

This document together with your schedule and any written correspondence forms the basis of this contract between you (the Policy Holder or Insured) and Liberty Group Limited. The onus rest on you to read and understand these documents and that you make sure that all the information supplied by you, or anyone acting on your behalf, is correct. Any incorrect information may affect the validity of this contract.

‘You’ and ‘your’ are references to the Policy Holder or the Insured, as the context requires:

- Eligibility – All Policy Holders must be under the age of 75 years.
- Death – If the Policy Holder dies before retirement date or the end of the payment term, whichever is earlier.
- Outlet – is the institution whose interest, in the contract is noted in this policy
- Policy Holder - responsible for paying the premiums
- Insured - may only be you (the Policy Holder)
- Sum insured - the cover amount as per the Contract between the Facility Holder and Policy Holder and is payable where the Insured suffers an event that is covered under this policy
- Schedule – The Contract between the Facility Holder and Policy Holder
- Insurer – Liberty Group Limited
- Financial institution – CrediCover CC (Reg no: 1999/038161/23) is an authorized financial services provider (FSP No:45735) (PBU20143367).

The Insured must personally answer all the relevant underwriting questions

When does your cover start and end?

Your cover starts on the Cover Start Date noted on your schedule, provided that we receive your premium. Your cover ends when the final premium is paid or when Sum insured is paid on your DEATH.

What cover do we offer?

We offer LIFE / DEATH benefit cover. Your schedule indicates the cover and sum insured you have selected. This insurance cover and sum insured may be limited to the balance of the agreement between you and the outlet.

DEATH benefit

If the Insured dies before retirement date or the end of the payment term, whichever is earlier, the balance of the sum insured as noted on the Insured’s contract to the outlet will be settled.

- Exclusions:
 - Active participation in war, riot and civil commotion or terrorism.
 - All claims related to atomic, biological and chemical warfare or terrorism.
 - The liability to pay any death benefit in terms of the Policy will not arise if death, either directly or indirectly, arises from or is traceable to suicide within the first 24 months of contract.

Submitting a claim

Your responsibilities (or anyone acting on your behalf)

- You must report the claim or any incident which may lead to a claim to us as soon as possible, but within 30 days of date of death.
- When you submit a claim you must give us the information and evidence (medical or other) we ask for. The information you provide will be obtained at your own cost
- You have 60 days in which to submit all the required information and evidence. If you do not supply this information, we may reject your claim
- Claim Documents Required
 1. Certified death certificate
 2. Copy of Identity Document
 3. Copy of agreement
 4. Certificate (Statement) from outlet indicating balance

5. Any other reasonably required documentation

Our responsibilities

We will assess the validity of a claim by evaluating medical and any other circumstantial evidence. Once we are satisfied that the claim is valid, we will pay the Sum insured.

Claims subject to a dispute

If you dispute the outcome of your claim you have 90 days from the day you are first informed of the outcome to notify us about your objection. Immediately following this, you have a further 6 months within which to serve a summons on us. If you do not do so within this period, your right to challenge the decision is forfeited.

Important Information

Non-disclosure, misrepresentation or mis-description of any material fact or circumstance in connection with an application or a claim in terms of this policy by you, the Insured or anyone acting on your behalf, may result in the policy being cancelled, a claim rejected or the policy voided from inception.

Fraud or dishonesty

We have a responsibility to all our Policy Holders to ensure that fraudulent claims are eliminated in order to keep premiums as low as possible. If your claim is rejected for reasons related to fraud or dishonesty, you will need to reimburse us for any expenses we incurred relating to the claim. If you or anyone acting on your behalf submits a claim, or any information or documentation relating to any claim that is in any way fraudulent or dishonest, we will reject that entire claim and cancel your policy retrospectively.

There will be no premium refunded to you.

Sharing of information

We respect the confidentiality of your information. In order to ensure sound insurance practices and prevent insurance fraud we may confirm and disclose your information relating to claims, insurance, financial history and medical history.

Premium payments

Your premiums must be paid together with the other current agreements or on the agreed terms and conditions stipulated in the schedule. The payment will first be allocated against the insurance before it will be allocated towards other agreements. If the premium is not paid on the payment date agreed, you have a 7 day grace period after which the collection process starts. You will also need to reimburse us for the collection cost.

If the premium is not paid within the grace period, you will only be covered for 120 days from contract create date for the period.

Policy cancellations

You may cancel your Life / Death cover at any time with immediate effect.

