

FIXED PREMIUMS FOR LIFE

PRIME LIVING *COVERGROW*

FIXED PREMIUMS FOR LIFE

IMPORTANT CONTACT NUMBERS

EMERGENCY NUMBERS (24 HOURS)

POLICE	10111
AMBULANCE	082 911

CLAIMS (OFFICE HOURS)

TELEPHONE	011 745 7800
FAX	011 367 7000

HEAD OFFICE (OFFICE HOURS)

POLICY PURCHASES	0860 22 22 61
CLIENT SERVICE	011 745 7800
MULTI-LANGUAGE PRODUCT EXPLANATION	0860 123 800

ADDITIONAL CONTACT INFORMATION



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Prime Meridian Direct's (PMD) PRIME LIVING **COVERGROW** Plan is one of South Africa's most innovative and cost effective personal insurance policies!

1. THE PRIME LIVING COVERGROW POLICY

- Provides a growing amount of cover that protects you in the event of death, permanent disability or diagnosis with a terminal illness.



DEATH



PERMANENT DISABILITY



TERMINAL ILLNESS

- Cover grows by as much as R83,300 per month and up to a maximum of R5 Million after 60 months – plan dependant.
- The cash benefits can be used for any purpose including final expenses, settlement of debts or for leaving a financial legacy.
- Optional Family Plan – where selected the policy can be extended to also cover your spouse and up to 2 dependant children under the age of 18.
- Includes an immediate expenses benefit equal to 5% of the amount of cover accumulated up to R 20,000 (provided 12 or more consecutive premium payments have been made).
- Fixed Premiums for the life of the policy! At PMD we guarantee that your premium will never increase, even in the event of a claim.

2. DUTIES OF THE POLICYHOLDER

It is your duty to ensure that the Insurer is fully informed of any medical conditions or illnesses that have affected or continue to affect any of the lives insured under this policy. It is important to disclose things like treatments, medications, surgeries or hospital visits during the past five years.

<input checked="" type="checkbox"/> DISCLOSE TREATMENTS	<input checked="" type="checkbox"/> DISCLOSE MEDICATIONS	<input checked="" type="checkbox"/> DISCLOSE SURGERIES
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3. CLAIMS PROCEDURE AND INFORMATION PROVIDED

- All claims must be reported within 48 hours of the death of an insured life or as soon as reasonably possible. Failure to timeously report your claim may prejudice the Insurer's ability to evaluate it and may lead to the rejection of your claim. To lodge a claim please call 011 745 7800, e-mail claims@primemeridian.co.za or fax 011 367 7280. Please also refer to Claims and Complaints Procedures on page 13 of the policy.

4. PREMIUMS PAYMENTS

- To avoid your policy lapsing, premiums must be paid within 15 days following your premium due date.
- Where 6 or more consecutive premium payments have been made, a lapsed policy can be reinstated with no loss to the accumulated cover amount, provided reinstatement takes place within 3 months of lapse.

5. ADDITIONAL BENEFITS

- There are no intrusive medical examinations.
- Fully disclosed Pre-existing illnesses are covered after a 36 month waiting period.
- Where death is caused by a disclosed pre-existing condition during the first 36 months, benefits are limited to an amount equal to all premiums paid to date.
- The plan includes an automatic terminal illness benefit that pays 75% of the accumulated Growing Benefit Amount (GBA) upon diagnosis and the balance upon death.
- There is one fixed premium for all ages.

6. ADVICE

This policy has been issued to you at your own request and without advice. Please read it carefully and ensure that it is appropriate to your needs. Call us on 011 745 7800 with any questions.


NB: Where there is a difference in meaning or interpretation between this summary and the Policy Terms and Conditions, the latter shall apply.

WHAT YOU NEED TO KNOW!

- Please read the policy document carefully, particularly the "Important Exceptions" and "Important Provisions" clauses and be sure to contact PMD with any questions.
- By paying your monthly premium, you indicate your acceptance of the written policy terms and conditions.
- If you selected a PRIME LIVING **COVERGROW** Family Plan:
 - * 50% of the Growing Benefit Amount (GBA) is payable where a child dies between the ages of 6 and 14 (limited to a maximum amount of R30,000 or other amount as prescribed by legislation).
 - * 25% of the Growing Benefit Amount (GBA) is payable where a child dies before the age of 6 (limited to a maximum amount of R10,000 or other amount as prescribed by legislation).
- Some of the more important exclusions are:
 - * Suicide or attempted suicide.
 - * Participation in any riot, strike, insurrection, terrorism, civil commotion, or crime.
 - * Participation in dangerous activities and high risk occupations.



1. BENEFITS AND COVER PROVIDED BY THE PRIME LIVING **COVERGROW** PLAN

FOR EXAMPLE

<p>PLAN 4 R1 MILLION</p>  <p>INDIVIDUAL COVER R16,700 MONTHLY GROWTH</p> <p>↑ 60 MONTHS</p>	<p>PLAN 4 R1 MILLION PER LIFE</p>  <p>FAMILY COVER R16,700 MONTHLY GROWTH PER LIFE</p> <p>↑ 60 MONTHS</p>
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- 1.1. Each month your cover grows according to the plan that you have selected. After just 60 months you will reach your full cover amount.
- 1.2. Subject to the terms and conditions hereof, we will pay the specified Growing Benefit Amount (GBA) in accordance with the table upon either the permanent disability or death of an Insured Person.
- 1.3. The benefit will be determined from the table that follows (Page 3) in accordance with the number of consecutive premiums paid since inception or reinstatement, whichever is the most recent.
- 1.4. Subject to the terms and conditions below, where you are diagnosed with a terminal illness whilst this policy is in force, we will pay you 75% of the accumulated GBA at the time of diagnosis. The remaining GBA (including the GBA accumulated since payment of the terminal illness Benefit) will be paid to your Nominated Beneficiary or to your Estate upon your death.
- 1.5. Subject to the terms and conditions below, where 12 or more consecutive premium payments have been made at the time of death, we will pay an amount equal to 5% of the total GBA (but limited to a maximum value of R 20,000) within 48 hours of receipt of the required documentation.
- 1.6. Subject to the applicable terms and conditions, where a life insured has attained the age of 75, the GBA that applies to that life will be reduced by 50%.
- 1.7. Subject to the applicable terms and conditions, where a life insured has attained the age of 80, the GBA that applies to that life will be reduced by 75%.

COVER EXTENDED INTO OLD AGE

 <p>75+ YEARS OF AGE RECEIVE 50% OF THE GBA</p>	 <p>80+ YEARS OF AGE RECEIVE 25% OF THE GBA</p>
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- 1.8. Should your death be due to a pre-existing condition (that has been fully disclosed to the Insurer prior to the Policy Commencement Date) during the waiting period and this policy is in force, the Sum Insured payable will be equal to the sum of all premiums paid at the time of loss since commencement or most recent reinstatement, whichever is the latter.
- 1.9. Where a Family Cover Plan has been selected, you can include your spouse and up to two dependent children under the age of 18 on the policy.
- 1.10. In the case of a Family Cover Plan, 50% of the Growing Benefit Amount (GBA) is payable when an Insured Person dies between the ages of 6 and 14 (limited to a maximum amount of R30,000 or other amount as prescribed by legislation). Similarly, 25% of the Growing Benefit Amount (GBA) is payable when an Insured Person dies under the age of 6 (limited to a maximum amount of R10,000 or other amount as prescribed by legislation).
- 1.11. All benefits will be paid directly to you, your estate or a nominated beneficiary and no payments will be made to any other party.
- 1.12. The GBA will reach its maximum sum assured after the receipt of 60 (sixty) consecutive monthly premium payments.

