



HI RIXAKA A HI KHOMISANENI

Licensed Financial Services Provider (FSP No. 26415) | Underwritten by Sanlam Developing Markets Limited (FSP 11230)

CLIENT MANDATE (BROKER APPOINTMENT)

The client hereby appoints: **Rixaka Funerals (Pty) Ltd** represented by: _____
(Advisor name) as his, her or its broker agent and that such appointment is to remain in force until cancelled by the client or the provider in writing.

FINANCIAL SERVICES

The client hereby confirms that the provider is authorised to render financial services on his, her or its behalf.
Such authorisation includes any instruction to facilitate the buying, selling, termination or the replacement of any existing financial product. It also includes any instruction to vary any term or condition applying to a financial product, the managing, administering, maintaining or servicing of a financial product, and the submittal or processing of any claims associated with a financial product.
Product suppliers are requested to kindly give effect to any instructions communicated by the provider.

CLIENT INFORMATION

The provider acknowledges that in the course of rendering financial services, it shall come into possession of information of a confidential nature. The provider shall not during the duration of this appointment, or any time thereafter, use or disclose any client information except to the extent required by law or permitted by the client in writing.

COMMISSION

The client agrees to transfer any new commission which may become due during the appointment period to the provider.
Product suppliers are requested to kindly transfer any insurance portfolios to the provider's broker code.

CLIENT DETAILS

Client Name	
ID Number	
Email Address	
Contact Number	

Client Signature & Date

Advisor Signature & Date

Rixaka Funerals (Proprietary) Limited | Registration No. 2007/002538/07

Physical Address: Rixaka Complex | Stand No. 6 | Section D2 | GIYANI | 0826

Telephone: 0861 RIXAKA (0861 749 252) | Tel: 015 812 2823 | Website: www.rixaka.co.za | Email Address: info@rixaka.co.za

Directors: Dr. T.E Mabunda | Mr. V.A Mabunda | Ms. N.G Matobela

Dear Mr / Ms Client

LETTER OF INTRODUCTION & DISCLOSURES

In complying with the FAIS legislation, I would like to bring the following information to your attention:

My name is _____. I am employed by Rixaka Funerals (Pty) Ltd, an authorised financial services provider, which accepts responsibility for my activities and is, licensed to render financial services.

I am a ☐ Representative ☐ Representative under Supervision as defined in the Fit and Proper regulations.

I have been providing financial advice and intermediary services since _____ in the following areas of financial planning: [Funeral benefits]

I am authorised to provide advice and intermediary services in the following categories:

Category 1

☐ 1.1 Long-Term Insurance: Category A ☐ 1.3 Long-Term Insurance: Category B1 ☐ 1.22 Long-Term Insurance: Category B1-A

A copy of the licence is available for inspection on request.

Rixaka Funerals (Pty) Ltd has written authority to market the products of the following product suppliers and I am accredited to market their products: Sanlam Developing Markets Limited (FSP 11230). Their address is 11 West St, Houghton Estate Johannesburg 2191. Their contact numbers are 0860 726 526 | 011 359 7700.

I **do not** hold more than 10% of the shares issued by any product supplier.

I am remunerated for my services by being paid a commission from Rixaka Funerals (Pty) Ltd.

Rixaka Funerals (Pty) Ltd holds **professional indemnity insurance**.

Compliance with the FAIS Act is monitored by Moonstone Compliance (Pty) Ltd, a compliance practice approved by the Financial Sector Conduct Authority. Their postal address 25 Quantum Street, Technopark, Stellenbosch, 7600. Their contact numbers are 021 883 8000 (t) and 021 883 8005 (f). Services offered by Moonstone Compliance (Pty) Ltd include compliance, practice management and technology support. This support helps me to provide you with a more professional service. The compliance service enables my practice to be compliant with FAIS legislative requirements. Through the practice management support Rixaka Funerals (Pty) Ltd is able to run a more professional business and therefore able to provide you with an improved service and enhanced support.

Please note that in accordance with legislation Rixaka Funerals (Pty) Ltd keep an updated disclosure register and a Conflict of Interest management Policy. This register informs you, our client of all financial and ownership interests that I/ we may become entitled to and lists the business relationships that I/we have with the product suppliers. This document ensures transparency in my/our dealings with our customers and is available for inspection.

I wish to advise that all information obtained or acquired about you shall remain confidential unless you provide written consent, or unless I am required by any law to disclose such information.

