



INFUSSION FARM WORKERS FUNERAL PLAN

Disclosure Document

This document contains

**Welcome Letter & Information
Application & Disclosure Document
Summary of Terms and Conditions**



**This Product is Administered by Infussion Financial Services (Pty) Ltd
an authorised Financial Services Provider, FSP No 35953**



**This Product is Underwritten by Lion of Africa Life Assurance Company Limited, and
an authorised Financial Services Provider, FSP No 15283**



Dear Valued Client

Thank you for choosing the **iNFUSSION FARM WORKERS FUNERAL PLAN** to cover your needs as per your need's analysis.

We want to ensure you make the most of your policy benefits. In this regard, please:

- Read your attached participation certificate carefully.
- Read your attached policy documents with more information about your policy.
- Inform your next of kin about your cover and the process to be followed in the event of a claim.

Pay attention to the waiting periods and the exclusions which are specified in the policy. Carefully check that all your information and details are correct and notify us of any corrections or changes required.

We believe in treating clients fairly, so please ask us for an explanation on anything you do not understand.

The **iNFUSSION FARM WORKERS FUNERAL PLAN** is underwritten by Lion of Africa Assurance Company Limited. Any endorsement to the Policy or the Schedule will form part of the policy. Although all benefits are listed, only those elected on the application form will be applicable.

For queries, changes in personal information and claims, please contact us on 0861 463 877 or on admin@infussionfinancial.co.za.

Yours sincerely,

Key Individual

INFUSION FARM WORKERS FUNERAL PLAN

Marketed and sold by Namsob Enterprises (Pty) Ltd t/a COVER4U, an authorised Financial

Services Provider, FSP No 47044

Administered by Infusion Financial Services (Pty) Ltd an authorised Financial Services

Provider, FSP No 35953

Underwritten by Lion of Africa Life Assurance Company Limited, and
an authorised Financial Services Provider, FSP No 15283

Application & Disclosure Document

National Call Line: 0861 463 877

Fax: 0865 50 52 44 Email: admin@infusionfinancial.co.za



PERSONAL DETAILS			
Name		Surname	
ID	Age	Marital Status	Gender
Cell		Email	
Physical Address			
Current Employer		Employer Number	
Employer Contact detail			

INFUSION FARM WORKERS FUNERAL PLAN OPTIONS (Principle Member's entry age must be below 69 years)				
SINGLE MEMBER COVER	BENEFIT DESCRIPTION	OPTION 1	OPTION 2	SUB TOTAL
Main member only (18 – 69)	FUNERAL ACCIDENTAL DEATH PERMANENT DISABILITY	R15 000	R30 000	R <input type="text"/>
MONTHLY PREMIUM		R34 <input type="text"/>	R65 <input type="text"/>	
FAMILY FUNERAL COVER	BENEFIT DESCRIPTION	OPTION 1	OPTION 2	SUB TOTAL
Member (18 – 69)	FUNERAL	R15 000	R30 000	R <input type="text"/>
Spouse (18 – 69)		R15 000	R30 000	
Child: 14 – 21/25 yrs		R15 000	R30 000	
Child: 6 – 13 yrs		R 7 500	R15 000	
Child: 0 – 5 yrs		R 3 750	R 7 500	
Stillborn		R3 750	R 7 500	
Main Member Only	ACCIDENTAL DEATH / PERMANENT DISABILITY	R15 000	R30 000	
MONTHLY PREMIUM		R50 <input type="text"/>	R97 <input type="text"/>	
ASSIST Benefits (Provided by FMS) Inclusive in Single & Family cover options		<ul style="list-style-type: none"> Repatriation Services 		

DEPENDENT DETAILS for FAMILY COVER				
SURNAME	FIRST NAME	ID NR/ DOB	M/F	RELATIONSHIP

Waiting periods: Natural death – 6 calendar months from Entry date or reinstatement date where applicable; Accidental Death – cover is immediate, subject to 1st months premium being received prior to death; Suicide – 12 calendar months from Entry date or reinstatement date where applicable.

NOMINATED BENEFICIARY – if the event of the Main Member's death, must be 18 years and older			
RELATIONSHIP	SURNAME	FIRST NAME	ID NUMBER

TOTAL COST OF PLAN	R <input type="text"/>
CUSTOMER SIGNATURE	
DATE	

REPRESENTATIVE'S SIGNATURE

This confirms that the insured is covered for the benefits above subject to receipt of full premiums and the terms and conditions of the policy. Premiums will be deducted via debit order deduction.