2. UPGRADING AND DOWNGRADING

- 2.1. Where, after inception of the policy, you request to change your Plan to a higher monthly escalation Plan, the GBA will escalate prospectively from the GBA accumulated achieved at the time of change, in accordance with the revised Plan escalation rate.
- 2.2. Where, after inception of the policy, you request to change your Plan to a lower monthly escalation Plan, the GBA will be recalculated according to the lower of the following two calculations:
 - 2.2.1. The total premium paid since inception or most recent reinstatement divided by the premium of the lowest plan chosen to date, multiplied by the monthly growth rate applicable to that [lowest] plan; and
 - 2.2.2. The number of consecutive premiums paid since inception or most recent reinstatement multiplied by the monthly growth rate of the requested plan.
- 2.3. Subject to the applicable terms and conditions, where a life insured has **attained the age of 65**, the insured will no longer be permitted to upgrade their selected plan.

	PLAN 1 R150,000	PLAN 2 R300,000	PLAN 3 R500,000	PLAN 4 R1 MILLION	PLAN 5 R2 MILLION	PLAN 6 R3 MILLION	PLAN 7 R5 MILLION
1	R 2,500	R 5,000	R 8,300	R 16,700	R 33,300	R 50,000	R 83,300
2	R 5,000	R 10,000	R 16,600	R 33,400	R 66,600	R 100,000	R 166,600
3	R 7,500	R 15,000	R 24,900	R 50,100	R 99,900	R 150,000	R 249,900
4	R 10,000	R 20,000	R 33,200	R 66,800	R 133,200	R 200,000	R 333,200
5	R 12,500	R 25,000	R 41,500	R 83,500	R 166,500	R 250,000	R 416,500
6	R 15,000	R 30,000	R 49,800	R 100,200	R 199,800	R 300,000	R 499,800
7	R 17,500	R 35,000	R 58,100	R 116,900	R 233,100	R 350,000	R 583,100
8	R 20,000	R 40,000	R 66,400	R 133,600	R 266,400	R 400,000	R 666,400
9	R 22,500	R 45,000	R 74,700	R 150,300	R 299,700	R 450,000	R 749,700
10	R 25,000	R 50,000	R 83,000	R 167,000	R 333,000	R 500,000	R 833,000
11	R 27,500	R 55,000	R 91,300	R 183,700	R 366,300	R 550,000	R 916,300
12	R 30,000	R 60,000	R 99,600	R 200,400	R 399,600	R 600,000	R 999,600
13	R 32,500	R 65,000	R 107,900	R 217,100	R 432,900	R 650,000	R 1,082,900
14	R 35,000	R 70,000	R 116,200	R 233,800	R 466,200	R 700,000	R 1,166,200
15	R 37,500	R 75,000	R 124,500	R 250,500	R 499,500	R 750,000	R 1,249,500
16	R 40,000	R 80,000	R 132,800	R 267,200	R 532,800	R 800,000	R 1,332,800
17	R 42,500	R 85,000	R 141,100	R 283,900	R 566,100	R 850,000	R 1,416,100
18	R 45,000	R 90,000	R 149,400	R 300,600	R 599,400	R 900,000	R 1,499,400
19	R 47,500	R 95,000	R 157,700	R 317,300	R 632,700	R 950,000	R 1,582,700
20	R 50,000	R 100,000	R 166,000	R 334,000	R 666,000	R 1,000,000	R 1,666,000
21	R 52,500	R 105,000	R 174,300	R 350,700	R 699,300	R 1,050,000	R 1,749,300
22	R 55,000	R 110,000	R 182,600	R 367,400	R 732,600	R 1,100,000	R 1,832,600
23	R 57,500	R 115,000	R 190,900	R 384,100	R 765,900	R 1,150,000	R 1,915,900
24	R 60,000	R 120,000	R 199,200	R 400,800	R 799,200	R 1,200,000	R 1,999,200
25	R 62,500	R 125,000	R 207,500	R 417,500	R 832,500	R 1,250,000	R 2,082,500
26	R 65,000	R 130,000	R 215,800	R 434,200	R 865,800	R 1,300,000	R 2,165,800
27	R 67,500	R 135,000	R 224,100	R 450,900	R 899,100	R 1,350,000	R 2,249,100
28	R 70,000	R 140,000	R 232,400	R 467,600	R 932,400	R 1,400,000	R 2,332,400
29	R 72,500	R 145,000	R 240,700	R 484,300	R 965,700	R 1,450,000	R 2,415,700
30	R 75,000	R 150,000	R 249,000	R 501,000	R 999,000	R 1,500,000	R 2,499,000
31	R 77,500	R 155,000	R 257,300	R 517,700	R 1,032,300	R 1,550,000	R 2,582,300
32	R 80,000	R 160,000	R 265,600	R 534,400	R 1,065,600	R 1,600,000	R 2,665,600
33	R 82,500	R 165,000	R 273,900	R 551,100	R 1,098,900	R 1,650,000	R 2,748,900
34	R 85,000	R 170,000	R 282,200	R 567,800	R 1,132,200	R 1,700,000	R 2,832,200
35	R 87,500	R 175,000	R 290,500	R 584,500	R 1,165,500	R 1,750,000	R 2,915,500
36	R 90,000	R 180,000	R 298,800	R 601,200	R 1,198,800	R 1,800,000	R 2,998,800
37	R 92,500	R 185,000	R 307,100	R 617,900	R 1,232,100	R 1,850,000	R 3,082,100
38	R 95,000	R 190,000	R 315,400	R 634,600	R 1,265,400	R 1,900,000	R 3,165,400
39	R 97,500	R 195,000	R 323,700	R 651,300	R 1,298,700	R 1,950,000	R 3,248,700
40	R 100,000	R 200,000	R 332,000	R 668,000	R 1,332,000	R 2,000,000	R 3,332,000
41	R 102,500	R 205,000	R 340,300	R 684,700	R 1,365,300	R 2,050,000	R 3,415,300
42	R 105,000	R 210,000	R 348,600	R 701,400	R 1,398,600	R 2,100,000	R 3,498,600
43	R 107,500	R 215,000	R 356,900	R 718,100	R 1,431,900	R 2,150,000	R 3,581,900
44	R 110,000	R 220,000	R 365,200	R 734,800	R 1,465,200	R 2,200,000	R 3,665,200
45	R 112,500	R 225,000	R 373,500	R 751,500	R 1,498,500	R 2,250,000	R 3,748,500

GROWING BENEFIT AMOUNT (GBA)

	PLAN 1 R150,000	PLAN 2 R300,000	PLAN 3 R500,000	PLAN 4 R1 MILLION	PLAN 5 R2 MILLION	PLAN 6 R3 MILLION	PLAN 7 R5 MILLION
46	R 115,000	R 230,000	R 381,800	R 768,200	R 1,531,800	R 2,300,000	R 3,831,800
47	R 117,500	R 235,000	R 390,100	R 784,900	R 1,565,100	R 2,350,000	R 3,915,100
48	R 120,000	R 240,000	R 398,400	R 801,600	R 1,598,400	R 2,400,000	R 3,998,400
49	R 122,500	R 245,000	R 406,700	R 818,300	R 1,631,700	R 2,450,000	R 4,081,700
50	R 125,000	R 250,000	R 415,000	R 835,000	R 1,665,000	R 2,500,000	R 4,165,000
51	R 127,500	R 255,000	R 423,300	R 851,700	R 1,698,300	R 2,550,000	R 4,248,300
52	R 130,000	R 260,000	R 431,600	R 868,400	R 1,731,600	R 2,600,000	R 4,331,600
53	R 132,500	R 265,000	R 439,900	R 885,100	R 1,764,900	R 2,650,000	R 4,414,900
54	R 135,000	R 270,000	R 448,200	R 901,800	R 1,798,200	R 2,700,000	R 4,498,200
55	R 137,500	R 275,000	R 456,500	R 918,500	R 1,831,500	R 2,750,000	R 4,581,500
56	R 140,000	R 280,000	R 464,800	R 935,200	R 1,864,800	R 2,800,000	R 4,664,800
57	R 142,500	R 285,000	R 473,100	R 951,900	R 1,898,100	R 2,850,000	R 4,748,100
58	R 145,000	R 290,000	R 481,400	R 968,600	R 1,931,400	R 2,900,000	R 4,831,400
59	R 147,500	R 295,000	R 489,700	R 985,300	R 1,964,700	R 2,950,000	R 4,914,700
60	R 150,000	R 300,000	R 500,000	R 1,000,000	R 2,000,000	R 3,000,000	R 5,000,000

