



# MZ Catering / Funerals (Pty) Ltd

4590/1 Link Road Extension 2 | Orange Farm | 1841  
 Tel: 0817390292 | Email: [menzisonke@webmail.co.za](mailto:menzisonke@webmail.co.za)  
 MZ Catering / Funerals is a Juristic Representative of Exodec FSP43212

## FUNERAL PLAN APPLICATION FOR MEMBERSHIP

Policy reference number (if applicable):

<b>POLICYHOLDER DETAILS:</b>		Mr <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	ID Number:																
Surname:			First Names:																	
Mobile / Tel:			Tel (W):			Email Address:														
Occupation:			Source of Income:	Salary <input type="checkbox"/>	Pension <input type="checkbox"/>	Government Grant <input type="checkbox"/>	or Other <input type="checkbox"/>													
Country of Birth:			Country of Residence:									Citizenship:								
Nationality:			Method of Transaction:	Debit Order <input type="checkbox"/>	Persal <input type="checkbox"/>	Easypay <input type="checkbox"/>	Other <input type="checkbox"/>													
Street/ Postal Address:																	Code:			

IMMEDIATE FAMILY DEPENDENTS, IF APPLICABLE												
	Full first names and surname	Age	Relationship	ID number						Gender		
Spouse											M	F
Child											M	F
Child											M	F
Child											M	F
Child											M	F
Child											M	F
Child											M	F

ADDITIONAL EXTENDED FAMILY MEMBERS (MAX 8)												
	Full first names and surname	Age	Relationship	ID number						Gender		
Ext 1											M	F
Ext 2											M	F
Ext 3											M	F
Ext 4											M	F
Ext 5											M	F
Ext 6											M	F
Ext 7											M	F
Ext 8											M	F

BENEFICIARY												
Your beneficiary is the person you appoint to receive the policy pay-out after your death. He or she must be 18 years or older. You may change your beneficiary at any time. If the pay-out cannot be made to the beneficiary, it will be paid to your estate.												
Title				First names								
Surname				Relationship								
ID No										Contact no		

**Monthly Premium:** Must be paid before the 5<sup>th</sup> of every month. Policy commences on receipt of 1<sup>st</sup> premium.

<b>DECLARATION:</b>									
I declare to the best of my knowledge and understanding that the particulars on the certificate are true and correct. I confirm the following by ticking each block.									
<input type="checkbox"/> I can afford the policy monthly premium and I am not replacing an existing funeral policy with this policy									
<input type="checkbox"/> This funeral policy suits my financial needs and expectations and I have read the terms and conditions and understand them and accept them.									
Your privacy is of utmost importance to us. We will take the necessary measures to ensure that any and all information, provided by you for the purpose of this application, is processed in accordance with the provisions of the Protection of Personal Information Act 4 of 2013 and further, is stored in a safe and secure manner. You hereby agree to give honest, accurate and up-to-date Personal Information in order to process and accept this application.									
You accept that your Personal Information collected by Us may be used for the following reasons:									
1. to establish and verify your identity in terms of the Applicable Laws; 2. to enable Us to proceed to issue the Policy should we accept this application;									
Unless consented to by yourself, we will not sell, exchange, transfer, rent or otherwise make available your Personal Information (such as your name, address, email address, telephone or fax number) to any other parties and you indemnify Us from any claims resulting from disclosures made with your consent.									
You understand that if the Administrator/Insurer has utilised your Personal Information contrary to the Applicable Laws, you have the right to lodge a complaint with Saffrican Insurance Company Limited or with the Information Regulator.									

