waiting period and Active Cover is provided from the Commencement Date to the end of the initial waiting period.
- Death resulting from suicide or intentional exposure to injury has a 24 (twenty-four) month waiting period.
- Death resulting from a pre-existing condition has a 24 (twenty-four) month waiting period.
- The waiting period will start from the date we successfully receive the first premium applicable to the Life Assure person and active in force cover will begin when Affinity Life Limited has received the required minimum premium payments.

Premium and Fees

- Premiums are payable monthly in advance by, or on behalf of, the Policyholder. If the premium is not received on time, the Policy Benefit will be suspended.
- Premiums are paid via debit order from either the Post bank gold card, commercial bank account, or the nominated bank account as selected by the Policyholder, unless otherwise agreed to in writing.
- In the event of the premium not being paid within 15 (fifteen) calendar days of the payment date, the benefits of the Policy will be suspended. The Policy will lapse when the premium remains unpaid for a period of more than 45 (forty-five) calendar days.
- Premiums are subject to an annual increase. The Policyholder will be notified via SMS, at least 31 (thirty-one) calendar days before the increase takes place.
- All Policies will have a compulsory premium escalation of 10% or CPI, if CPI is greater; annually on the Policy anniversary.
- The sum Insured under this Policy will increase 4% annually on the Policy Anniversary.

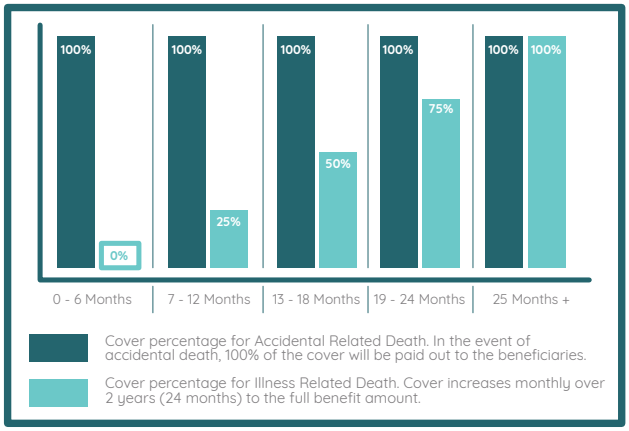
Commencement

- This Policy shall commence on the first day of the month following the month in which Affinity has received and allocated the first premium.
- The Life Insured must be 18 (eighteen) years old to apply for this Policy.
- The Life Insured must be under the age of 60 (sixty) at next birthday Policy Commencement failing which the policy shall be
- deemed invalid.
- The Policy ceases when the Policyholder reaches the age of 70 (seventy) years on their next birthday.

Benefits

The benefit amount can either be paid out as a lump sum or placed into an Approved Trust that will provide regular payments according to the needs of the nominated Beneficiaries.

- The Life Insured may select up to 14 (fourteen) beneficiaries by contacting Affinity Life on 086 111 1136 or sending a please call me/ whatsapp to 061 922 3941.
- The Life Insured has the option to determine the percentage of the benefit amount that each nominated beneficiary/person will receive at claims stage
- In order to provide you with a cost effective benefit, the benefit amount and protection will increase over the first 2 (two) years to the full benefit amount provided the premiums continue to be paid.
- Payment to a nominated Beneficiary will discharge Affinity's liability.
- Escalations: Premiums will escalate by 10% or CPI, if CPI is the greater; annually on the Policy anniversary.
- (1) One immediate trauma consultation with a telehealth care professional is available within 30 days of application or up until the Commencement Date of the policy, whichever occurs first.



Immediate Telephonic (Trauma) Consultations

Waiting Period

- This benefit has no waiting period and is applicable from the Application date.

Special Conditions

- Access to the immediate consultation does not include medication.
- This benefit is available from the Application Date for 30 (thirty) days and shall lapse after this period. Should the Commencement Date occur before the end of the 30 days, the benefit will lapse upon the Commencement Date instead.
- Access to the Immediate Benefits is only available to the Insured Person(s) who has signed up for the first time. This benefit is not available to reinstated policies.