In the event that you are dissatisfied with any aspect of my service, you should address your complaint in writing to me at the above address. A copy of my Complaints Resolution Policy is available on request.

The contact details for FAIS Ombud are: Postal address P.O. Box 74571, Lynwood Ridge, 0040. Their contact numbers are 012 762 5000 / 012 470 9080 (t) and 086 764 1422 / 012 348 3447 (f).

Yours faithfully

Signature of client's receipt

Representative's signature

Date disclosures made to the client

CLIENT DUE DILIGENCE FORM – NATURAL PERSON CLIENT							
TIER 1 RISK RATING		Single Transaction		New Relationship		Existing Relationship	
Large / Complex Transaction?	No ☐	Enhanced CDD	Yes ☐	Enhanced CDD	Yes ☐	Standard CDD	Yes ☐
Acting Suspiciously?	No ☐	Enhanced CDD	Yes ☐	Enhanced CDD	Yes ☐	Enhanced CDD	Yes ☐
Client indicated on FIC TFS List?	No ☐	Enhanced CDD	Yes ☐	Enhanced CDD	Yes ☐		
Client a DPEP / FPEP / PIP?	No ☐	Enhanced CDD	Yes ☐	Enhanced CDD	Yes ☐		
Associate of DPEP / FPEP / PIP?	No ☐	Enhanced CDD	Yes ☐	Enhanced CDD	Yes ☐		
Family of DPEP / FPEP / PIP?	No ☐	Enhanced CDD	Yes ☐	Enhanced CDD	Yes ☐		
Transaction less than R5000?	No ☐	Quick CDD	Yes ☐				
CLIENT RISK INDICATORS						YES	NO
Legal Person, Trust or Partnership?							
Complex or multi layered structure of ownership or control?							
Is the ultimate beneficial owner difficult to identify?							
Is the client's source of funds and wealth difficult to verify?							
Has the client been in a business relationship with the institution for a period of less than one year?							
Has the institution previously observed suspicious or unusual activities or transactions on the part of the client?							
Is the beneficiary of the client unknown to the institution?							
Is the client a DPEP; FPEP, PIP; family or close associate of DPEP, FPEP or PIP? (Refer to above)							
Is there adverse information about the client available from public or commercial sources?							
High Risk Business Activity of Occupation?							
TOTAL							
LOW (Quick)		MEDIUM (Standard)		HIGH (Enhanced)			
0-1		2-5		6-10			
TIER 2 RISK RATING		Single Transaction		New Relationship		Existing Relationship	
Low Product / Service Risk		Standard CDD	Yes ☐	Standard CDD	Yes ☐	Quick CDD	Yes ☐
Moderate Product / Service Risk		Standard CDD	Yes ☐	Standard CDD	Yes ☐	Quick CDD	Yes ☐
High Product / Service Risk		Enhanced CDD	Yes ☐	Enhanced CDD	Yes ☐	Standard CDD	Yes ☐
CLIENT INFORMATION							
Quick	Nationality	South African ☐ Foreign National ☐					
	Full Names						
	ID / Passport Number						
	Telephone Number						
Standard	Residential Address						
	Postal Address						
	Email Address						
Enhanced	Date of Birth						
	Place of Birth						
	Place of Employment						
	Hair Colour	Blond ☐ Red ☐ Brown ☐ Black ☐ Other ☐					
	Eye Colour	Blue ☐ Amber ☐ Brown ☐ Green ☐ Other ☐					
VERIFICATION METHODOLOGY					Standard CDD	Enhanced CDD	
Full Names by way of any document that can reasonably achieve verification					●	●	
ID / Passport Number by way of any document that can reasonably achieve verification					●	●	
Residential Address by way of any document that can reasonably achieve verification						●	
Telephone Number by way of calling the client						●	
Client required to sign Source of Funds Declaration						●	
TRANSACTION INFORMATION (Only complete this section where the client is establishing a New Business Relationship, or in all instances where the client is a DPEP / FPEP / PIP or an Associate / Family Member of a DPEP / FPEP / PIP)							
Nature of Relationship							
Purpose of Relationship							
Source of Funds		Salary ☐ Business Income ☐ Dividend ☐ Interest ☐ Gift ☐ Savings ☐ Other ☐					
SIGNED ON BEHALF OF THE ORGANISATION							
Name & Surname							
Signature					Date		

EPCSA INSURANCE APPLICATION FORM

FOR OFFICE USE ONLY

REP CODE		POLICY NO.		BRANCH	
APPLICATION DATE	Y Y C C M M D D	POLICY START DATE	Y Y C C M M D D	AGE AT ENTRY	
¹ PLAN SELECTED	Family	Single Member	ADDITIONAL COVER	² Extended Members	
	¹ R	² R		PLAN	A B
BENEFIT SELECTED	PLAN A (R 15 000)		PLAN B (R 20 000)	PLAN C (R 30 000)	
TOTAL PREMIUM	R	METHOD OF PAYMENT	DEBIT ORDER	PERSAL	PAY@
NEW		EXISTING/CONTINUATION		POLICY NO.	