CONSECUTIVE PREMIUMS PAID

GROWING BENEFIT AMOUNT

3. IMPORTANT EXCEPTIONS

We will not pay:

- 3.1. If the policy was not in force at the time of the disability or death event, or upon diagnosis of a terminal illness.
- 3.2. Should you or anyone acting for you knowingly or otherwise commit a fraudulent act or attempt to obtain a benefit under this policy by improper or dishonest means. In such case all premiums paid and benefits of this policy will be forfeit and the policy cancelled with immediate effect without refund or compensation. In such circumstances, criminal charges may be laid against you.
- 3.3. Where the cause of death, disability or terminal illness is directly or indirectly caused by, arises from, contributes to, is aggravated by, connected with or results from any pre-existing condition not fully disclosed to the Insurer prior to the Policy Commencement Date.
- 3.4. Where, during the first 36 months following inception or most recent reinstatement of the policy, it is established that the cause of death was directly or indirectly related to the HIV/AIDS condition of the deceased and the deceased's CD4 or T-cell Count was below 300 at the time of or near to death, it will be assumed that the HIV/AIDS illness was pre-existing and that the deceased had contracted the illness prior to inception of the policy irrespective of when or whether the deceased had been diagnosed or not.
- 3.5. For death arising directly or indirectly from wilful exposure to needless peril. In this context "wilful exposure to needless peril" means a conscious decision to expose oneself to a potential risk of injury or death that the reasonable person would choose to avoid. Examples might include,

but is not limited to, a decision to sit on the bonnet of a moving vehicle or a wilful decision to engage in a physical fight or altercation that could otherwise have been avoided or defaulting on prescribed medication or the use of narcotic substances.

- 3.6. For a disability event or death event arising directly or indirectly from:
- 3.6.1. Suicide or attempt thereof, or any intentionally self-inflicted injury (whether you are sane or insane);
 - 3.6.2. Participation in dangerous activities;
 - 3.6.3. Participation in riot, strike, civil commotion, labour disturbance, military action, war, invasion, martial law, mutiny, usurpation of power, insurrection, rebellion, revolution, act of terrorism, or acts in violation of the law.
 - 3.6.4. Your duties as a security guard, armed response unit, police officer, army unit or whilst on duty in any similar vocation where one is potentially exposed to the risk of violent death.
- 3.7. For any death, terminal illness or disability benefit claim from an insured dependent child who, after inception or most recent reinstatement of the policy, has attained the age of 18 years.
- 3.8. A death benefit claim where death is caused by or associated directly or indirectly with a previous disability event for which benefits were paid.
- 3.9. Any further benefits upon the subsequent death of an insured life that has already claimed as a result of a disability event.

4. IMPORTANT PROVISIONS

Please note that this policy is subject to the following important provisions:

- 4.1. This policy is provided to you at your own request and without advice.
- 4.2. In the event of a claim, the nominated beneficiary (other than in the case of a spouse, parent or child) may be required (to the satisfaction of the insurer) to demonstrate financial dependence on or material financial prejudice suffered as a result of the death of the life insured. Notwithstanding this, where the nominated beneficiary is someone other than a spouse, parent or child, the benefit paid in terms hereof will not exceed a maximum amount of R300,000.
- 4.3. The payment of premiums indicates your acceptance of the terms, conditions and notices of this policy. By entering into this contract of insurance you authorise the Insurer (or its nominee) to debit your account on an agreed debit order date or salary date of each month. Where collection is unsuccessful, you further authorise the Insurer (or its nominee) to track the nominated bank account and/or re-present the instruction for payment at any time when sufficient funds are available. Should your debit or salary date fall on a Saturday, Sunday or recognised South African public holiday, you authorise the Insurer (or its nominee) to debit your account at its discretion

on the following or previous ordinary business day. Should your salary date temporarily change (for example during the month of December), you authorise the Insurer (or its nominee) to debit your account at its discretion on any day considered appropriate during such month. Please see policy schedule for debit order mandate details.

- 4.4. Whilst it is your sole responsibility at all times to ensure that premiums are paid when due, in order to assist with the timely payment of premiums, the Insurer has offered and you have accepted an electronic debit order facility which includes the Non-authenticated Early Debit Order (NAEDO) system for tracking your bank account. In the event of non-payment of a monthly premium within 15 days following your premium due date, the policy will lapse and may be automatically reinstated at the discretion of the Insurer upon receipt of subsequent premiums. The calculation of GBA amounts will recommence from month one should premiums not be received when due or upon any reinstatement, subject to the terms hereof.
- 4.5. You may elect to cancel this policy with immediate effect by written notice to the Insurer. The Insurer may cancel this policy on 30 days' written notice sent to the last known postal address of the Policyholder. In the case of Family Cover this policy will automatically terminate on the death of the last Insured Person, provided premiums have been paid when due.
- 4.6. If your monthly premium is not received or only partially received within 15 days following your premium due date, your policy will lapse and all policy benefits and cover will cease. During the aforementioned 15 day period, it is your responsibility to make payment to us by way of Electronic Funds Transfer or cash deposit into our bank account. We reserve the right to re-debit your account where we feel it appropriate or upon your request. A lapsed policy may be re-instated at the option of the Insurer upon the receipt of all future premiums when due and subject to the terms hereof.
- 4.7. Should the Insurer discover that there has been a material change in the underwriting risk that you or your vehicle expose the Insurer to and you have failed to notify the Insurer of any such change, the Insurer may elect to cancel the policy with 30 days' notice to you and without compensation or refund of any premiums or costs incurred by you.
- 4.8. If your monthly premium is returned unpaid with an exception code from our bank indicating that the debit order was reversed by you upon an instruction to your bank that we had no authority to debit your account, we may interpret this action as an indication that you no longer want the policy and wish to cancel it with immediate effect. Where this is the case, the 15 day catch up period referred to above will not apply. Should you wish to reinstate the policy in these circumstances, you may do so at any time but any applicable waiting periods, deferred benefit periods or accumulated benefits will restart from month 1 upon reinstatement.
- 4.9. You must inform the Insurer of all facts about your health that are material to the assessment of the risks assumed under this policy. In the event of any undisclosed pre-existing conditions, this policy may at the option of the Insurer be declared void since inception and all benefits due and

premiums paid will be forfeit.