TERMS AND CONDITIONS

Although all benefits are listed, only those elected on the application form will be applicable

Waiting periods:

- General:
- Waiting periods apply to all new policies
 - Waiting periods apply when updating your existing policy to a higher cover and premium (only to the difference between your current cover amount and the new higher cover amount.)
 - Waiting periods apply to newly added extended members to existing policies
 - Natural death – 3 consecutive months from commencement date, subject to 6 consecutive months premium received prior to death;
 - Accidental Death – cover is immediate, subject to 1st months premium being received prior to death;
 - Suicide - 12 consecutive months from commencement date, subject to 12 consecutive months premium received prior to death.

Premiums will be due and payable monthly on or before the last day of each month. Where premiums are not paid to the Administrator, the policy will be discontinued on such terms as may be determined by the Administrator and/or LION, and as per Rule 15A of the Policyholder Protection Rules.

Termination of Policy: The Policy will terminate in the event of any one of the following:

- Main member's death
- The Main member request cancellation of the policy in writing
- Resignation of Main Member

Increase of premiums notification period: The amount of premiums payable to secure the benefits under this Policy is stated in the SCHEDULE. We will review your premium annually on the anniversary date (i.e 12 months from the Commencement Date) to ensure that the monthly premium is sufficient to maintain the policy benefits. When reviewing your premium, the following circumstances will be considered: • Increase in benefits; • Claims experience (the premium will change to bring the rates in line with actual claims experienced); • Inflation; • Loss ratios worse than anticipated; and • Any new regulatory requirements that directly affect this Policy. We will provide you 1 (one) calendar month written notice prior to the annual increase. If you are unhappy with the increase, 1 (one) month cancellation notice may be given to the Insurer, failing which the increase will automatically come into effect.

Claims:

Claims must be fully submitted within 180 days of death. Should death occur due to suicide within the first 12 months after inception date, claims can be declined. I acknowledge receipt of an original copy of my application. I know that I may cancel this policy within the 31 days cooling off period with no loss, provided no claims have been submitted and paid. I warrant that the particulars given above, whether in my handwriting or not, are true and complete. I understand and agree that any misstatement in this application will invalidate any claim under this policy. I undertake to abide by the terms and conditions of the Product Specification Document of the underwriter, which is available on request

How to claim for the following benefits:

Product Provider	Type of Claim	Contact detail
Infussion Financial Services	Funeral & Accidental Permanent Disability Claims: Total Permanent Disability due to an accident	Please contact Infussion call line on: 0861 11 22 56 / 0861 463 877 ; Email: admin@infussionfinancial.co.za
FMS	Infussion Assist Benefits • Repatriation Services	Please contact the National Call Line: 0860 007 002 .

General exclusions:

No claim will be admitted in terms of this Policy if the event giving rise to the claim is caused directly or indirectly by or is in any way attributable to any of the following:

- The willing participation by the Principal Insured or such other insured persons under this Policy, in any of the following:
 - an act of war (whether war is declared or not);
 - military action;
 - Riot or unlawful strike;
 - insurrection;
 - civil commotion;
 - usurpation of power;
 - martial law;
 - terrorism; and
 - any usage of nuclear, chemical and biological weapons, device or agent.
- An Act of Government;
- Any act or deed by the Principal Insured deliberately committed in violation of any law as well as any other insured person under the Policy including but not limited to a minor child, where his/her parent and/or legal guardian knowingly allows such child to participate in any act which constitutes a violation of any law;
- Self-inflicted injury or self-inflicted illness, whether intended or not, or voluntary exposure to danger or obvious risk of injury. Any injury or disease which is caused partly by the actions or omissions of the insured, but in conjunction with the action or omission of some other party of some other contributory factor, will fall outside the ambit of the above exclusion.
- Taking or absorbing, accidentally or otherwise, any drug, medicine, sedative or poison, except as prescribed by a licensed medical practitioner, who is not the Insured;
- Specific exclusions applicable to the Policy is set out in the Policy Schedule.

SCOPE OF INSURANCE

We will pay you or your nominated beneficiary or beneficiaries or estate the final expense benefit in the event of the death or disability of an insured person during the period of insurance subject to the terms, conditions and exclusions of the policy.