1. POLICY HOLDER'S DETAILS

SURNAME:	FIRST NAMES:
Date of birth:	Identity no./Passport no.:
Y Y C C M M D D	
Gender:	Marital status:
M F	S M D W
Postal address:	Residential address:
Code:	Code:
Cell phone no.:	Alternative Cell phone no./Telephone no.:
Email address:	

2. SPOUSE/S DETAILS

Surname and names	I.D. no./ Passport no.:
1.	
2.	

3. CHILDREN'S DETAILS

Surname and names	I.D. no./ Passport no.:	Sex
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Policy Holder's Signature

Date

Representative's Signature

Date

4. EXTENDED FAMILY

Surname and names					I.D. no./ Passport no.:												Relationship	
1.																		
2.																		
3.																		
4.																		
5.																		
6.																		
7.																		
8.																		

1	Plan A or Plan B	2	Plan A or Plan B	3	Plan A or Plan B	4	Plan A or Plan B	5	Plan A or Plan B	6	Plan A or Plan B	7	Plan A or Plan B	8	Plan A or Plan B
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5. BENEFICIARY TO BE PAID THE BENEFIT IN THE EVENT OF THE POLICY HOLDERS' DEATH

Name of person nominated																													
I.D. no.:															Contact no.:														
Relationship to Policy Holder																													

I nominate the above-mentioned person to be the recipient of the benefit under my Policy in case of death.

I consent that should I not nominate anyone as my beneficiary Rixaka Funerals (Pty) Ltd will have discretion to either;

- Pay the benefit to any of my dependants who can prove that they rely on me for funeral and other related expenses, or
- Pay the benefit as per the direction under my last will and testament (copy to be provided), or
- Pay the benefit as per an instruction from the Master of the High court (copy to be provided).

I understand that Rixaka Funerals (Pty) Ltd shall process my personal information for purposes of underwriting and administration of my policy. Rixaka Funerals (Pty) Ltd shall ensure that all processing of my personal information is done in a responsible manner and in compliance with all regulatory requirements. I understand that if I do not give such consent Rixaka Funerals (Pty) Ltd cannot accept my application.