<b>Policyholder Signature:</b>							<b>Date:</b>	Y	Y	Y	Y	M	M	D	D
<b>Administrator:</b> Exodec 229 (Pty) Ltd FSP 43212 Email: <a href="mailto:info@exodecgroup.co.za">info@exodecgroup.co.za</a> Fax: 086 608 7594										<b>Compliance:</b> Leona Prinsloo CO4920 Email: <a href="mailto:lprinsloo@mweb.co.za">lprinsloo@mweb.co.za</a>					
<b>Fees disclosure:</b> 50% Risk premium, 2% Binder Fee, 16% admin, 16% marketing, 16% operational															

**BENEFIT OPTION:**

Cover Amount	Single Plan				Member & Spouse				Single Parent & up to 6 children		Family Plan			
Age	18 – 64	65 – 74	75 – 84	85 – 95	18 – 64	65 – 74	75 – 84	85 – 95	18 – 64	65 – 74	18 – 64	65 – 74	75 – 84	85 – 95
<b>R 5 000</b>	R 55	R 100	R 160	R 200	R 70	R 130		R 270	R 65	R 120	R 70	R 160	R 270	R 310
<b>R 8 000</b>	R 65	R 140	R 180	R 270	R 95	R 180		R 320	R 80	R 160	R 100	R 220		R 380
<b>R 10 000</b>	R 75	R 160	R 230	R 315	R 110	R 200	R 320	R 390	R 90	R 180	R 120	R 270		R 450
<b>R 15 000</b>	R 90	R 180	R 380		R 140	R 270	R 390		R 110	R 260	R 150	R 320		
<b>R 18 000</b>	R 110	R 200	R 400		R 160	R 300			R 120	R 280	R 180	R 340		
<b>R 20 000</b>	R 130	R 230	R 420		R 190	R 330	R 470		R 130	R 300	R 200	R 370		
<b>R 25 000</b>	R 150	R 270	R 470		R 220	R 370	R 600		R 150	R 320	R 220	R 420		
<b>R 30 000</b>	R 170	R 300	R 520		R 250	R 470	R 670		R 170	R 370	R 250	R 470		

Extended family member up to 8	R 5 000	R 10 000	R 15 000	R 20 000
Ext Family Cover 00 – 22	R 10	R 18	R 25	R 40
Ext Family Cover 23 – 64	R 26	R 41	R 65	R 110
Ext Family Cover 65 – 74	R 70	R 150	R 210	R 260
Ext Family Cover 75 – 84	R 180	R 280	R 320	R 480
Ext Family Cover 85 – 95	R 210	R 350		

<b>eCoupon - tick the box (non-underwritten benefit)</b>	R 20 <input type="checkbox"/>
<b>Premium:</b>	R
<b>Extended Premium:</b>	R
<b>Total Monthly Premium:</b>	R

Premiums for the scheme will not change or be varied during the first 12 (twelve) months from the Commencement Date unless there are reasonable actuarial grounds on which to do so. Any change to the premium will be communicated to the Policyholder 31 (thirty-one) days before any increase takes effect and such communication will also confirm any increase to the benefit amount, if applicable. All premiums in the table above include the Repat Benefit premium of R2.

**1. General terms and conditions: Funeral Plan**

The maximum entry age for Policyholder and Spouse is 95 years. Cover for Children biological or legally dependant on the Policyholder will cease on the day before their 22<sup>nd</sup> birthday. Children aged 22 or older will be covered up to age 26 if they are studying full-time at a recognised school or tertiary institution. This is subject to the provision of satisfactory evidence (annually). Unmarried mentally/physically disabled Children who are totally dependent on the Policyholder will be covered for as long as the policy is in force. Cover will be provided for **(1) (one)** Spouse and for a maximum of 6 (six) Children at the stated premium. Should a Child be born to the Policyholder, the Policyholder has 60 (sixty) days to update his application/nomination form. If the documentation is not updated the child will not be covered for benefits.

If the Policyholder ceases to be a Policyholder of the funeral scheme (dies, withdraws or retires) cover will cease immediately for the Policyholder and all their Dependants. Should the Spouse elect to take over the policy of an existing Policyholder due to the Policyholder's Death, this must be done within 30 (thirty) days of the death and application/nominations form and monthly membership schedule must be updated accordingly.

Only RSA residents and SADC citizens legally residing in RSA.

**Benefit Split – Policyholder and Spouse same cover; cover of child between 14-22 years same as Policyholder – age 6-13years = 50% of Policyholder**

**Stillborn – 5 years = 25% of Policyholder.**

**The Insurer reserves the right to cancel the policy with 31 (thirty-one) days' notice at any stage for whatsoever reason.**

The Insurer will not change or Vary the Premium rate during the first 12 (twelve) months after the Commencement Date of the Policy unless there are reasonable actuarial grounds to change or Vary the Premium rate or when the Variation will be to the benefit of the Policyholder. After the first 12 (twelve) months, the Insurer reserves the right to review and change the premium and cover annually.