DEFINITIONS

For the purpose of interpretation of this document:

“Accident/s” means a sudden, unexpected, unusual and specific event, which occurs at an identifiable time and place, and shall include direct and unavoidable results of exposure to the elements. Suicide or any other self-inflicted injury will not be regarded as an accident.

“Beneficiary or Beneficiaries” means the person or persons named on the application form or on the bordereaux under beneficiary or beneficiaries, within the first six months of this insurance.

“Date of loss” means the date of death.

“Disappearance” means that in the event of the disappearance of an insured person and it is probable that such insured Person has died or is legally declared dead by a court of law as a result of an accident, the death benefit shall be payable after 24 consecutive months of such disappearance. In the event of this belief being incorrect the benefit so paid shall be repaid to us by your beneficiary or beneficiaries.

“Effective date” means the first day of the following month from the date of signing of the application form in respect of new members.

“Eligible children” means any natural children, lawfully adopted children, step children by marriage, illegitimate children, foster children who have in terms of the provisions of any legislation relative to the protection of children been placed in your custody as foster children, stillborn children following 26 weeks of pregnancy or any children who are living with you in the same household in a relationship which is not casual or impermanent and as if they were your lawful children from the ages of 0 months to 21 years (or 25 years if in full time education at a recognised educational institution) who are unmarried and who permanently reside with you, both at the time of inception of the policy and at the date of loss and who are financially dependent upon you. Mentally or physically disabled dependent children will be covered irrespective of their age.

“Insured person” means you (the policy holder), your spouse and all your eligible children, residing in the Republic of South Africa.

“Illness” means any fortuitous sickness, illness or disease originating, contracted, commencing or manifesting itself during the period of insurance.

“Marriage” means

1. a marriage by law; or
2. a union which is recognised as a marriage in terms of any customary law or under the tenets of any Asiatic religion; or
3. a union where two persons are living together as if married, with the commitment of continuing to do so permanently provided that: they have been doing so for at least 12 consecutive months prior to the claim; the person is nominated in the schedule; and satisfactory proof is submitted to us regarding the above. Sworn affidavits will not be accepted as satisfactory proof.

“Policy” means the contract of insurance and shall include any subsequent endorsements, amendments and declarations between the client and LionLife as summarised in this booklet.

“Principal capital sum” means the maximum amount payable to any one insured person specified in the schedule of benefits.

“Principal insured person” means the person in whose name this insurance is affected and who pays the premium.

“Spouse” means the person with whom the principal insured person is joined in marriage. These details must be submitted to us during the spouse’s life for them to be covered. A nomination remains in force as long as the principal insured person is joined in marriage to the person stated on the policy. In the event of the principal insured person wanting to insure the second spouse the relevant details must be provided to us during the second spouse’s life for them to be covered.

“You/Your” means the principal insured person named in the policy schedule.

“We/Our/Us/The Insurer” means the underwriters of the different cover – Lion of Africa Life Assurance Company Ltd

“Legal Guardian” means a person entrusted by law with the care of a minor.

“Extended Family” means the brother, sister, half-brother, half-sister, aunt, uncle, niece or nephew, parents or parents in-law, grandparents of the principal insured person, provided such person(s) are under 85 years of age.

“Parents or Parents in-law” (as stated in the policy schedule) means the parents or parents in-law of the principal insured person whose names appear on the application form.

The following is a list of parents that can be covered:

- a) Biological father or mother of the principal insured person or spouse.
- b) Adoptive mother or father of the principal insured person or spouse.
- c) Legal guardian of the principal insured person or spouse.
- d) Stepmother or stepfather of the principal insured person or spouse. A maximum of four parents can be covered.

“Holder” means the client who has arranged for the Insurance herein contained and who has the ownership, possession or use of the insurance herein defined and who has the legal right to enforce it and negotiate on behalf of the Insured Persons in this respect.

TERMS AND CONDITIONS

1. An insured person may not cede the policy, and any cession shall be null and void.
2. (a) A person over the age of 21 years must be nominated by the principal insured person as beneficiary to ensure the benefit payable is immediately available after death of the principal insured person. If the nominated, beneficiary is under the age of 21 at the time of the principal insured person’s death, the benefit will be paid to the beneficiary’s legal guardian, provided that satisfactory proof of legal guardianship is submitted to us.

(b) The number of eligible children shall be limited to a maximum of 5 from inception date of the policy. Additional children will have to be covered as Extended Family Members.