- 4.10. All verbal and written representations made by you or anyone else during the purchase of this policy are considered material to the assessment of the risk insured.
- 4.11. This policy does not acquire any loan, surrender or encashment values.
- 4.12. Disability benefits will be paid in the event of injury due to an accident or illness that leads to the total and permanent disability of the Insured. For the purpose hereof total and permanent disability shall mean such incapacity which prevents the life insured from following any occupation. The accident or illness leading to permanent disability must occur after inception of the policy and the Insured must be between the ages of 18 and 65 years last birthday at the time of injury. To establish permanency of injury, the disability benefit will be assessed six months after the date of occurrence.
- 4.13. When claiming, you will be required at your own expense to provide documentary and any other evidence requested by the Insurer to prove to its satisfaction that a qualifying disability, death event or terminal illness has occurred.
- 4.14. Should you elect to change the plan at any time following the inception of this policy, you are required to inform us of all changes to your health and any treatments, diagnoses or hospitalisations that have occurred subsequent to the commencement of the policy. Any increase in the selected GBA following a change in plan will be subject to the waiting period, as defined. In other words, after a change in plan, you will be covered for the full accumulated GBA under the higher plan in the event of accidental death or death not caused by a pre-existing condition. However, until such time as the new waiting period has expired (i.e. you have paid 36 consecutive premiums when due following the plan change), the Sum Insured will be limited in the event of death from a fully disclosed pre-existing condition to the growing amount that would have accumulated had no plan change occurred.
- 4.15. You will be covered whilst travelling outside the borders of the Republic of South Africa for a period up to 60 consecutive days. Any trips exceeding 60 consecutive days must be reported to the Insurer prior to the undertaking thereof and the Insurer reserves the right to charge an additional premium or waive cover for the period of travel. Failure to inform the Insurer of such a trip may result in the rejection of your claim as well as the immediate cancellation of your policy where after all premiums paid and benefits of this policy will be forfeited and you will not be entitled to a refund or compensation.

4.16. REINSTATEMENT PROVISIONS

- 4.16.1. Where a lapsed policy is reinstated within 3 months of its date of lapse and after more than six consecutive premiums have been paid since its commencement or previous reinstatement, growth in the GBA will re-commence in accordance with the applicable GBA table, starting from the GBA amount that was applicable at the date of lapse.

- 4.16.2. Where a lapsed policy is reinstated more than 3 months after its date of lapse the accumulated GBA will restart from zero Rands and the waiting period will restart from month one i.e. 1 consecutive premium payment.
- 4.16.3. Where a lapsed policy is reinstated or if a Plan is changed to a higher monthly escalation Plan, you will be required to complete an updated medical questionnaire telephonically. At this time, should any new medical conditions, illnesses or other ailments (not present or disclosed at the time of purchase) be identified, they will be recorded as new pre-existing conditions and will be subject to their own waiting period commencing on that date.

5. CLAIMS NOTICES AND PROCEDURES

- 5.1. To lodge a claim please call 011 745 7800, e-mail claims@primemeridian.co.za or fax 011 367 7280. Please also refer to Claims and Complaints Procedures on page 13 of the policy document.
- 5.2. Valid claims are paid after the submission by you of all forms, reports and documentation requested by the Insurer and the completion of any necessary investigative and related work.
- 5.3. You have a period of 90 days after receiving any claim rejection notice to make representations in this regard to the Insurer and a further six months thereafter to institute any legal action. Thereafter you will not be entitled to make any claim under this policy.

6. TREATING OUR CUSTOMERS FAIRLY

Should these policy terms, conditions and notices not be completely clear to you, you may call 0860 123 800 to hear a pre-recorded summary explanation of the policy in a language of your choice. You may also visit our website at www.primemeridian.co.za or you can contact us directly during office hours on 011 745 7800.

7. WHAT THE POLICY WORDS MEAN

POLICY WORD	MEANING
Accident	An unforeseen or unexpected event which is not intentionally caused by you or a family member.
Consecutive Premiums	Premiums received when due every month without interruption.
Child	Your unmarried dependent biological child, stepchild or legally adopted child who is under 18 years of age next birthday and who is named in the Policy Schedule. In this context, dependent means that the child lives in the same home as the Insured and is entirely dependent upon the Insured for financial support.

POLICY WORD	MEANING
Dangerous Activities	Any activity that poses a potential risk of injury or death that the reasonable person would choose to avoid including <i>inter alia</i> : <ul style="list-style-type: none"> • Flying (including inter alia hot-air ballooning, hang-gliding, gliding, micro-lighting) other than as a fare-paying passenger in a licensed passenger aircraft; • Parachuting, sky-diving, para-sailing or base jumping; • Equestrian activities; • Hunting or shooting activities; • Martial arts, boxing, wrestling or similar sports; • Motor sports (including inter alia racing motorcars, motorbikes, motorboats or other motorised vehicles); • Mountaineering, abseiling or rock climbing; • Professional sporting activities of any kind; • Rafting, canoeing or kayaking in white-water rapids; • Scuba Diving or any form of swimming at a depth of 10 or more meters; • Water-skiing or similar water sports; • Snow-skiing, snowboarding, or similar winter sports; • Yachting
Death Event	The death of the insured due to an accident or illness.
Disability Event	An accidental bodily injury or illness leading to the total and permanent impairment of the functional ability of the mind or body of the insured.
Fraudulent Act	Includes you or a person associated with you providing the Insurer at any time with inaccurate, incomplete, dishonest, false, fabricated or exaggerated information.
Illness	Bodily or mental sickness, disease, infection, disability or infirmity or condition contracted and diagnosed whilst this policy is in force.
In Force	The policy Commencement Date as shown on the Policy Schedule has been reached, that the first premium has been received by us on or before that date, that all subsequent premiums have been received by us when due or within 15 days following your premium due date and that the policy has not been cancelled.
Pre-existing condition	Any mental or bodily illness, disease, infection, infirmity, defect, disorder, abnormality or condition, including HIV/AIDS and Diabetes that you contracted or suffered before this policy was issued and for which medical treatment or advice by a qualified medical doctor should reasonably have been sought.
Policyholder	The person identified as the policyholder on the Policy Schedule.

POLICY WORD	MEANING
Spouse	No more than one person married by civil, customary, tribal or common law or by religious union to the insured.
Terminal Illness	An illness which in the opinion of the Insurer will result in death within 12 (twelve) calendar months and which was contracted and diagnosed after the commencement or reinstatement date of this policy.
Waiting Period	A minimum period of 36 months following inception or reinstatement of the policy during which 36 consecutive monthly premiums have been received by the Insurer when due.
We / Us / the Insurer	Constantia Insurance Company Limited whose details appear in the attaching documentation.
You / Your / Insured or Insured Person	The policyholder shown as such in the policy schedule.

8. HOW TO CONTACT US

CUSTOMER SERVICE

Prime Meridian Direct

Tel: 0860 22 22 61 / 011 745 7800

Fax: 011 367 7000

E-mail: info@primemerdian.co.za

Web: www.primemerdian.co.za

CLAIMS & ADMINISTRATION

Primary Asset Administrative Services (underwriting Manager)

Tel: 011 706 9565

Fax: 011 706 9401

E-mail: service@primaryasset.co.za

claims@primemerdian.co.za

COMPLAINTS AND COMPLIANCE

Underwriting Manager:

Primary Asset Administrative Services

Tel: 011 745 7820

Fax: 011 367 7251

E-mail: legal@primaryasset.co.za

Insurer:

Constantia Insurance Company Limited

Compliance Officer: Adv Christiene Brummer

Tel: 011 686 4200

E-mail: christieneb@constantigroup.co.za

Complaints Officer:

Tel: 011 686 4200

E-mail: complaints@constantigroup.co.za

1. OPTIONAL RETRENCHMENT INDEMNITY RIDER

Where selected, this optional benefit will form an integral part of your PRIME LIVING **COVERGROW** policy and be subject to the same terms, conditions and definitions thereof unless otherwise specified below. The following additional terms and conditions apply:

DEFINITIONS

POLICY WORD	MEANING
Loss of Employment	The Insured becoming and remaining unemployed as a result of redundancy or retrenchment and receiving no remuneration from any occupation during this time.
Redundancy	Termination of the Insured's position by his or her employer as a result of the introduction of new technology or reorganisation of the employer's organisation.
Retrenchment	Termination of the Insured's position by his or her employer based on adverse trading conditions or anticipation thereof, or upon any other business decisions of the employer resulting in a general reduction of its staff complement.

TO QUALIFY

In order to qualify for the benefits in terms hereof, the Insured must have paid at least three consecutive monthly premiums when due and must have been formally employed for a period of at least six months prior to the loss of employment. The Insured's employer must have undertaken a formal and fully documented redundancy or retrenchment procedure and the Insured should not have known of the threat of redundancy or retrenchment prior to taking out this policy.