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TERMS AND CONDITIONS

1. Details of each Policy Holder taking out an Insurance cover should be provided to Rixaka Funerals at the inception of cover including details of dependents and copies of identity, passport and birth certificate documents for all covered;
2. **Policy Holder:** Any individual who is 18 years and not older than 84 years upon entry, who is eligible to participate in the policy;
3. **Spouse(s):** A person(s) married to the Policy Holder by law or tribal custom or under the tenets of any Asian religion, including a Common Law Spouse (a person who is deemed by Rixaka Funerals (Pty) Ltd, at its sole discretion, to be a spouse, considering the circumstances of each case, and shall include, where applicable, customary marriages, or a relationship between two people of the same gender, or a relationship between two people who have lived together for at least six consecutive months prior to the date of death of the Spouse) of the Policy Holder. A Spouse may not be older than the maximum entry age of 89 years depending on the age band of the Policy Holder. Only a maximum of two Spouses may be covered. Divorced spouses will not be covered, they will have to be covered as Extended family members (at an additional cost);
4. **Children:** An unmarried child of the Policy Holder, aged 21 years and below (when children turn 22 years old they will have to be covered as extended family members or have their own policies unless they are studying full-time (proof is required) in which case they can be covered until the end of their 25th birthday), including a stepchild, posthumous child, an illegitimate child, a legally adopted child or a stillborn child (must be stillborn from the 26th week of pregnancy). Only two (2) stillborn claims will be accepted during the term of the Policy. NB: Stillborn benefits are only payable to Policy Holders who are the biological parents of the Child;
5. **Extended family member:** Children, grandchildren, parents, uncles, aunts, brothers, sisters, nephews, nieces, grandparents and in-laws (only in case of marriage) with a maximum entry age of 84 years. Only a maximum of ten (10) Extended family members may be covered at the quoted monthly rate per covered extended family member;
6. Cover starts on the first day of the month following receipt of a fully completed application form and receipt of the first premium by Rixaka Funerals (15th of each month);
7. Benefits end upon the death of the Policy Holder, non-payment of premiums (subject to the Grace Period), or withdrawal from the Plan by the Policy Holder, which ever event may occur first;
8. From the start date of cover and when additional members are added to the policy there is six (6) months waiting period for all persons insured under the policy who are less than age 84 years for claims due to natural causes. When adding additional amount of cover, the six (6) months waiting period will apply to the additional cover taken (amount on which the waiting period is complete will be paid out);
9. From the start date of cover and when additional members are added to the policy there is no waiting period for all persons insured under the policy for claims due to unnatural causes;
10. Suicide will not be covered during the first **12 months** of membership for any insured person;
11. Upon the death of a Policy Holder, Spouses, Children above 18 years and Extended family members may take out a new policy upon the death of their Spouse or parents and not be subjected to a waiting period should they be taken within 30 days of the death;
12. Upon the death of a Policy Holder, Children can be covered as Children under the other parents' policy and not be subjected to a waiting period should cover be taken within 30 days of the death;
13. Adding of additional spouse/s or children is not allowed unless the Policy Holder has a life changing event (e.g. birth, legal adoption, and marriage);
14. A one-month grace period is allowed should a premium be missed once the policy is in force. If the missed premium is not paid together with the following month's premium the cover will cease without further notice (policy will lapse) and should the waiting period not be complete, a new waiting period will be applied should the policy be re-instated. Where any premium payment is missed and subsequently paid, the part of the waiting period not completed at the point when the premium was not paid, will apply from the date the premium is paid (should one premium be missed within the first six (6) months, the waiting period will be seven (7) months instead of six (6) months);

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15. Premiums in arrears would have to be paid before a claim is honoured (policy needs to be paid up to date);
16. Exclusions: No benefit will be paid if death is directly or indirectly caused by or attributable to: terrorism, riots or war (whether declared or not) and radioactive contamination;
17. Participants (Policy Holder, Spouse, Children, Wider children and Extended family members) are allowed to be duplicated on Rixaka Funerals as dependants provided their cover does not exceed R100 000 aggregate across all policies underwritten by Rixaka Funerals' underwriter, namely, Sanlam Developing Markets Limited;
18. In the event of death; a valid claim needs to be submitted and the following documents need to be submitted to validate a claim (the requirements are not exhaustive, refer to claim documents):
 - A fully completed Claim Form;
 - Certified BI 1663;
 - Certified Death Certificate;
 - Certified copy of ID, Birth Certificate or Passport if a foreign national of the deceased, Policy Holder/Policy Holder, Beneficiary (in case Policy Holder's death) or Claimants;
 - Third party authority signed by the Policy Holder/Beneficiary and Third party (in case of payment being made into a third parties account (certified ID or Passport copy to be provided);
 - Proof of account or Bank Statement reflecting Bank name, account number and account holder's details;
19. Premiums are payable for the duration of the Policy and are not refundable;
20. Rixaka Funerals (Pty) Ltd reserves the right to amend, revoke, vary or alter any of the terms and conditions of this policy provided that the Policyholder is given at least 31 (thirty-one) days' written notice of its intention to do so;
21. Premiums are subject to increase by 5% annually on the policy anniversary for the Policy Holder and Extended Family;
22. This policy has no surrender value and may not be ceded or pledged in any way. No loans will be granted against this policy;
23. Premium payment method: Debit Order (form to be completed and proof of account not older than three (3) months needed), PERSAL Debit Order (form needs to be completed), annual payments for PayAt (PayAt outlets/Apps) and Point of Sale (card machine);
24. Rixaka Funerals (Pty) Ltd reserves the right to amend, revoke, vary or alter any of the terms and conditions of this policy provided that the Policyholder is given at least 31 (thirty-one) days' written notice of its intention to do so; and
25. The terms and conditions on the application form are non-exhaustive and the policyholder is entitled to be provided, on request, with a copy of the Policy Document, which will take precedence and be applied should there be a discrepancy.