3. The Insurance contract is conditional upon and will only come into effect following payment of the first premium. Premium is due and payable on the last working day of every month in arrears.

4. The policy does not acquire any surrender value.

5. Misrepresentation, misdescription or non-disclosure of any material fact shall render the policy voidable.

6. The premium will be fixed for a period of 12 consecutive months from the date of first inception and thereafter reviewed. We shall be entitled to increase monthly premiums or amend terms and conditions of the policy after a period of 12 consecutive months from the date of first inception.

The level of contributions in relation to the benefits provided by the policy will be reviewed after 12 months and you will be advised of any changes.

7. If we decline liability for a claim made in terms of the policy, action must be instituted against us for the enforcement of the claim by way of service of summons upon us within 90 days of the date of the letter declining liability, failing which all benefits in respect of such claim shall be forfeited and no liability can arise in terms of such claim.

8. If any claim in terms of the policy is in any respect fraudulent or if any fraudulent means or devices are used by an insured person or a nominated beneficiary or anyone acting on their behalf or with their knowledge or consent to obtain any benefit in terms of the policy, the benefit afforded in terms of the policy in respect of any such claim shall be forfeited.

9. All amounts stated in the contract are in the currency of the Republic of South Africa.

Any question of law arising in terms of the policy will be decided according to the laws of the Republic of South Africa.

10. (a) In the event of suicide or self inflicted injury in respect of:

(i) the principal insured person, the benefit payable shall be 100% of the natural death benefit and

(ii) In respect of any other insured persons the benefit payable shall be 75% of the natural death benefit provided the claimant has been on risk for a period of at least 24 consecutive months.

(b) No benefit will be payable had the principal member not been on risk for a period of 24 consecutive months.

11. In the event of an insured person dying as a result of an accident that occurs before the date of inception, there will be no benefit payable in terms of the policy.

12. Any deviation or variation from any of the definitions, conditions, exclusions, provisions, termination and endorsements of the policy must be presented within 30 days by the holder and the insurer prior to such deviation or variation becoming effective. Confirmation from the insurer must have been received by the insured person or by the holder before inception of such deviation or variation thereof.

WAITING PERIOD IN RESPECT OF NATURAL CAUSES

No benefit is payable in respect of the death of an insured person due to natural causes during the waiting period. The waiting period in respect of an insured person commences on the effective date of the policy or the date on which the relevant insured person becomes entitled to cover in terms of the policy, whichever is the latter. This clause would not be applicable for members that enjoyed twelve months combined continuous cover under this or a similar scheme. Original proof of insurance is required for the waiting periods to be waived.

The waiting periods that are applicable to the policy are:

Natural death – 6 calendar months from Entry date or reinstatement date where applicable;
Accidental Death – cover is immediate, subject to 1st months premium being received prior to death; Suicide - 12 calendar months from Entry date or reinstatement date where applicable.

Should cover in respect of an Insured Person be terminated and subsequently reinstated, the waiting period will commence on the date of reinstatement.

In the event of an Insured Person dying as a result of an accident that occurs before the date of inception, there will be no benefit payable in terms of the Policy.

PAYMENT OF BENEFITS

All benefits are payable to you or, in the case of your death, to your legal representative or nominated beneficiary or beneficiaries. If the benefit is payable in respect of your spouse or eligible children the money will be paid to you on behalf of your spouse or eligible children or their legal representative, but no one other than you shall have rights in terms of the policy against us. Receipt of the amount so paid will be a valid discharge of our liability under the policy. All funeral claims will be paid within 48 hours after receipt of full documentation.

MAXIMUM ENTRY AGE

a) Funeral Plan

The benefit will not be payable by Us in respect of a principal insured person or spouse who was or is over the age of 69 at the date of application.

b) Extended Family

The benefit will not be payable by us in respect of a extended family member who was or is over the age of 85 at the date of application.

CANCELLATION

The holder or the insurer may cancel the policy at any time by giving 30 days notice in writing. The 30 days cancellation will be effective after the first 6 months following the first inception date of the policy. Such cancellation shall commence on the date of posting such notice. If a premium has been paid for any period beyond the date of cancellation of the policy. The relevant portion of the premium will be refunded to the principal insured person.