Any changes to the Premium rate will be notified to the Policyholder 31 (thirty-one) Days prior to the change taking effect. Such notification will provide appropriate details of the reasons for the change to the Premium rate and will afford the Policyholder with reasonable steps, such as an option to terminate the policy or to reduce the policy benefit or to enter into an alternate policy, to mitigate the impact of the increase on the Policyholder. The Premium rates may be amended or changed, based on the following factors; past and future expected economic factors (for example, but not limited to, interest rates, tax and inflation), past and future claims experience, past and future expected lapse experience, past and future expected mortality experience, expected future reinsurance, any regulatory and legislative changes impacting this Policy or any other factor impacting the Premium that the Insurer deems material at the time.

**2. Extended Family Benefits**

Maximum 8 extended family members (parents, parents-in-law, brothers, sisters, aunts, uncles or other relatives who are financially dependent on the Policyholder) can be added at an additional premium payable per Extended Family Member. This option must specifically be requested and catered for at a scheme level in the policy. Maximum entry age: 95 years

**3. Exclusions**

The Insurer will not pay any Funeral Benefit or any Extended Family Benefit if death was directly or indirectly caused, resulting from or in connection with any of the following: a. active participation in war, invasion, acts of foreign enemies, hostilities, warlike operations (whether war be declared or not), civil war, rebellion, revolution, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power; b. the deceased's deliberate exposure to exceptional danger, except in an attempt by the deceased to save a human life; c. The deceased's active participation in the commission of a criminal activity resulting in a claim event.

**Suicide will be excluded for the first 12 (twelve) months from the Commencement Date.**

**A 6 (six) months Waiting Period for natural death from the Commencement Date of cover for Funeral or Extended Family Benefit.** The Insurer will have no liability for a Claim Event if Death for any Insured is directly or indirectly caused by or attributable to natural causes during this period, unless proof is supplied to the Insurer of previous cover for such Insured in the 31 (thirty-one) Day period prior to the Commencement Date of this Policy, and where such similar cover with the alternate insurer was replaced with this Policy and where the waiting period on such prior policy had already expired.

Claims due to Accidental Death will not be subjected to a Waiting Period, on condition that the first premium is paid.

**When taking up a higher benefit a 6 (six) months Waiting Period for natural death will apply to the increased amount not the current benefit cover enjoyed.**

When taking over existing affiliation schemes Safrican Insurance Company Limited will require proof of membership with the prior underwriter for the Waiting Period for natural death to be waived, if not available the full Waiting Period for natural death will apply. Stillborn cover included only on family plans.

The Policy becomes active on receipt of first premium paid.

**4. Premiums**

Premiums must be paid for the month for cover to remain in force. Should premiums not be paid in terms of the policy, cover ceases and should the Policyholder wish to re-join after 2 (two) months, they will be treated as a new entrant, with the full 6 (six) months waiting period for natural death restarting. The policy will lapse after 2 (two) premiums missed within a 12 (twelve) month cycle. The policy will be cancelled should the arrear premium/s not be paid in full before 2 (two) months of non-payment has passed. All outstanding premiums due must be paid before the end of the 2<sup>nd</sup> month. For all premium payments please always keep proof of payment for your records. The sum assured for Extended Family Members cannot exceed that of the Policyholder. An Extended Family Member can cease membership while the Policyholder remains the Policyholder, but that Extended Family Member cannot be readmitted.

**5. Claim Requirements**

Exodec/Safrican Insurance Company Limited must be notified of Funeral Claims within 6 (six) months of an Insured's death. Even if all the required information is not yet available, it must still be notified of the potential Claim. The following information is required to process a Claim (standard claims package):

**Policyholder**

- Fully completed, signed and stamped claim form
- Copy of a signed policy document
- Certified Copy of the deceased's identity document
- Certified Copy of the death certificate
- Fully completed DHA1663 Notice of Death Form
- Certified Copy of the Beneficiary identity document
- Beneficiary's banking details
- If the cause of death is unnatural – a completed police report is required in an instance of a motor vehicle accident, or where the death is under investigation or resultant from suicide.