PROTECTION OF YOUR PERSONAL INFORMATION

- We will keep any information – including personal information relating to you, your dependants, lives insured, and beneficiaries – supplied to us when applying for your policy, reinstatement or any amendment ("your personal information"), confidential.
- When providing us with your personal information, and information on your dependants, lives insured, and beneficiaries, you must make sure that they have provided you with the appropriate permission to disclose their personal information to us for the purposed set out below and any other related purposes.
- We may collect, collate, process, store, and disclose your personal information for the purpose of:
 1. Administering this policy and for the assessment of any claims.
 2. Providing relevant information, including your personal information, to contracted third parties who need the information to offer you a service in relation to this policy provided that the contracted third party agrees to keep the information confidential.
- We will not share or use any personal information collected from this form for any other purpose other than to process your policy application, administer your policy and to consider claims (the permitted purpose). You give us consent to record, keep, and share your information for these purposes. We must comply with all industry regulations and legislation applicable to Affordable Funerals Investments' business and products. We will at all times comply with industry regulations in the way we receive, store and share your information.

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- Please note:
 - We may change this notice from time to time. In this regard, please visit our website at www.rixaka.co.za
 - You have the right to object to the processing of your personal information.
 - If you believe that we have used your personal information contrary to applicable law, you must first raise any concerns with us. If you are not satisfied with our process, you have the right to lodge a complaint with Information Regulator at infoereg@justice.gov.za

DECLARATION:

I declare to the best of my knowledge and belief that the information given above is true and correct. I understand and agree that any unlawful misrepresentation in this application form will invalidate any benefit under this policy. I declare that I have read and understood the terms and conditions attached to this policy, and understand their meaning and effect, and undertake to abide and to be bound by the terms and conditions of the policy. Rixaka Funerals (Pty) Ltd shall not be held liable for any amount until it has accepted this application and this policy is in force. If any person is over the age limit when joining, the claim will be repudiated, and premiums refunded.

Policy Holder's Signature	Date	Representative's Signature	Date

EPCSA CLIENT ADVICE RECORD INSURANCE

Client's Name					
ID Number				Age	
Policy Number				Date	
Premium – R	Wider Child Benefit – R	Extended Family Benefit – R	TOTAL PREMIUM	R	
Advisor's Name					

*In terms of the Financial Advisory and Intermediary Services Act we are required to provide you the client with a **Record of Advice**. This document is intended as a confirmation of the advisory process that you recently undertook with your advisor. If you have any questions in respect of the content please contact your advisor. **You are entitled to a copy of this document for your own records.***

SECTION A: SUMMARY OF INFORMATION OBTAINED FROM THE CLIENT										
Clients Objectives: What does the client wish to achieve by purchasing this financial product?	Client wanted funeral insurance as it provides for money on death of an insured person.									
Current Product Experience: Describe in summary clients' level of knowledge and experience of the product purchased.	I held a presentation explaining the product in the client's language which they understood. Brochure provided.									
Financial Situation: Set out in summary clients' current financial position.	Employed	Yes		No		Pensioner	Yes		No	
	Affordability	Income		Expenses		Available income		Available for policy		
	Comments									
	Dependants	Yes		No		How many?				
SECTION B: NEEDS & GOALS IDENTIFIED										
Financial Planning Need	Needs quantified	Indicate if Need was fully addressed (Yes/No/Partially/Later)		Shortfall		Review Date if need addressed partially or to be addressed later				
Funeral Cover	No needs quantified- once off need	Partially		Not applicable as no needs were quantified.		Client to advice on review date in one year's time.				
SECTION C: PRODUCTS CONSIDERED										
Company / Product		Benefit considered with cover amounts								
Rixaka Funerals (Pty) Ltd underwritten by Sanlam Developing Markets Limited.		A (R 15 000), B (R 20 000) and C (R 30 000). Members to select package due to their affordability.								
SECTION D: INITIAL RECOMMENDATION / ADVICE & MOTIVATION										
Product Recommended and/or selected by client.				Motivation for Recommendations – State why the product purchased will suit client or why client selected the product.						
Rixaka Funerals Insurance product underwritten by Sanlam Developing Markets Limited.				To be underwritten by Sanlam Developing Markets Limited as opposed to funeral payment upon death.						
BENEEFIT SELECTED	PLAN A (R15 000)			PLAN B (R20 000)			PLAN C (R30 000)			
BENEFIT TYPE	Member only				Immediate Family					
ADDITIONAL BENEFITS EXTENDED FAMILY										
		0 - 64			65 – 74			75 - 84		
Client's signature										

SECTION E: CLIENT DECLARATIONS

(Please note that it is of utmost importance that you read this section carefully and understand it fully. All blocks should be initialised by the client to indicate understanding and acceptance)

1. I confirm that a **Disclosure letter**, setting out the Financial Advisor's full particulars, her experience and services offered, has been **provided to me**.
2. I **understand** that a limited **Needs Analysis** was conducted as the product currently being offered to me and/or my dependants is for funeral expenses and there may be a shortfall of cover at our death. This was a once off need and advice was limited to burial scheme only.
3. I confirm that I was **provided** with a copy of **marketing brochures with rates and benefit sheets** for the product(s) selected. All material **terms** and **conditions** of the product(s) selected were **explained** to me **prior** to any **decision made**.