BENEFITS

In the event of the Insured losing employment through retrenchment or redundancy prior to the attainment of age 60, the benefits due in terms hereof shall be the settlement of any outstanding premiums due during the period of unemployment (for a maximum period of up to six months) on all then active and future policies of insurance purchased through Prime Meridian Direct (Pty) Ltd limited to a maximum of R 1,500 per month.

EXCLUSIONS

- No benefits will be payable in terms hereof for loss of employment for any reason whatsoever other than redundancy or retrenchment.
- No benefits will be paid where the Insured has been self-employed or employed by a family member at any point during the 6 months immediately prior to the lodging of the claim.
- No benefits will be due in terms hereof where the Insured agrees to voluntary retrenchment.
- Any policies that have lapsed or been cancelled prior to the loss of employment will not qualify for any benefits in terms hereof.

NOTIFICATION

The Insured must inform the Insurer of a loss of employment at the earliest possible time in order that the Insurer can arrange for the payment of due premiums prior to the lapsing of cover. The Insured must provide proof satisfactory to the Insurer of prior employment including inter alia copies of payslips and bank statements for the six month period prior to loss of employment.

COMMENCEMENT AND COVER

• WHEN IS MY PRIME LIVING COVERGROW CONTRACT OF INSURANCE CONCLUDED, ENTERED INTO AND IN FORCE?

Your PRIME LIVING **COVERGROW** contract is concluded, entered into and in force on the First Premium Date as stated in the Policy Schedule, provided that the premium is received by the Insurer on or before that date. By paying the premium you indicate your acceptance of the policy terms and conditions of PRIME LIVING **COVERGROW**.

• WHAT INFORMATION MUST I GIVE TO THE INSURER?

You must inform the Insurer of all facts that are material to the assessment of the risk, the premium charged and the acceptance of this insurance. If you fail to do so the Insurer may in its sole discretion declare the policy void. Material facts include information pertaining to poor health, pre-existing conditions and previous hospital visits for illness, surgery or other medical procedures.

• HOW DOES PRIME LIVING COVERGROW WORK?

PRIME LIVING **COVERGROW** pays you an increasing amount of insurance protection in the event of an unexpected disability or death event. With each consecutive premium that you pay (and according to the growth plan you have selected), you qualify for greater and greater benefits. For example, after 36 consecutive premiums on Plan 7, you enjoy the following accumulated benefits (refer to the tables for reference):

- R2,998,800 in the event of total and permanent disability or accidental death;
- R2,998,800 in the event of death due to illness;

Please note: The above illustration assumes that 36 consecutive premiums have been paid at the time of claim since inception or reinstatement, whichever is the most recent.

• DOES MY PRIME LIVING COVERGROW POLICY HAVE A SURRENDER VALUE OR INVESTMENT COMPONENT?

The very low PRIME LIVING **COVERGROW** policy premiums do not allow for an investment component to be included. The policy therefore does not accumulate a surrender or maturity value. The purpose of the policy is not to act as a long term investment but to protect your loved ones and leave a legacy in the event of your untimely or premature death. Under normal circumstances, the death benefits of the policy are intended to be used for the support of a surviving spouse or dependants. If you're looking for a policy that will operate as a long term investment with a readily obtainable surrender value, the PRIME LIVING **COVERGROW** policy may not be right for you. Consider speaking to a licensed financial services provider for further advice if this is the case.

• DOES THE PRIME LIVING COVERGROW POLICY CONTINUE TO COVER ME AFTER AGE 75?

Yes. This is an unprecedented innovation for a personal cover policy that does not have an investment component. Despite the remarkably affordable premiums (that are fixed irrespective of your age), the PRIME LIVING **COVERGROW** policy amazingly continues to protect you beyond 75 years of age even though death is inevitable and imminent at this advanced stage of life. Where a life insured has attained the age of 75, the accumulated benefit that applies to that life will be reduced by 50%. Where a life insured has attained the age of 80, the accumulated benefit that applies to that life will be reduced by 75%.

• CAN I CANCEL MY PRIME LIVING COVERGROW POLICY?

Yes. You may elect to cancel your PRIME LIVING **COVERGROW** policy with immediate effect. Any premiums collected after cancellation will be refunded.

CLAIMS AND PROCEDURES

• DO MY BENEFITS STAY THE SAME AFTER I HAVE CLAIMED?

Yes! After claiming for a disability or death event, the Growing Benefit Amount (GBA) that you enjoy will remain in place for any other lives insured under the policy.

• WILL I LOSE ALL OF MY ESCALATED GROWING BENEFIT AMOUNTS IF MY POLICY LAPSES AND I REINSTATE IT AT A LATER DATE?

No! Where you have paid 6 or more consecutive premiums at the time of lapse, if you reinstate your policy within 90 days of a missed premium you will retain any monthly Growing Benefit Amount (GBA) escalations previously achieved.

• DO I RECEIVE IMMEDIATE COVER WITH MY PRIME LIVING COVERGROW POLICY?

Yes, from your first premium payment your Growing Benefit Amount will begin to escalate for the following events:

- Death due to accident or illness
- Total and permanent disability due to accident or illness
- Terminal illness

There is however a 36 month waiting period for events relating to pre-existing illnesses and conditions.

CLAIMS EXAMPLES

EXAMPLE 1 - DEATH DUE TO ACCIDENT OR ILLNESS.



Mr M purchases a "Plan 2" PRIME LIVING **COVERGROW** policy whose Growing Benefit Amount escalates at R 5,000 per month. After 6 months, he is involved in a car accident and dies.

At this point, Mr M has accumulated a Growing Benefit Amount of R 30,000 (6 premium payments x R 5,000).

CONSECUTIVE MONTHLY PREMIUMS	PLAN 1 R150,000	PLAN 2 R300,000	PLAN 3 R500,000	PLAN 4 R1 MILLION	PLAN 5 R2 MILLION	PLAN 6 R3 MILLION	PLAN 7 R5 MILLION
1	R 2,500	R 5,000	R 8,300	R 16,700	R 33,300	R 50,000	R 83,300
2	R 5,000	R 10,000	R 16,600	R 33,400	R 66,600	R 100,000	R 166,600
3	R 7,500	R 15,000	R 24,900	R 50,100	R 99,900	R 150,000	R 249,900
4	R 10,000	R 20,000	R 33,200	R 66,800	R 133,200	R 200,000	R 333,200
5	R 12,500	R 25,000	R 41,500	R 83,500	R 166,500	R 250,000	R 416,500
6	R 15,000	R 30,000	R 49,800	R 100,200	R 199,800	R 300,000	R 499,800

EXAMPLE 2 - DEATH DUE TO FULLY DISCLOSED PRE-EXISTING ILLNESS (AFTER 36 MONTHS)



Mr M purchases a "Plan 2" PRIME LIVING **COVERGROW** policy. After 38 months, he dies as a result of a pre-existing condition.

At this point, Mr M will qualify for benefits of R190, 000. (R5, 000 x 38).

CONSECUTIVE MONTHLY PREMIUMS	PLAN 1 R150,000	PLAN 2 R300,000	PLAN 3 R500,000	PLAN 4 R1 MILLION	PLAN 5 R2 MILLION	PLAN 6 R3 MILLION	PLAN 7 R5 MILLION
38	R 95,000	R 190,000	R 315,400	R 634,600	R 1,265,400	R 1,900,000	R 3,165,400

EXAMPLE 3 - DEATH DUE TO FULLY DISCLOSED PRE-EXISTING ILLNESS (PRE 36 MONTH WAITING PERIOD)



Mr M purchases a "Plan 2" PRIME LIVING **COVERGROW** policy. After 9 months, he dies as a result of a pre-existing condition.