Benefit payable to Dependent Beneficiary(ies)

- Should a Benefit be payable to a Dependent Beneficiary, the Insurer will only pay the Benefit to an Approved Trust. If an Approved Trust has not been specified, the Insurer will be obligated to pay the Benefit to the Government's Guardian Fund administered by the Master of the High Court.
- If the Life Insured has elected the Private Guardians Fund Umbrella Trust, the trustees will be responsible for safeguarding the benefits allocated to a Dependent Beneficiary. They will also approve and administer payments as requested by the appointed Guardian, ensuring the funds are used for the care and wellbeing of the Dependent Beneficiary. Administration of the Benefit will be carried out in accordance with the provisions outlined in the trust deed and established procedures, with careful consideration given to the welfare and best interests of the Dependent Beneficiaries.
- The Private Guardians Fund Umbrella Trust will assume full responsibility for the ongoing administration and disbursement of Benefit payments, which will be directed towards meeting the needs of the Dependent Beneficiary. An administrative fee, amounting to 6% of the total benefit, will apply on a monthly or annual basis (To Be Communicated)

General Provisions and Limitations

- This Policy, as well as the proceeds of this Policy may not be ceded or assigned to a third party.
- This Policy will cease upon the Life Insured reaching the age of 70 (seventy) years old, and cannot be extended.
- Any Fraudulent Actions, misrepresentation, mis-description or non-disclosure of any material fact or circumstances in connection with this Policy, a claim in terms of this Policy or the application for this Policy by the Life Insured or anyone acting on their behalf or anyone claiming under this Policy, may result in this Policy being cancelled, a claim rejected or the Policy voided from inception.

Exclusions

- The Insurer shall not be liable to pay any claim in respect of any member:
- Whilst the Life Insured is not within the territorial limits of South Africa.
- As a result of suicide of such person or attempt thereat, whether due to mental disorders or not, any other self-injury or intentional exposure to obvious risk of injury (unless in the attempt to save a human life) within 24 (twenty-four) months after the commencement of the policy.
- If caused by, or as a result of, the influence of alcohol, drugs or narcotics of a Life Insured unless administered by, or prescribed by and taken in accordance with the instructions of a member of the medical profession.
- Whilst perpetrating an intentional unlawful act in terms of South African Law.
- Participation in any form of aviation, other than as a passenger travelling on a scheduled flight in an aircraft flown by a duly licensed pilot.
- Participation in mountaineering, pace making or any speed contest and trials.
- The Life Insured failing to disclose required information prior to the commencement of the Benefit.
- The use of nuclear, biological or chemical weapons, or any radioactive contamination.
- Attacks on or sabotage of facilities (including, but not limited to, nuclear power plants, processing plants, final repository sites and research reactors) and storage depots, which lead to the release of radioactivity or nuclear, biological or chemical warfare agents, irrespective of whether any of the aforesaid has been performed with the specific use of information technology.
- Loss or expense of whatsoever nature caused by, resulting from, or in connection with any of the following, regardless of any other cause or event contributing concurrently or in any other sequence to the loss:
  - war, hostilities or warlike operations (whether war be declared or not);
  - invasion;
  - act of an enemy foreign to the nationality of the Life Insured or the country in, or over, which the act occurs;
  - civil war;
  - riot;
  - revolution;
  - overthrow of the legally constituted government;
  - civil commotion assuming the proportion of, or amounting to, an uprising; or
  - military or overthrown power.
- A Pandemic or Epidemic.