**Spouse's and Children's funeral benefit**

- Fully completed, signed and stamped claim form
- Copy of a signed policy document
- Certified Copy of the deceased's identity document or birth certificate
- If no identity document or birth certificate – a copy of the clinic card or a hospital file is required
- Certified Copy of the Death Certificate

Policyholder Signature \_\_\_\_\_ Date \_\_\_\_\_

- Fully completed DHA1663 Notice of Death Form
  - Certified Copy of Policyholder's Identity Document
  - Certified Copy of the marriage certificate, or a copy of the Lobola letter or an affidavit confirming person was life partner (2 family members), state duration
  - Copy of 6 months receipts/bank transfers as proof of payments made
  - Certified Copy of the Beneficiary identity document
  - Copy of the premium schedule
  - Beneficiary's banking details
  - If the cause of death is unnatural – a completed police report is required in an instance of a motor vehicle accident, or where the death is under investigation or resultant from suicide.
  - If Child is over the age of 22 - we require a certified copy of a letter from the educational facility confirming the Child is registered and the course / grade that they are registered for.
  - If a benefit under this Policy is an Unclaimed Benefit, Exodec will take any and all appropriate action to determine if the Beneficiary is alive and/or aware of the benefit payable to him/her under this Policy. Specifically, in the 3 (three) year period after the Unclaimed Benefit arises.
  - Before the end of the 3 (three) year period referred to above, Exodec will confirm the Unclaimed Benefit and transfer the amount of the Unclaimed Benefit to an account in the name of the Insurer, and the Insurer will accept liability for the Unclaimed Benefit.
  - A maximum period of 6 (six) months from the date of Death is permitted to submit all funeral claim requirements. Failure to comply with this will result in closure of the file and no further evidence being considered for assessment and processing of a Claim, unless there are extenuating circumstances acceptable to the Insurer for the late submission.
- NB: the above are extracts and summaries from the Policy and do not replace the official Policy, which contains all rights of members

**On signing this document Exodec will confirm the offer of Insurance has been accepted on behalf of Safrican Insurance Company Limited. Cover will commence on receipt of the first premium.**

**Fees disclosure:** 50% Risk premium, 2% Binder Fee, 16% admin, 16% marketing, 16% operational

**Disclosure Notice: Long-term Insurance Policyholder Protection Rules 2017 (PPRs) Financial Advisory and Intermediary Services (FAIS) General Code of Conduct 2003**

<b>Your Intermediary:</b> Exodec 229 (Pty) Ltd	
<b>Registration Number:</b> 2016/486897/07, <b>FAIS Registration (FSP No):</b> 43212	
<b>Physical Address:</b> 1 <sup>st</sup> Floor Royal Palms Building Cnr Loch Street & Pierneef Blvd Meyerton, 1961	In terms of the FSP license, Exodec 229 (Pty) Ltd, is authorised to give Intermediary Services and Advice for products under: CATEGORY I, II, IV,]: <ul style="list-style-type: none"> <li>• [Long-term Insurance: Category A]</li> <li>• [Friendly Society Benefits]</li> <li>• [Long-term Insurance: Category B1]</li> <li>• [Long-term Insurance: Category B1-A]</li> <li>• [Long-term Insurance: Category B2]</li> <li>• [Long-term Insurance: Category B2-A]</li> <li>• [Long-term Insurance: Category IV]</li> </ul>
<b>Postal address:</b> PO Box 934 Meyerton 1960	
<b>Telephone no:</b> 016 362 0334	
<b>Website:</b> www.exodecgroup.co.za	

Without in any way limiting and subject to the other provisions of the Services Agreement/Mandate, Exodec 229 (Pty) Ltd FSP43212 accepts responsibility for the lawful actions of their representatives (as defined in the Financial Advisory and Intermediary Service Act) in rendering financial services within the course and scope of their employment. Some representatives may be rendering services under supervision and will inform You accordingly.