FORM OF AUTHORITY AND MANDATE IN RESPECT OF ALL ELECTRONIC DEBITS
ABBREVIATED NAME (The short description which will be noticed on your bank statement): INFUSION

A. AUTHORITY:

Name of Account Holder:		Tel:	
ID:	Email address:		
Address			
Bank:	Branch and Code		
Account Number			
Type of Account	Current (cheque)	Savings	Transmission
Amount (as per invoice amount, if amount varies monthly)		R	
Date of transaction starting			

To: **Infussion Financial Services (Pty) Ltd**

Beneficiary's address: Silver Lakes Office Park 1, Block 3, Von Backstrom Blvd, Silver Lakes

This signed Authority and Mandate refers to our contract dated: _____ ("the Agreement")

I/We hereby authorise you to issue and deliver payment instruction to your banker for collection against my/our abovementioned account at my/our abovementioned bank (or any other bank or branch to which I/we may transfer my/our account) on conditions that the sum of such payment instruction will never exceed my/our obligations as agreed to in the Agreement, and commencing on _____ and continuing until this Authority and Mandate is terminated by me/us by giving you notice in writing of not less than 20 ordinary working days, and sent by prepaid registered post or delivered to your address as indicated above.

The individual payment instruction so authorised to be issued must be issued and delivered as follows: on the _____ day ("payment date") of each and every month commencing on _____. In the event that the payment day falls on a Sunday or recognised South African public holiday, the payment day will automatically be the very next ordinary business day. Further, if there are insufficient funds in the nominated account to meet the obligation, you are entitled to track my account and re-present the instruction for payment as soon as sufficient funds are available in my account, monthly; on or after the dates when the obligations in terms of the Agreement is due and the amount of each individual payment instruction may not be more or less than the obligation due.

I/We understand that the withdrawals hereby authorised will be processed through a computerised system provided by the South African Banks and I also understand that details of each withdrawal will be printed on my bank statement or on an accompanying voucher. Such must contain a number, which number must be included in the said payment instruction and communicated to me directly after having been completed by you. I/We shall not be entitled to any refunds of amounts which you have withdrawn while this authority was in force, if such amount were legally owing to you.

B. MANDATE

I/We acknowledge that all payment instructions issued by you shall be treated by my/our above-mentioned bank as if the instructions had been issued by me/us personally.

C. CANCELLATION

I/We agree that although this Authority and Mandate may be cancelled by me/us, such cancellation will not cancel the Agreement. I/We shall not be entitled to any refunds of amounts which you have withdrawn while this authority was in force, if such amounts were legally owing to you.

D. ASSIGNMENT

I/We acknowledge that this authority may be ceded to a third party if the Agreement is also ceded or assigned to that third party, but in the absence of such assignment of the Agreement, the Authority and Mandate cannot be assigned to any third party. We acknowledge that you utilise the services of StratCol for this collection.

Signed at: _____ on this _____ day of _____

Signature

(As used for operating on the account)

PROTECTION OF PERSONAL INFORMATION – Act 4 of 2013 (POPIA)

POPI DECLARATION

CLIENT CONSENT FORM

CLIENT (Name and Surname): _____

RESPONSIBLE PARTY:

INFUSION FINANCIAL SERVICES (IFS): IFS Email: admin@infussionfinancial.co.za IFS Tel: No 0861 11 22 56 IFS Fax No: 0865 50 52 44
IFS Information Officer Mrs Marsha Lourens

Infussion Financial Services ("IFS") understands that your personal information is important to you, therefore your privacy is just as important to IFS and we are committed to safeguard and process your information in a lawful manner.

CONSENT FOR THE PROCESSING OF PERSONAL INFORMATION FOR THE PURPOSES FACILITATING THE SERVICES AS WELL AS DIRECT MARKETING IN TERMS OF SECTION 69(2) OF POPIA:

- I hereby give my consent to receive direct marketing of goods or Services to be marketed by means of electronic communication.
- I AGREE: Where information is shared, we will take all precautions to ensure that the third party will treat your information with the same level of protection as required by us. Your information may be hosted on servers managed by a third-party service provider which may be located outside of South Africa.
- THE SERVICES In terms of Long-term Insurance Products, Long-term Insurance Category 1:
 - to verify your identity to process your application and future claims to confirm,
 - to verify and update your details to use your Personal Information in Infussion's risk models and building personal profiles to enhance the overall risk management of your insurance offering
 - to comply with any legal and regulatory requirements to notify you of new products or developments which may be of interest to you.