Claims

To make a claim under this Policy, we require:

- A certified copy of the death certificate;
- Notice of death/BI-1663;
- The police accident report if the death was as a result of unnatural causes;
- ID copies of the deceased and Beneficiary/ies (if applicable);
- Bank account details of the nominated Beneficiary/ies; and
- Any other information we may reasonably require.
- All claims are to be made by contacting us on 0861 11 11 36 or by sending an email to claims@affinitylife.co.za and requesting a claim form.
- At least 6 (six) premiums must be paid during the 6 (six) month period before the claim event.
- Should the last premium prior to death not have been paid, the premium will be recovered from the benefit amount.
- Unless we receive written notification, within 180 (one hundred and eighty) days of the death of the insured, resulting in a claim being made against this policy, the Insurer shall not be liable to pay any benefit. In the case where a claim was made but there was missing documentation or information, the claim will not be further honoured after 180 days and the insurer shall not be liable to pay any benefit.

Disclosure Notice

Summary of important information as required in terms of the Long-Term Insurance Act and Financial Advisory and Intermediary Services Act.

In terms of the Policy, all personal details regarding the Policyholder and Life Insured, the amount of cover and the premium payable are regarded as material for the purpose of establishing and maintaining Active Cover.

Very important information that may affect the validity of the Policy:

Complaints

For information or complaints, please contact the Affinity Life Limited Complaints Department.

- The Internal Complaints Resolution Policy is available on our website: www.affinitylife.co.za or can be made available on your request.
- Affinity is committed to maintain an internal complaint resolution system and procedures based on the following:
- Maintenance of a comprehensive complaints Policy that outlines our commitment to, and system and procedures for, internal resolution of complaints;
- Transparency and visibility: ensuring that you have full knowledge of the procedures for resolution of your complaints;
- Accessibility of facilities: ensuring the existence of easy access to such procedures at any office or branch of the provider is open to members, or through ancillary postal, fax, telephone or electronic help desk support; and
- Fairness: ensuring that a resolution of a complaint can during and by means of the resolution process be affected which is fair to both members and the company and its employees.

Compliments and Suggestions

- We are committed to ensuring that our products and service meet your fullest expectations and therefore we value your honest feedback. Should you wish to compliment us or if you have any suggestions on how we might improve our products or service delivery, then we would love to hear from you. Kindly forward your compliments or suggestions to email: compliments@affinitylife.co.za.

How can you complain?
We are committed to investigate and resolve all complaints in a fair, honest and professional manner. If you are not happy with the service you have received, please contact us at:

Complaints Department

Physical Address:	1 Dingler Street, Rynfield, Benoni, 1501
Postal Address:	Postnet Suite 124, Private Bag X101, Farrarmere, Benoni, 1516
Telephone:	086 110 60 40
Email:	Complaints@affinitylifeltd.co.za

When can you expect feedback?

- Treating customers fairly and keeping you informed is a crucial aspect of our customer relationship management. During the course of the complaint investigation and resolution process you can expect the following:
  - We will acknowledge your complaint in writing within 48 hours of receipt.
  - You will be notified of the name and contact details of the person that will oversee the complaint resolution process.
  - You will be informed of the expected time frame required for an investigation to be conducted.
  - We will provide you with regular updates on the progress of your complaint.
  - When a decision has been reached, you will be provided with the outcome of such decision in writing with reasons for the decision reached.

- We aim to resolve complaints as soon as possible, but within a maximum of 21 working days.
- Where a complaint is resolved in your favour, we will ensure that full and appropriate corrective action is taken without delay.

What if you are unhappy with the outcome of your complaint?
If you are unhappy with the outcome of your complaint or our complaint resolution process, please direct your complaint, in writing, to the Insurer at:

Affinity Life Limited
Physical Address: 1 Dingler Street, Rynfield, Benoni, 1501
Tel: 0861 188 889
Email: info@clah.co.za

Appeal of rejected claims:

- We will acknowledge receipt of the appeal in writing within 48 hours of receipt from the Insurer .
- If your claim was rejected by us, you have 90 days from the receipt of the rejection letter to make representation.
- Subject to the above, we will make a final decision with the Insurer and will notify you writing within 45 days after receipt of the rejection appeal.