**Legal and contractual relationship with the Insurer:** Contract in Place

**Professional Indemnity and/or Fidelity Cover:** Exodec 229 (Pty) Ltd has a Professional Indemnity Cover and a Fidelity Guarantee Cover in place.

**Claims Contact Person:** Sanah Kwapeng

Tel: 016 362 0334 or Cell/WhatsApp: 071 600 1927 Email: [claims@exodecgroup.co.za](mailto:claims@exodecgroup.co.za)

**Complaints Procedures: Contact Person:** Marieta Pretorius

Tel: 016 362 0334 Email: [info@exodecgroup.co.za](mailto:info@exodecgroup.co.za)

**Compliance Officer:** Leona Prinsloo Tel: 012 664 6257 Email: [lprinsloo@mweb.co.za](mailto:lprinsloo@mweb.co.za)

**Conflict of Interest:** Exodec has a conflict of interest management policy in place and is available to clients on the website.

<b>The Insurer:</b> Safrican Insurance Company Limited <b>Registration Number:</b> 1935/007463/06	
<b>Physical address:</b> Sfrican House, 21 9 <sup>th</sup> Street, Houghton Estate, 2198	In terms of the FSP license, Safrican Insurance Company Limited is authorised to give advice and render financial services for products under: CATEGORY I: <ul style="list-style-type: none"> <li>• Long-term Insurance: Category A</li> <li>• Short-Term Insurance Personal Lines</li> <li>• Long-term Insurance: Category B1</li> <li>• Long-term Insurance: Category B1-A</li> <li>• Long-term Insurance: Category B2</li> <li>• Long-term Insurance: Category B2-A</li> <li>• Short-term Insurance Personal Lines A1</li> </ul>
<b>Postal address:</b> PO Box 616 Johannesburg 2000	
<b>Telephone no:</b> 011 778 8000	
<b>Email:</b> <a href="mailto:clientretention@sfrican.co.za">clientretention@sfrican.co.za</a>	
<b>Web:</b> <a href="http://www.sfrican.co.za">www.sfrican.co.za</a> <b>FAIS Registration (FSP No):</b> 15123	

**Professional Indemnity and/or Fidelity Cover:** Safrican Insurance Company Limited has a Professional Indemnity Cover and Fidelity Guarantee Cover in place.

**Complaints Procedures:** Complaints Department: [customerrelations@sfrican.co.za](mailto:customerrelations@sfrican.co.za)

**Compliance Officer:** MR MJ Mokoena Tel: 011 778 8164

policy in place and is available to clients on request.

**Policy Wording:** A copy of the policy wording can be obtained from Exodec

**Policy details:**

**Type of Policy:** Funeral Class of Business

**Risk covered:** Death

**Policy Benefits:** Cover amount selected on the application form

**Your premium obligations:**

**Monthly Premium:** As per the policy agreement

**Due date and frequency:** Monthly

**Manner of payment of premium:**

Direct deposit, Debit order, Easympay, PERSAL deductions

**Consequence of non-payment:**

Cover will cease and no further benefits will be in force.

Details of any premium increases, including the frequency and basis thereof: Annually upon the Review Date.

**Fees payable to Exodec (included in monthly premium)**

The Intermediary does not directly or indirectly hold more than 10% of the relevant product supplier's shares or has any equivalent substantial financial interest in the Insurer.

**Cooling Off Rights:**

If any of the information reflected above and below was given to You orally, this disclosure notice serves to provide You with the information in writing. Should You not be satisfied with the Policy, you are entitled to a period up to 31 (thirty-one) days from the date of receipt of the Policy within which You may cancel Your Policy in writing at no cost provided no Claim has arisen or any benefit paid. Cover will cease upon cancellation of the Policy. All premiums paid by the Policyholder to the Insurer up to the date of receipt of the cancellation notice will be refunded to the Policyholder.

**Cancellation Rights:**

The Policyholder may cancel the Policy at any time after the Cooling Off period by giving Exodec 31 (thirty-one) days' notice. Such cancellation will not attract any refund of premiums paid. The Insurer may cancel this Policy at any time for whatsoever reason by giving the Policyholder 31 (thirty-one) day notice period. The Insurer may immediately cancel this Policy, or place it on hold, refuse any transactions or instructions, or take any other action considered necessary in order to comply with the law and prevent or stop any undesirable or criminal activity.