DISCLOSURE IN TERMS OF POPIA YOUR RIGHTS:

- to be notified that personal information is being collected or that your personal information has been accessed or acquired by unauthorised persons to request access to your personal information held by any Responsible Party
- to request the correction, destruction or deletion of your personal information
- to object to the processing of your personal information; (please note that your application cannot proceed should you object to the collection and processing of your personal information) not to have your personal information processed for purposes of direct marketing by means of unsolicited electronic communication unless you have provided
- consent not to be subject to a decision solely based on the basis of automated processing of your personal information
- to submit a complaint to Infussion's Information Officer, should you not be satisfied with the outcome you are entitled to submit your complaint to the Information Regulator
- to institute civil proceedings regarding the alleged interference with the protection of your personal information.

PURPOSE:

Your personal information is collected, processed and will be recorded and stored for purposes of facilitating the conclusion of the application for insurance you have applied for as well as maintaining and risk managing your insurance.

INFORMATION SHARING:

Infussion Financial Services will not share your information with any third party unless it is for purposes of facilitating the conclusion of this application for insurance and managing your insurance. Infussion may therefore with your permission, disclose your information to any of our legitimate business partners should it be necessary and complementary to the purpose of maintaining your insurance.

I authorise Infussion to request from any third party bureau to provide my personal information for any of the above mentioned purposes.

I have Read and Understand the Disclosures: _____

Signature

Date

INFUSION FARM WORKERS FUNERAL PLAN
STATUTORY NOTICE TO LONG-TERM INSURANCE POLICYHOLDERS
IMPORTANT – PLEASE READ CAREFULLY DISCLOSURE AND OTHER LEGAL REQUIREMENTS
(This notice does not form part of the Insurance Contract)