Your cover will automatically be cancelled when any of the following happens:

- your premiums are not paid or collected within 120 days after contract create date
- the outstanding balance as per the outlet is paid, unless the Policy Holder opted for continuation of cover
- we have paid your DEATH claim

Cession

It is recorded and agreed by me the Insured in my application for this insurance that I assign and transfer the benefits in terms of this policy as collateral surety to the outlet as security for the balance owed by me to the outlet. I further assign and transfer all the respective rights, title and interest in this policy to and in favour of the outlet and accordingly the Insurer undertakes, in the event of a valid claim to pay the benefit as defined to the outlet. This cession supersedes and cancels any other beneficiary nominated by me.

Disclosure Notice of Liberty Group Limited

This document, in conjunction with the policy document, provides important information about the long term insurance policy you have purchased. These documents will assist you in understanding your rights, obligations and whom to contact.

Important Details about your broker (Financial Services Provider – FSP 45735)	
Name	CrediCover CC
Contact Details	0100105920 or 0861273342
Physical Address	78 Edelvalk Street Monument Park Pretoria, 0181
Postal Address	P.O. Box 25775 Monument Park, 0105
Legal Status	CrediCover CC (1999/038161/23) is an Authorized Financial Services (FSP 45735) Categories: 1.1;1.2;1.3;1.4;1.5;1.7;1.14;1.20 and Cat4. CrediCover accepts responsibility for the activities of its representatives in scope of their work for CrediCover.
Income earned by broker	The broker has earned at least 30% of its income in the last 12 months from this product supplier
Ownership interest in the Product Supplier	The broker does not own more than 10% of the shares of the insurer.
Professional Indemnity, Fidelity Insurance & Guarantees held	Yes
Important Notes: <ul style="list-style-type: none"> All material facts must be accurately and properly disclosed. The accuracy and completeness of all your answers, statements or other information provided whether these are provided by your or your broker are your responsibility. Please check that they are accurate and complete. All material information should be provided. You have a legal duty to disclose this to Liberty Group Limited. Should you provide incomplete or inaccurate information your claim may be repudiated. If you fail to pay your premium as required by your policy contract your cover will cease and any claim will be repudiated. The broker has an intermediary contract with Liberty Group Limited. They are also authorised to perform binding functions on behalf of the Liberty Group Limited. The broker does not have any contractual agreements with any other Long Term Insurer. The product provider is responsible for the product; the broker is responsible for the sale of the product. 	

Important Details about your Product Supplier (Financial Services Provider – FSP 2409)	
Name	Liberty Group Limited
Registration Number	1957/002788/06
Contact Details	(011) 408 3911
Physical Address	Libridge House, 25 Ameshoff Street Braamfontein, 2017
Postal Address	P.O. Box 10499 Johannesburg, 2000
Professional Indemnity, Fidelity Insurance & Guarantees held	Professional Indemnity held
Internet	www.liberty.co.za
Legal Status	The product supplier is a long term insurer registered in terms of the Long Term Insurance Act 52,1998. It is also an authorised financial services provider. There are no restrictions imposed on this FSP licensing conditions. No exemptions exist. Reg No: 1957/002788/06.

How to submit a claim	
Your broker has been authorised to process your claim on behalf of Liberty Group Limited. You can submit your claim to your broker.	
Broker Claims Department	Fax No: (012) 347 3345 Contact Details: 086 127 3342

How to complain

If you are dissatisfied with the financial services provided to you have a right to complain. The details for the complaint departments are detailed below. Please put your complaint in writing. If your complaint is not resolved to your satisfaction you can lodge your complaint with the Ombudsman. Their details are reflected in the next section. The complaints processes are published on the website of each of the providers.

Liberty Group Limited Complaints

Email: lc.contact@liberty.co.za
Contact Details: (011) 408 2999

Broker Complaints Department

Contact Details: 086 127 3342

Important Details about the Ombudsman

FAIS Ombudsman:

Email: info@faisinfo.co.za
Postal Address: P.O. Box 74571
Lynnwood Ridge
0040
Contact Details: T:086 032 4766 F:(012)348 3447

Long Term Ombudsman:

Email: info@ombud.co.za
Postal Address: Private Bax X45
Claremont,
7735
Contact Details: T:086 010 3236 F:(021)674 0951**Compliance Departments**

Liberty Group Limited

Willem Kruger
Contact Details: 011 408 3911

Broker Compliance Department

Contact Person: S. Liebenberg
Contact Details: (011) 425 4603
Email: Suel@mweb.co.za**Conflict of Interest**

The broker earns commission and other fees income from the long term insurance policies calculated on a sliding scale. This conflict of interest is mitigated by ongoing compliance monitoring and adherence to the internal conflict of interest policy.

The conflict of interest policy of the product supplier and the broker may be accessed at www.liberty.co.za or at the broker's offices during business hours respectively.