**Applicable Laws:**

The Insurance Act 18 of 2017 and/or the Long-term Insurance Act 52 of 1998, the Policyholder Protection Rules (Long-term Insurance), 2017, the Protection of Personal Information Act 4 of 2013, and any other legislation relating to or regulating the protection or processing of data of Personal Information, direct marketing or unsolicited electronic communications and which may be applicable in the Republic of South Africa from time-to-time.

**Fraud:**

If any Claim under this Policy is in any respect fraudulent, or if any fraudulent means or devices are used by the Beneficiary or anyone acting on her/his behalf to obtain any benefits under this Policy, all benefits including premiums paid under this Policy shall be forfeited. The Insurer will take any appropriate action deemed necessary in such an instance and the Insurer's rights will remain reserved at all times.

**Processing of Personal Information:**

Your privacy is of utmost importance to us. We will take the necessary measures to ensure that any and all information provided by you for the purpose of this application, is processed in accordance with the provisions of the Protection of Personal Information Act 4 of 2013 and further, is stored in a safe and secure manner. You hereby agree to give honest, accurate and up-to-date Personal Information in order to process and accept this application. You accept that your Personal Information collected by us may be used for the following reasons: 1.to establish and verify your identity in terms of the Applicable Laws; 2.to enable us to proceed to issue the Policy should we accept this application; Unless consented to by yourself, we will not sell, exchange, transfer, rent or otherwise make available your Personal Information (such as your name, address, email address, telephone or fax number) to any other parties and you indemnify us from any claims resulting from disclosures made with your consent. You understand that if the Administrator/Insurer has utilised your Personal Information contrary to the Applicable Laws, you have the right to lodge a complaint with, Safrican or with the Information Regulator.

**Other matters of importance:**

You will be informed of any material changes to the information about the Intermediary, Insurer and or Underwriting Manager provided above. You have the right to complain, you may do so by contacting Exodec on 016 362 0334 or email: [info@exodecgroup.co.za](mailto:info@exodecgroup.co.za), alternatively with Safrican Insurance Company Limited on 011 778 8000 or email: [customerrelations@sfrican.co.za](mailto:customerrelations@sfrican.co.za). If We fail to resolve Your complaint satisfactorily, you may submit Your complaint to the **Ombudsman of Long-Term Insurance** on 021 657 5000. You/ your Nominated Beneficiary has the right to claim, the conditions under which a claim may be made are stipulated in the policy and may be made by contacting Exodec on 016 362 0334 or email: [claims@exodecgroup.co.za](mailto:claims@exodecgroup.co.za). You will always be given a reason for the repudiation of Your claim. If the Insurer wishes to cancel Your policy, the Insurer will give you **31 (thirty-one) days** written notice, to Your last known address. You will always be entitled to a copy of Your policy at no extra charge.

**Policyholder Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Warning:**

Do not sign any blank or partially completed application form. Complete all forms in ink. Keep notes of what is said to You and all documents handed to You. Where applicable, call recordings will be made available to You within 7(seven) days of request. Don't be pressurised to buy the product. Failure to provide correct or full relevant information may influence an Insurer on any claims arising from Your contract of insurance.

**Waiver of Rights:**

No insurer and/or intermediary may request or induce in any manner a client to waive any right or benefit conferred on the client by/or in terms of any provisions of the said Code, or recognise, accept or act on any such waiver by a client. Any such waiver is null and void.