As a Long-term Insurance policyholder or prospective Policyholder you have the right to the following information:	As a Long-term Insurance policyholder or prospective Policyholder you have the right to the following information:
<p>1. About the Insurer: Company Name: Lion of Africa Life Assurance Company Ltd. Reg No: 1942/015587/06. FAIS Registration: FSP 15283 Physical Address: The Golden Acre, Adderley Street, Cape Town, 8001 Postal Address: Private Bag X1, Mowbray 7705 Tel No: 021 461 8233. Fax No: 0866 412 605 Lion Life is an authorised financial services provider and Insurer licensed to conduct life insurance business. Products Authorised: Cat 1 Long-Term Insurance, Subcategory A, B1, B2 B2-A, B1-A, C Compliance Officer: The compliance officer. Tel No: 021 461 8233 Complaints: complaints@lionlife.co.za Conflict of Interest: You can access the Conflict of Interest Policy of Lion of Africa Life Assurance Company Ltd at: info@lionlife.co.za Lion of Africa Life Assurance Company has Professional Indemnity Cover and Fidelity Cover in place.</p> <p>2. About the Underwriting Manager: Company Name: Infussion Financial Services (Pty) Ltd. Reg No: 2007/033173/07 Physical Address: Silver Lakes Office Park, Office Park 1, Block 3, Von Backstrom Blv. Silver Lakes, Pretoria. Tel No: 0861 112256 Fax No: 0865 505 244 FAIS Registration: FSP 35953 Products Authorised: Cat 1 Long-Term Insurance, Subcategory A, B1, B2, B2-A, B1-A, C Cat 1 Short-Term Insurance” Personal Lines, A1, Cat IV Assistance Business FSP Legal Capacity: Underwriting Manager: Binder Agreement with Lion of Africa. Shareholdings in Insurers if 10% or more – None Remuneration: The business earns a Binder fee from Lion of Africa. Compliance Officer: Geta Hancke, Moonstone Compliance (Pty) Ltd Address: PO Box 1221, Die Boord, Stellenbosch, 7613 Tel no: 021 883 8000 Fax: 021 880 0688 Email address: ghancke@moonstoneinfo.com Complaints: Infussion Financial Services has a complaints resolution system and conflicts of interest policy, which you can obtain on request at our office. If you have any queries or concerns, please don't hesitate to send us a message by e-mail at admin@infussionfinancial.co.za. Professional Indemnity Insurance: Infussion does hold professional indemnity cover and fidelity insurance cover. Policy Wording: A copy of the policy wording can be obtained from Infussion Financial Services (Pty) Ltd.</p> <p>3. About the Intermediary: Company Name: NAMSOB ENTERPRISES (PTY) LTD t/a COVER4U Reg. No :2013/167112/07; FSP No: 47044 Physical Address: 77 HOSPITAL STREET, MIDDELBURG, 1050 Tel No: Alwyn Kaltwasser 0832887688 Legal Capacity to Insurer: Intermediary Agreement Professional Indemnity Insurance: A C and E PI & Liability Underwriting Managers (Pty) Ltd Name of Insurers from which 30% or more of total commissions and remuneration is received during the last calendar year: Vodacom Life. Insurance products that may be sold: Funeral Compliance Officer: Elizabeth Pearl Hietbrink CO Practice Nr CO7374 Telephone Number: Natalie: 082 355 6421 Email Address: natalie@complyeeze.co.za</p> <p>Kindly take note that above mentioned Intermediary will earn a commission of 30% for the funeral benefit, calculated on the gross risk premium for rendering intermediary services.</p> <p>A binder fee of 20% will be earned by the Underwriting Manager calculated on the gross risk premium.</p>	<p>4. Your right to know the impact of the decision you elect to make: (a) The intermediary/Insurer dealing with you must inform you of: - The premium you may be paying - The nature and extent of benefits you may receive (b) The possible impact of this purchase on your finances. (c) The possible impact of this purchase on your other policies (affordability). (d) The possible impact of this purchase on your investment portfolio (affordability). (e) The flexibility of changes you may make to the proposed contract. (f) The contract terms of the product you intend to purchase. (It is very important that you are quite sure that the product or transaction meets your needs and that you feel you have all the information you need to make a decision.</p> <p>5. Your right when being advised to replace an existing policy. You may not be advised to cancel a policy to enable you to purchase a new policy or amend an existing policy, unless: (a) The intermediary identifies the policy as a replacement policy. (b) The implications of cancellation of the policy are disclosed to you, such as: - The influence on your benefits under the old policy; - The additional costs incurred with the replacement. (c) The insurer which issued the original policy will contact you and you are advised to discuss the matter with its representative.</p> <p>6. Your right to be informed by the Insurer. The Insurer will forward you documentation confirming policy details as discussed in the Notice, which will also include: (a) The Name of the Insurer (b) The product being purchased (c) Cost in Rands of the transaction and specifically: (i) The loadings, if any. None (ii) The initial expense. None (iii) The amount of commission and other remuneration being paid to the intermediary – commission as per schedule</p> <p>7. Your right to cancel the transaction: In most cases you have the right to cancel the policy in writing within 31 days after receipt of the summary contemplated as per Rule 11.5 of the PPR's. The same applies to certain changes you may make to the policy. The insurer is obliged to confirm to you whether you have the right and explain how to exercise it. Please bear in mind that you may not exercise if you have already claimed under the policy or if the event, which the policy insures you against, has already happened. If the policy has an investment component, you will carry any investment loss.</p> <p>8. Remember that you may contact either the Ombudsman for Long-term Insurance or the FAIS Ombud, whose details are set out below, if you have any concerns regarding a product sold to you or advice given to you.</p> <ul style="list-style-type: none"> - Particulars of Long-term Insurance Ombudsman: : 6th Floor Claremont Central Bldg. 6 Vineyard Road, Claremont, Cape Town 7700 Tel: (021) 657 5000 Fax: (021) 674 0951 Website: www.nfosa.co.za PO Box 45, Claremont, 7735 - Particulars of the FAIS Ombud: PO Box 74571, Lynnwood Ridge, 0040. Tel: (012) 470 9080 Fax: (012) 348 3447 Email: info@faisombud.co.za <p>9. Premium Payments: Premiums will be due and payable monthly on or before the last day of each month. 15- day grace period applies for arrear premiums. Reinstatement of Policy: If a policy is reinstated within two months from lapsing, only the portion of the waiting period which was not completed will apply. If a policy is reinstated after two months of lapsing, all waiting periods will re-apply.</p> <p>10. IMPORTANT WARNING - It is very important that you are quite sure that the product or transaction meets your needs and that you feel you have all the information you need to make the decision. It is recommended that you discuss with the intermediary/insurer the possible impact of the transaction on your finances, your other policies or your broader investment portfolio. You should also ask for information on the flexibility of any proposed policy. - Where paper forms are required, it is advisable to sign them only once they are fully completed. Feel free to make notes regarding verbal information, and to ask for written confirmation or copies of documents.</p> <p>For more fine print, please visit our website: www.infussionfinancial.com</p>