At this point, Mr M will qualify for a benefit equal to an amount equal to the sum of all premiums paid at the time of loss as follows: 9 months x Plan 2 Premiums = 9 Premium Payments.

EXAMPLE 4 - PLAN UPGRADE AND IMPACT ON GBA



Mr M purchases a Plan 1 PRIME LIVING **COVERGROW** policy. After 6 months, he upgrades to Plan 2 and continues to pay for a further 2 months before having an accident that results in his death.

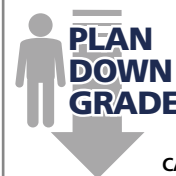
The Growing Benefit Amount that Mr M would qualify for would be determined as follows:

- First 6 months at R2, 500 per month = R15, 000
- 2 more months at R5, 000 per month = R10, 000
- Total available Growing Benefit Amount = R25, 000

For the purposes of Example 5 and 6 below, the following table is relevant:

PLAN	PRICE	MONTHLY BENEFIT GROWTH
1	R99	R2 500
2	R149	R5 000
3	R249	R8 300
4	R449	R16 700
5	R749	R33 300
6	R999	R50 000
7	R1499	R83 300

EXAMPLE 5 - PLAN DOWNGRADE AND IMPACT ON GBA



Mr M purchases a Plan 2 PRIME LIVING **COVERGROW** policy. After 6 months, Mr M has paid **R894** in premiums and he decides to downgrade to Plan 1 priced at **R99** with a monthly benefit growth rate of **R2,500**. The Growing Benefit Amount that Mr M would qualify for would be determined as the lower of the following two calculations:

CALC 1:

$$\frac{\text{Total premium paid to date (R149 x 6)}}{\text{Premium of the lowest plan chosen to date}} = \frac{\text{R 894}}{\text{R 99}} = 9$$

$$\text{Growth rate of lowest plan} = 9 \times \text{R 2,500} = \text{R 22,500 (HIGHER)}$$

AND

CALC 2:** Number of consecutive premiums paid x Monthly benefit growth rate of requested plan = 6 x R 2,500 = **R 15,000 (LOWER)**

Revised GBA = **R 15,000**

* The total premium paid since inception or most recent reinstatement divided by the premium of the lowest plan chosen to date, multiplied by the monthly growth rate applicable to that [lowest] plan; and
 ** The number of consecutive premiums paid since inception or most recent reinstatement multiplied by the monthly benefit growth rate of the requested plan.

EXAMPLE 6 - PLAN UPGRADED AND THEN DOWNGRADED AND IMPACT ON GBA



Mr M purchases a Plan 1 PRIME LIVING **COVERGROW** policy. After 2 months, he upgrades to Plan 7 and continues to pay for a further 10 months. He then downgrades his policy to a Plan 3. The Growing Benefit Amount that Mr M would qualify for would be determined as the lower of the following two calculations:

CALC 1:

$$\frac{\text{Total premium paid to date (R 1,499 x 7)+(R 99 x 2)}}{\text{Premium of the lowest plan chosen to date}} = \frac{\text{R 15,188}}{\text{R 99}} = 153$$

$$\text{Growth rate of lowest plan x 153} = \text{R 2,500 x 153} = \text{R 382,500 (HIGHER)}$$

AND

CALC 2:** Number of consecutive premiums paid x Monthly benefit growth rate of requested plan = 12 x R 16,700 = **R 200,400 (LOWER)**

Revised GBA = **R 200,400**

* The total premium paid since inception or most recent reinstatement divided by the premium of the lowest plan chosen to date, multiplied by the monthly growth rate applicable to that [lowest] plan; and
 ** The number of consecutive premiums paid since inception or most recent reinstatement multiplied by the monthly benefit growth rate of the requested plan.

PREMIUMS & PAYMENTS

• WILL MY PREMIUMS REMAIN THE SAME OVER THE LIFE OF THE POLICY?

Yes! With PMD you get Fixed Premiums for the life of the policy. Your premiums are guaranteed to remain the same throughout the period of cover.

• WHAT HAPPENS IF MY COVER LAPSES AND I THEN RECOMMENCE COVER AT A LATER DATE?

If your electronic debit order is returned unpaid and your premium remains unpaid for 15 days following your premium due date, your cover will lapse. Where a lapsed policy is reinstated within 3 months of its date of lapse and after more than six consecutive premiums have been paid since its commencement or previous reinstatement, growth in the GBA will re-commence in accordance with the applicable GBA table, starting from the GBA amount that was applicable at the date of lapse. Where a lapsed policy is reinstated within 3 months of its date of lapse, the waiting period will not reset but will continue to elapse from the date of reinstatement. Where a lapsed policy is reinstated more than 3 months after its date of lapse the accumulated GBA will restart from zero Rands and the waiting period will restart from month one i.e. 1 consecutive premium payment. Where a lapsed policy is reinstated or if a Plan is changed to a higher monthly escalation Plan, you will be required to complete an updated medical questionnaire telephonically. At this time, should any new medical conditions, illnesses or other ailments (not present or disclosed at the time of purchase) be identified, they will be recorded as new pre-existing conditions and will be subject to their own waiting period commencing on that date.

NB: Where there is a difference in meaning or interpretation between this summary and the Policy Terms and Conditions, the latter shall apply.

NOTICE TO SHORT-TERM INSURANCE POLICYHOLDERS DISCLOSURE AND OTHER LEGAL REQUIREMENTS

IMPORTANT – PLEASE READ CAREFULLY (THIS NOTICE DOES NOT FORM PART OF THE INSURANCE CONTRACT OR ANY OTHER DOCUMENT)

As a short-term insurance Policyholder, or prospective Policyholder, you have the right to the following information:

1. ABOUT THE INTERMEDIARY

(a) Name, physical address and telephone number:

Name:	Prime Meridian Direct (Pty) Ltd
Physical Address:	Prime Meridian House, Building 6, Bryanston Gate, 170 Curzon Road, Bryanston, 2021
Postal Address:	PostNet Suite 430, Private Bag X51, Bryanston, 2021
Telephone:	011 745 7800
FSP Number:	41040

(b) Legal status and any interest in the Insurer:

Private company with limited liability with no direct financial interest in the Insurer. This Intermediary does not receive more than 30% of its total commission from the Insurer.

(c) Whether in possession of professional indemnity insurance:

The Intermediary is in possession of professional indemnity insurance.

(d) Detail of how to institute a claim:

Should you have a claim against your policy, please call the claims centre on 011 745 7800 (Weekday office hours: 08h00 until 17h00). Should you wish to dispute the rejection or quantum of a claim, you are entitled to make representations to the Insurer within 90 days of notification of such decision. Please also refer to Claims and Complaints Procedures on page 13 of the policy document.

(e) Written mandate to act on behalf of Insurer:

This certifies that the Insurer has granted an administrative mandate to PrimaryAsset Administrative Services (Pty) Ltd ("the UMA") to represent the Insurer and to accept business and issue policies on its behalf. The Intermediary is authorised to submit insurance applications to the UMA for consideration.

(f) Details of the public officer:

Name:	Robert Fihrer
Contact Number:	011 745 7800
E-mail address:	info@primaryasset.co.za

2. ABOUT THE INSURER

(a) Name: Constantia Insurance Company Limited

FSP Number: 31111
 Physical Address: Unit 3, Tulbagh, 360 Oak Avenue, Randburg 2194
 Postal Address: PO Box 3518, Cramerview, 2060
 Telephone: 011 686 4200
 E-mail: info@constantiagroup.co.za

FSP Licence Category: Category 1 Short-Term, Personal and Commercial Lines and Participatory Interests in Collective Investments Schemes. Licensed to offer both Advice and Intermediary Services.