External complaint resolution measures If you are unhappy with the outcome of all internal complaint resolution processes, or the resolutions have not been in your favour, you can have the decision reviewed by an authorised external party. These include the following:

National Financial Ombud Scheme
Physical Addresses:
Johannesburg: 110 Oxford Road, Houghton Estate, Johannesburg, 2198
Cape Town: Claremont Central Building, 6th Floor, 6 Vineyard Road, Claremont, 7708

Contact Information:
- Tel: 0860 800 900
- Email: info@nfosa.co.za
- Website: www.nfosa.co.za

This ombudsman's task is to mediate disputes between Policyholders and long-term assurance providers regarding assurance contracts. This is the correct ombudsman to approach for rejected claims.

FAIS Ombud
PO Box 74571, Lynnwood Ridge 0040
Tel: 012 470 9080 / 012 762 5000
Fax: 012 348 3447 / 012 470 9097
Email: info@faisombud.co.za
Website: www.faisombud.co.za

The FAIS Ombud deals with complaints against the conduct, service or advice provided by a financial services provider. If you are unhappy with the quality of any information or explanation provided then this is the correct ombudsman to approach.

Statutory/Legal Disclosure

About the Insurer and Product Supplier

Affinity Life Ltd
FSP No: 49986
Reg No: 1952/001635/06
Physical Address: 1 Dingler Street, Rynfield, Benoni 1501
Postal Address: Postnet Suite 124, Private Bag X101, Farrarmere 1518
Tel: 0861 188 889
Email: complaints@affinitylifeltd.co.za

About the Product
Affinity Life, a product of Affinity Life Ltd
Tel: 086 111 1136,
Please call me/ whatsapp: 061 922 3941
Fax: 086 609 9268
Email: info@affinitylife.co.za

Legal Status and Interest in Insurer
The name, class or type of product and the nature and extent of benefits are set out in the accompanying policy documentation, which also includes information about the nature and extent of each party's obligations.
- Long-Term Insurance: Category A
- Long-Term Insurance: Category B1
- Long-Term Insurance: Category B2
- Long-Term Insurance: Category B2-A
- Long-Term Insurance: Category B1-A
- Long-Term Insurance: Category C
- Friendly Society Benefits

Capacity
Affinity Life Limited, the Insurer, also performs certain functions of a Binder Holder in connection with the administration of insurance policies. These functions include:
- Determining the wording of any long-term policy;
- Determining premiums under any long-term policy;
- Determining the value of policy benefits under any long-term policy;
- Settling claims under any long-term policy.

Representative Status In Terms Of Section 13 Of The Fais Act
The Insurer and their independent intermediaries ensure that their representatives are guided by the overriding principle of treating customers fairly and acting in the best interest of the clients. Representatives are authorised to render financial services. However, no employee of the Insurer or Intermediary may provide advice on the appropriateness of a particular financial product. Where representatives work under supervision, this is disclosed, and agreements are in place to ensure compliance with FAIS Board Notice 86 of 2018.

Remuneration
The provider does not hold more than 10% of the product supplier's shares. The provider does earn more than 30% of its total remuneration from the product supplier.

Professional Indemnity Insurance
Affinity Life Limited is in possession of Professional Indemnity Insurance underwritten by Leppard Underwriting to the value of R5 Million.

Conflict Of Interest
Affinity Life Limited has established a Conflict of Interest Management Policy, which outlines the procedures for identifying potential conflicts, strategies for their avoidance, methods for disclosure, internal controls, and repercussions for non-compliance. This policy is aligned with Section 3 of the FAIS General Code of Conduct and can be provided upon request.

Compliance Arrangements
Name: GRC Fides CO Number 7815
Compliance Office: 2 Miles Sharp Street, Rynfield, Benoni 1501
Postnet Suite 124, Private Bag X101, Farrarmere, Gauteng, 1518
Tel: 010 020 3199
Email: compliance@grcfides.co.za
Web: www.grcfides.co.za

Premiums
- The extent of the premium obligation/s under the Policy is reflected on your Policy Schedule which is issued to you once your application for insurance has been accepted.
- Monthly premiums are payable by Post bank gold card, commercial bank account or the nominated bank account as selected by the Policyholder, every month on the agreed pay date.
- Should the agreed pay date fall on a Saturday, Sunday or recognised South African public holiday, you authorise the Insurer or its nominee to debit your selected bank account at its discretion on the following or previous business day.
- Cover commences on the Commencement Date subject to receipt of the first Premium, unless otherwise stated.
- Any premiums not received by the Insurer within 15 days following your premium due date, will result in the Policy lapsing.6. Should a proportion of premiums be collected, then the same proportion of the Benefit will be paid in the event of a valid claim.