4. I have been **informed of** and **understand** all **costs**, charges, penalties. I understand the **risks / guarantees (or absence thereof)** associated with the product. Advice, policy and administration fees to be received by Rixaka Funerals are as follows:

Benefit									
R 15 000			R 20 000				R 30 000		
Age	SM	Fam	SM	Fam	SM	Fam			
18 – 64	R82,38	R103,96	R94,91	R134,08	R98,53	R105,16			
65 – 74	R94,86	R128,09	R109,71	R151,26	R141,41	R114,10			
75 – 84	R99,63	R202,11	R119,50	R247,74	R119,25	R337,27			
Extended family	18 – 64	R93,70	R107,29	65 - 74	R105,55	R143,72	75 - 84	169,00	R199,50

5. I confirm that all documents signed by me were **fully completed** prior to my signing them.
6. I confirm that when I provided the Financial Advisor with the information required for any risk benefit application forms on my behalf, the Representative **warned me** of the **risks and consequences of non-disclosure and misrepresentation** of such information.
7. **Notwithstanding** the information provided by the Representative, I **acknowledge** that I have an **obligation** to familiarize myself with the terms and conditions of the product(s) that I have purchased.
8. I **confirm** that the **rules** of the funeral policy **supersede** any information provided by the advice giver and I am **familiar** with the **rules**.

SECTION F: IMPORTANT INFORMATION HIGHLIGHTED TO CLIENT

(e.g. risks, start and end of cover, waiting periods, grace periods, exclusions, etc) – refer to brochure, application form and policy document

1. From the start date of cover cover and when additional members are added to the policy there is **six (6) months** waiting period for all persons insured under the policy who are less than age 84 years for claims due to natural causes. When adding additional amount of cover, the six (6) months waiting period will apply to the additional cover taken (amount on which the waiting period is complete will be paid out).
2. Cover starts on the first day of the month following receipt of a fully completed application form and receipt of the first premium by Rixaka Funerals.
3. Benefits end upon the death of Policy Holder, non-payment of premiums (subject to the Grace Period), or withdrawal from the Plan by the Policy Holder, which ever event may occur first.
4. When children turn 22 years old they will have to have their own policies unless they are studying full-time (proof is required) in which case they can be covered until the end of their 25th birthday.
5. Adding of additional spouse, children, wider children and extended family members is not allowed unless the Policy Holder has a life changing event (e.g. birth, legal adoption, and marriage).
6. Suicide will not be covered during the first during the first **12 months** of membership for any insured person.
7. A one-month grace period is allowed should a premium be missed once the policy is in force. If the missed premium is not paid together with the following month's premium the cover will cease without further notice (**policy will lapse**) and should the waiting period not be complete, a new waiting period will be applied should the policy be re-instated.
8. Exclusions: No benefit will be paid if death is directly or indirectly caused by or attributable to criminal activities, terrorism, riots or war (whether declared or not) and radioactive contamination.
9. Divorced spouses will not be covered, they can be covered as Extended family members (at an additional cost).
10. Participants (Policy Holder, Spouse, Children and Extended family members) are allowed to be duplicated on Rixaka Funerals as Dependants provided their cover **does not exceed R100 000** aggregate **across all Sanlam Developing Markets Limited plans**.
11. Premiums are payable for the duration of the Policy and are not refundable;
12. Premiums are subject to increase by 5% annually on the policy anniversary for the Policy Holder and Extended Family.
13. This policy has no surrender value and may not be ceded or pledged in any way. No loans will be granted against this policy.
14. The terms and conditions on the application form are non-exhaustive and the policyholder is entitled to be provided, on request, with a copy of the Policy Document, which will take precedence and be applied should there be a discrepancy.

Additional Comments:

The above Declarations apply to the purchase of the EPCSA Insurance product.

Policy Holder's Signature

Date

Representative's Signature

Date