(b) Telephone number of the compliance and complaints departments of the Insurer:

Compliance Officer: 011 686 4200 (Adv Christiene Brummer)
christieneb@constantiagroup.co.za
 Complaints Officer: 011 686 4200
complaints@constantiagroup.co.za

(c) Type of policy involved:

Your policy is a domestic insurance policy.

(d) Extent of premium obligations you assume as a Policyholder:

As shown on your application form and policy schedule.

How your premium is allocated: Base Product

Insurer	55%
UMA (Binder Fee)	32.5%
Intermediary (Regulated Statutory Commission)	12.5%

The OPTIONAL RETRENCHMENT INDEMNITY RIDER premium is distributed as follows:

Insurer	50%
UMA (Binder Fee)	37.5%
Intermediary (Regulated Statutory Commission)	12.5%

(e) Manner of payment of premium and due date of premium:

Monthly premiums, payable by debit order, due each month on your salary / agreed pay date. Should your pay date fall on a Saturday, Sunday or recognised South African public holiday, you authorise the Insurer (or its nominee) to debit your account at its discretion on the following or previous ordinary business day.

(f) Consequences of non-payment:

Subject to the relevant deferred benefit periods, your policy will come into force once the Policy Commencement Date as shown on the Policy Schedule has been reached and the first premium has been received by us on or before that date and once all subsequent premiums have been received by us when due or within 15 days following your premium due date and that the policy has not been cancelled. If your monthly premium is not received or only partially received within 15 days following your premium due date, your policy will lapse and all policy benefits and cover will cease unless reinstated in accordance with clause 14.5. A lapsed policy may be re-instated at the option of the Insurer upon the receipt of all future premiums when due, but the extent of the benefits and cover will be subject to the policy terms and conditions applicable to reinstatement.

3. OTHER MATTERS OF IMPORTANCE

- You must be informed of any material change to the information provided above.
- If the information above was given to you verbally, it must be confirmed to you in writing within 30 days.
- A polygraph or lie detector test is not obligatory in the event of a claim and the failure thereof may not be the sole reason for repudiating the claim.
- You are entitled to a copy of the policy free of charge.
- The Insurer and not the Intermediary, must give you written reasons for repudiating your claim.
- The Insurer may not cancel your policy without giving you 30 days' notice in writing.
- Your Insurer may not cancel your insurance merely by informing your Intermediary. There is an obligation on the Insurer to make sure the notice has been sent to you.

4. WARNING

Although the application for this policy was completed telephonically, remember to never sign any blank or partially completed application form and to complete all forms in ink. Keep all documents handed to you. Make notes as to what is said to you. Don't be pressurised to buy the product.

Incorrect or non-disclosure by you of relevant facts may influence an Insurer on any claims arising from your contract of insurance.

POLICY CLAIMS AND ADMINISTRATION

PrimaryAsset Administrative Services (Pty) Ltd

PostNet Suite 429, Private Bag X51, Bryanston 2021

Telephone: 011 706 9565

Facsimile: 011 706 9401

Particulars of the Ombudsman for Short-term Insurance who is available to advise you in the event of claim problems that are not satisfactorily resolved by the Intermediary and/or the Insurer:

Ombudsman for Short-term Insurance

P.O. Box 32334, Braamfontein 2017

Telephone: 011 726 8900 or 0860 726 890

Facsimile: 011 726 5501

Particulars of the Financial Services Board:

P.O. Box 35655, Menlo Park 0102

Telephone: 012 428 8000

Facsimile: 012 346 6941

FURTHER INFORMATION IN COMPLIANCE WITH THE FINANCIAL ADVISORY AND INTERMEDIARY SERVICES ACT NO.37 OF 2002

This policy is administered by PrimaryAsset Administrative Services (Pty) Ltd.

INTERMEDIARY NAME AND REGISTRATION NUMBER

Name: Prime Meridian Direct (Pty) Ltd
 Postal Address: PostNet Suite 430, Private Bag X51, Bryanston 2021
 Physical Address: Prime Meridian House, Building 6, Bryanston Gate, 170 Curzon Road, Bryanston, Sandton
 Registration Number: 2004/032998/07
 FSP Number: 41040
 Telephone: 011 745 7800
 E-mail: info@primemeridian.co.za

Key Individuals and Representatives:

Mr. SB Benfield Mr. NP Fernandes Mr. DR Matthews

Compliance Officer:

Financial Services Compliance CC t/a Compliance Consulting

FSB Reg. No. C0325 - Represented by Greta Maritz

Telephone: 011 745 7800

Facsimile: 011 367 7000

E-mail: compliance@primemeridian.co.za**UNDERWRITING MANAGER (“UMA”) FOR ALL ENQUIRIES, CLAIMS OR COMPLAINTS**

Name: PrimaryAsset Administrative Services (Pty) Ltd

Registration Number: 1992/001306/07

FSP Number: 3920

Postal Address: PostNet Suite 429, Private Bag X51, Bryanston 2021

Physical Address: Prime Meridian House
Building 6, Bryanston Gate, 170 Curzon Road, Bryanston, Sandton

Telephone: 011 706 9565

Facsimile: 011 706 9401

E-mail: compliance@primaryasset.co.za**Key Individuals and Representatives:**

Dr. BC Benfield Mr. SB Benfield Mrs. P Nieuwoudt Mr. PW Marais

Representatives under Supervision:

Mr. D Venter

Services the Intermediary is permitted to provide:

- Long-term Insurance Category B (Life, Disability, Waiver of Premium and Investment Policies) – Advice and Intermediary Services
- Short-term Insurance (Personal Lines Policies) – Advice and Intermediary Services

Insurers represented (Product Suppliers):

RMB Structured Insurance Limited

Constantia Insurance Company Limited



The name, address and contact details of the product suppliers are provided in the documentation covering each of the products purchased. All conditions or restrictions imposed by the product supplier are set out in the applicable policy documentation.

CUSTOMER RESPONSIBILITY

It is important that all of the information provided by you or on your behalf is complete and accurate. Should this not be so, the possible consequences of incomplete, misrepresented or non-disclosed information associated with your application include the cancellation of the products applied for and the forfeiture of any monies paid to date, the repudiation of all claims irrespective of their cause or nature, and the possible institution of criminal action against you.

Whilst reasonable steps would have been taken to ensure that the products applied for by yourself are suitable for providing cover appropriate to the purchase you have made, no analysis of your financial needs or risk profile has or will be made by the Intermediary or those associated with it. It is therefore vital that you take particular care to ensure that the product or products you have purchased are appropriate and adequate for your needs.

CONFLICT OF INTEREST MANAGEMENT POLICY

The Intermediary maintains a conflict of interest management policy which has formally been adopted by its Board. The policy may be viewed at www.primemeridian.co.za.

REMUNERATION OF THE INTERMEDIARY

Any remuneration received by the intermediaries, representatives or mandataries is set out in monetary terms herein.

INTEREST OF THE INTERMEDIARY

The Intermediary holds neither directly nor indirectly more than 10% of the shares of any of its product suppliers nor has it any equivalent substantial financial interest in any such supplier.

During the preceding 12 months, the Intermediary and the UMA have received more than 30% of their earnings from RMB Structured Insurance Limited.

The Intermediary carries public liability and professional indemnity insurance and the qualifications of its Key Individuals include B Com (Honours) CA(SA); FIISA and all Key Individuals have written and passed the RE 1 and RE 5 exams.

FINANCIAL PRODUCTS PROVIDED

The name, class or type of product and the nature and extent of the benefits provided are set out in

the accompanying policy documentation provided by the product suppliers and includes information about the nature and extent of their obligations to you and your obligations to them.

CLAIMS AND COMPLAINTS PROCEDURES

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 the UMA as per the contact details as set out above.