Claims
Should you have a claim against your Policy, please contact us on 0861 11 00 33 or email us at claims@affinitylife.co.za. When a claim arises, please refer to the accompanying policy documentation for details of the procedures to be followed. However, should you have any uncertainty in this regard, please contact ALL as per the contact details set above.

Other matters of importance

- You must be informed of any material changes to the above information.
- If any complaint is not resolved to your satisfaction, you may submit your complaint to the FAIS Ombudsman or Long-Term Ombudsman.
- If your premium is paid by debit order, the debit order must be in favour of one persona and may not be transferred without your approval.
- The Product Supplier or its appointed representative, and not the broker, must give reasons in writing for the rejection of any claim submitted by you.
- The Product Supplier must give you written notice of its intention to cancel your Policy.
- You are entitled to a copy of your Policy free of charge.

Warning

- Do not sign any blank or partially completed application form.
- Complete all forms in ink.
- Keep all documents handed to you.
- Make notes as to what is said to you.
- Ask for a letter or representation from your advisor.
- Do not be pressured into buying the product.

Information with regard to the protection of personal information act no 4 of 2013

Sharing and Protecting of Information

- In terms of the Protection of Personal Information Act (POPIA), you are notified that the information provided and obtained in order to issue this Policy is mandatory and is collected by the Intermediary, held and processed to provide you with access to the services and products by the Underwriting Manager and its affiliated Insurer and Re-Insurer s.
- When submitting any personal information, the information that is received from you will be used only for the purpose for which it is required and to enable the Intermediary, Underwriting Manager and Insurer to comply with its obligations and to comply with certain legal requirements under this Act, as well as the FAIS Act.
- The South African Insurance Association created a shared database for storing assurance information. The shared information assists in limiting assurance fraud, and to underwrite and assess every risk fairly.
- In terms of South African legislation your underwriter may reveal or share information in order to prevent fraud and to underwrite your Policy fairly.
- It is recorded that information relating to the parties to this agreement or to persons whose interests are protected by this agreement may be processed for the conclusion or performance of this agreement, or to protect those interests, or to comply with legal obligations, or for pursuing our legitimate interests or those of any third party to whom the information is supplied.
- The basis for cover applicable to your Policy will be stated in the Policy Schedule and Policy wording.
- You hereby warrant and understand that we may: Collect Information
- From your engagement and interaction with us, from public resources and shared databases with third parties.
- You renounce your right to privacy with regard to assurance claims and credit information obtained by us.
- You acknowledge that any assurance information provided by you may be stored in a shared database and used for any decision pertaining to the continuance of your Policy and meeting of any claim you submit.You agree that such information may be given to any Insurer , or its agent or authorised agents, advisors, partners and service providers and contractors.
- You acknowledge that we may verify the information against legally recognised sources or databases.
- Your information will be confidential and will only be processed if you consent thereto, or if it is necessary to conclude or perform in terms of a contract with you.
- We may process your information. Information includes, amongst others, assurance history, marital status, national origin, age, gender, language, birth, education, financial history, identification number, email address, physical and mental health, disability, biometric information, race or ethnic origin and name.
- Processing of information includes the collection, storage, updating, use, making available and destruction thereof.
- You must be authorised to provide any personal information of third parties to us. In doing so, you indemnify us against any and all losses by or claims made against it as a result of not having the required authorisation.Process your information for the following reasons:
- To enable us to assess risk and underwrite policies fairly.
- To comply with legislation and compliance requirements, codes of conduct, industry agreements and to fulfil reporting requirements.
- To detect, prevent and report theft and fraud related crimes, as well as money-laundering.
- To enforce agreements if you are in breach thereof, for example tracing and instituting legal proceedings;
- To conduct market research and promotions.
- To do an analysis to determine whether you qualify for products.
- To develop, test and improve products and services.
- For statistical purposes.
- To process payments and payment instructions.
- To do affordability assessments.
- To manage and maintain your Policy and our relationship.
- For security, identity verification and to check the accuracy of your information.
- To communicate with you and carry out your instructions and requests.
- For customer satisfaction surveys.
- For marketing and supplying you with products, goods and services.