Should you wish to dispute the rejection or quantum of a claim, or the conduct of the Intermediary:

Our policy requires that you adopt the following procedure:

1. Write directly to the Insurer including full details of your complaint:

Constantia Insurance Company Limited
Tel: 011 686 4200
E-mail: complaints@constantiaigroup.co.za

And write to the Insurer's Underwriting Manager:

Tel: 011 745 7820
Fax: 011 367 7251
E-mail: legal@primaryasset.co.za

A copy of the Intermediary's Compliant Resolution Policy can be found at www.primemeridian.co.za.

2. If the complaint is not resolved to your satisfaction within 42 days of the date of your complaint, at any time within 6 months following the 90 day period referred to above, you may pursue the following avenues:

a) Consult with an Attorney to pursue the matter by way of legal action.

b) For rejected claims, contact the Ombudsman for Short-term Insurance at:

Physical Address: Sunnyside Office Park, 5th Floor, Building D, 32 Princess of Wales Terrace, Parktown

Postal Address: P.O. Box 32334, Braamfontein, 2017

Tel: 011 726 8900 / 0860 726 890

Fax: 011 726 5501

E-mail: info@osti.co.za

In order to complain to the Ombudsman for Short-term Insurance ("OSTI"), download a complaint form from their website at www.osti.co.za and complete the form. You can either post it back to the OSTI at the address on the form or fax it to them on 011 726 5501 or e-mail it to info@osti.co.za. Do not forget to enclose copies of all relevant documents.

c) For complaints relating to the Intermediary's conduct, contact the Ombudsman for Financial Service Providers at:

Physical Address: Sussex Office Park, Ground Floor, Block B, 473 Lynnwood Road Cnr Lynnwood Road & Sussex Avenue, Lynnwood Ridge, 0081

Postal Address: P.O. Box 74571, Lynnwood Ridge, 0040

Tel: 012 470 9080

Fax: 012 348 3447

E-mail: info@faisombud.co.za

Website: www.faisombud.co.za

In order to complain to the Ombud for Financial Service Providers you must lodge a complaints registration form that may be downloaded from the FAIS Ombud's website (www.faisombud.co.za/howtocomplain) or obtained from the FAIS Ombud (contact details as above). You must read the form carefully, gather the necessary information, complete the form, sign the form and return the form to the FAIS Ombud's office at one of the above addresses including supporting documents (for instance, correspondence, policy documents, application forms and contact details).

FURTHER INFORMATION IN COMPLIANCE WITH THE PROTECTION OF PERSONAL INFORMATION ACT

In terms of the Protection of Personal Information Act of 2013 you are notified that the information provided and obtained in order to issue this policy is mandatory and is collected, held and processed mainly to improve the service provided to you and to provide you with access to the services and products of the Intermediary and its affiliated Insurers, reinsurers, UMA's and administrators with whom the Intermediary has contractual agreements.

When submitting any personal information, the information that is received from you will be used only for the purpose for which the information is requested and to enable the Intermediary, its affiliated Insurers, reinsurers, UMA's and administrators to comply with its obligations or to comply with any legal requirement. You expressly consent to the collecting and processing of your personal information which may include, but is not limited, to the following:

Carrying out the transaction you requested	Underwriting the risk insured
Assessing and processing claims	For purposes of claims history
Statistical analysis, research and communication with you	For the detection and prevention of fraud, crime, money laundering or other malpractice
For audit and record keeping purposes	In connection with legal proceedings
Providing you with communications in respect of the Intermediary and regulatory matters that may affect you	Providing you with future marketing information

In addition to the above, the South African Insurance Association ("SAIA") has created a database in order to store insurance information. Your personal information may therefore be shared through this database which will assist the insurance industry in limiting insurance fraud, to underwrite risks fairly and to assess every risk identified.

The Intermediary or its affiliated Insurers, reinsurers, UMA's and administrators may therefore reveal or share your personal information in relation to the promotion of the aforesaid information sharing objectives thereby ensuring further that your policy is fairly underwritten. Such information sharing may also include storage in the SAIA database and the verification of such shared information against legally recognised databases.

With your consent the Intermediary may also supplement the information that you provide with information received from other affiliated Insurers, reinsurers, UMA's and administrators in order to offer you a more consistent and personalised experience in your interactions with the Intermediary. The Intermediary's affiliated Insurers, reinsurers, UMA's and administrators are subject to the same privacy regulations as the Intermediary. Your personal information will not be disclosed to any other company or organisation unless required by law or where it is in the public interest that such disclosure is necessary or where you have expressly provided authorisation in this regard.

Failure to provide the information in a complete and accurate manner may lead to your policy not being issued, not coming into force, being cancelled or rejected.

You have the right to access the personal information held on your behalf as set out above. You also have the right to ask the Intermediary, affiliated Insurers, reinsurers, UMA's and administrators to update, correct or delete your personal information. All reasonable steps to confirm your identity will be taken before providing details of your personal information or making changes to your personal information. You can contact the underwriting manager at the numbers or addresses listed below and request the information you would like:

Telephone number: 011 745 7820

Fax number: 011 367 7251

Email address: legal@primaryasset.co.za

TREATING CUSTOMERS FAIRLY POLICY

PMD has a strong focus on customer satisfaction and strives to be respected and recognised for the fair treatment of its customers. PMD is fully committed to delivering service of the highest standard as its customers are its most valuable asset. PMD's Treating the Customer Fairly (TCF) policy is structured according to the guidance provided by the Financial Services Board (FSB) to ensure it consistently delivers fair outcomes to its customers. In order to implement PMD's policies on TCF each of its affiliated Insurers, reinsurers, UMAs, administrators and employees are expected to understand and apply this policy and are bound thereto in terms of the standards of service delivery set out below.

APPROACH TO SERVICE DELIVERY

The Financial Services Board has outlined six key themes, which are central to the TCF initiative. PMD will strive to comply with and contribute to these 6 TCF fairness outcomes viewed from the perspective of its customers 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-sale barriers to change products, submit a claim or make a complaint.

STANDARDS OF SERVICE DELIVERY

PMD strives to demonstrate through its behaviour and monitoring that it consistently treats customers fairly throughout the stages of the product life cycle to which it can contribute.

In order to achieve these service standards PMD and its employee members undertake to:

- Adhere to PMD's corporate culture of ensuring that customers fully understand the features, benefits, exclusions, risks and costs associated with the financial products they purchase;
- Ensure that customers are provided with clear, concise information and are kept appropriately informed before, during and after the purchase of their products, allowing them to make informed decisions;
- Ensure that regular, clear and appropriate correspondence is maintained with customers at all times and that the relevant communication protocols are strictly followed;
- Adhere to PMD's phone etiquette standards and to provide excellent service to the customer where the fair treatment of the customer is central to that service;

- Follow the principle that customer service at all stages must meet customer expectations and that any promises or commitments made must be met;
- NOT give any financial advice to customers but to direct them to the organisation's Key Individuals or Representatives where such advice is required or sought;
- Ensure that any request from a customer is attended to without any unnecessary barriers or delays;
- Fairly manage the customer's expectation at all times;
- Leave the customer feeling pleased about their experience with PMD and confident that they are dealing with an honest, professional and ethical organisation where the fair treatment of clients is central to the company's culture;
- Ensure all third parties contracted with are committed to treating our customers fairly.

COMPLAINTS HANDLING SERVICE STANDARDS

- We respond in a timely manner to our customers and prospective customers questions and queries, addressing any issues or concerns promptly.
- All customer complaints are dealt with and escalated appropriately in order to meet our obligations to our clients.
- Complaints are therefore handled fairly, promptly and impartially.
- All valid claims are paid promptly.
- The principles of "fairness and equity" are applied in all decisions, always giving the customer the benefit of the doubt where information is not perfectly clear.
- In dealing with complaints PMD will 'treat like situations alike' and give careful consideration to whether an error might have affected a wider class of customers and what should be done to remedy this.
- PMD will investigate the root causes of complaints and obtain feedback from customers who have experienced our complaints process in order to improve the level of service that is provided.