- To protect your legitimate interests and to pursue our interests, as well as that of third parties to whom your information was provided.
  Share your information with the following persons, who has the obligation of keeping your information safe and onfidential:
- Payment processing service providers, merchants, banks and other persons that assists with the processing of your payment instructions.
- Insurer s, brokers, other financial institutions that assist with the providing of insurance and assurance.
- Law enforcement and fraud prevention agencies and other persons tasked with the prevention and prosecution of crime.
- Regulatory authorities, industry ombudsman, governmental departments, local and international tax authorities and other persons that we under the law have to share your information with.
- Our partners, service providers, agents, sub-contractors and other persons we use to offer and provide products and services to you.
- Persons to whom we cede our rights and delegate our obligations to under agreements, e.g. collection agencies, outsourced parties, etc.
- You have the right to access the information we have about you by contacting us at: Affinity Life Ltd at the email address info@affinitylifeltd.co.za or telephone number 0861 188 889.
- You have the right to request us to correct or delete the information we have about you if it is inaccurate, irrelevant, excessive, out-of-date, misleading, obtained unlawfully or no longer authorised to be kept. You must inform us of the request.
- You may object to the processing of your information on reasonable grounds. You may not object to the processing of your information if you have provided consent or if legislation requires the processing thereof.
- You can withdraw your consent to process information, however, we will continue to process the information if the law permits it.
- You have the right to file a complaint with us, or with the Information Regulator once established.

Service Delivery and TCF (Treating Customers Fairly)

Approach to Service Delivery

- The Financial Services Conduct Authority has outlined six key themes, which are central to the TCF initiative. These outcomes and the fair treatment of clients are at the forefront of all decision-making. The six key outcomes of the TCF principle are as follows:
- Customers are confident that they are dealing with a provider where the fair treatment of customers is central to its culture.
- Products and services marketed and sold in the retail market are designed to meet the needs of identified customer groups and are targeted accordingly.
- Customers are given clear information and are kept appropriately informed before, during and after the time of contracting.
- Where customers receive advice, the advice is suitable and takes account of their circumstances.
- Customers are provided with products that perform as providers have led them to expect, and the associated service is both of an acceptable standard and what they have been led to expect.
- Customers do not face unreasonable post-sales barriers to change products, submit a claim or make a complaint.

Standards of Service Delivery

- The aim of TCF is to put our customers at the heart of our business. Therefore, we shall adhere to the TCF outcomes as follows:
- The Company's approach in dealing with Policyholders is one of equity. Proper governance structures ensure that the Company culture of integrity and honesty is constantly maintained.
- Products and services sold to the target market are designed to meet the needs of the identified customer groups and are targeted accordingly.
- Customers shall be given clear information and be kept appropriately informed before, during and after the time of contracting.
- Representatives only give advice on products of the Company for which they have received training. The quality assurance department also ensures that no advice is given on any other products.
- Information provided to customers at point of sale is clear and fair to enable customers to make an informed decision with regards to products and services. Furthermore, regular testing of service standards or surveys shall be conducted to test customer satisfaction.
- We honour representations, assurances and promises that lead to legitimate customer expectations. Legitimate expectations must not be unsatisfied by unreasonable post-sale barriers. Claims and complaints are handled timeously, fairly and consistently.

NOTES

Affinity Life Limited