<b>Particulars of the Long-Term Insurance Ombudsman</b> (For claims/service-related matters) <b>Postal address:</b> Private Bag X45, Claremont, Cape Town, 7700 <b>Telephone:</b> +27-21- 657- 5000 0860 103 236 <b>Fax number:</b> +27-21- 674- 0951 <b>Email address:</b> <a href="mailto:info@ombud.co.za">info@ombud.co.za</a>	<b>Particulars of the FAIS Ombudsman</b> (For product/advice related matters) <b>Postal address:</b> PO Box 74571, Lynnwood Ridge, 0040 <b>Telephone:</b> +27- 12- 762- 5000 <b>Fax number:</b> +27- 12- 348- 3447 <b>Email address:</b> <a href="mailto:info@faisombud.co.za">info@faisombud.co.za</a>
<b>Particulars of the Financial Sector Conduct Authority</b> (For market conduct related matters) <b>Postal address:</b> PO Box 35655, Menlo Park, 0102 <b>Telephone:</b> +27-12- 428-8000 <b>Fax number:</b> +27- 12- 346-6941 <b>Email:</b> <a href="mailto:info@fsca.co.za">info@fsca.co.za</a>	<b>Particulars of the Information Regulator</b> (For complaints relating to the use of Personal Information) <b>Postal address:</b> PO Box 31533, Braamfontein, Johannesburg, 2017 <b>Telephone:</b> +27- 10- 023- 5200 <b>Email:</b> <a href="mailto:POPIAComplaints@infoforegulator.org.za">POPIAComplaints@infoforegulator.org.za</a>

**Repatriation of mortal remains benefit and services by contracted service providers only (A NON-UNDERWRITTEN BENEFIT NOT OFFERED BY THE INSURER AND OFFERED SEPARATELY TO THE INSURANCE POLICY INCLUDED IN TOTAL MONTHLY PREMIUM)**

Repatriation of Mortal remains within South Africa and neighbouring countries to a maximum of R10 000 per event and annual limitation of R20 000. Nominated extended family members excluded. When a member's death occurs more than 100km from their normal place of residence/place of burial, the deceased will be transported to the place of burial irrespective of where the death occurred, or where the burial will take place, provided that the repatriation is within the defined territory. Allowance for 1 family member to travel with the deceased free of charge. Funeral assistance services: all documentation referral to pathologist if required and referral to a reputable undertaker. Removal from place of death (anywhere in RSA) minimum of 20Km to a maximum of R900 per claim. Storage to a maximum amount of a R1000/7 days. Standard waiting period as per product waiting period apply to new and existing policies.

**Exodec Assist Repatriation call centre no: 0861 55 5515 Quote following: Exodec Funeral Plan, Policy number**

The repatriation benefit is not regulated in terms of the Financial Advisory and Intermediary Services Act ("FAIS Act") and therefore, you are not afforded the same protections which apply in respect of financial products or services which are regulated in terms of the FAIS Act.

**Exodec eCoupon:**

**(REWARDS PROGRAMME NOT OFFERED BY THE INSURER AND OFFERED SEPARATELY TO THE INSURANCE POLICY)**

At an additional cost per month the Policyholder will receive coupons to the value of up to R750.00 per month for each retailer per month. – (No Role over on monthly eCoupon);

- eCoupons Shoprite Checkers:** Save up to R750 on your monthly grocery's by using our grocery discount coupons on a range of groceries which are redeemable at selected Shoprite, Checkers and Checkers Hyper stores.  
 Show the eCoupons to the cashier and claim your discount on every product. If you are also a Shoprite/Checkers Xtra Savings Loyalty member and a product eCoupon are offered on the Shoprite/Checker loyalty program, you will be able to claim both the savings.  
**Special Note:** The eCoupons is not one eCoupon but is eCoupons on a range of specific grocery items which may be changed every month.
  - eCoupons Pick n Pay:** Save up to R750 on your monthly grocery's by using our grocery discount coupons on a range of groceries which are redeemable at selected Pick n Pay stores.  
 Show the eCoupons to the cashier and claim your discount on every product.  
**Special Note:** The eCoupons is not one eCoupon but is eCoupons on a range of specific grocery items which may be changed every month.
  - eCoupons Dischem:** Save up to R750 on your monthly shopping by using our shopping discount coupons on a range of groceries which are redeemable at selected Dischem outlets.  
 Show the eCoupons to the cashier and claim your discount on every product.  
**Special Note:** The eCoupons is not one eCoupon but is eCoupons on a range of specific shopping items which may be changed every month.
- Coupon Redemption Retailers:**  
 a. Shoprite      b. Checkers      c. Checkers Hyper      d. Dis-Chem      e. Pick n Pay

Should a member run into a problem redeeming coupons in-store or have any query whatsoever please sms 'exodec' to 30172. Or Email assistance [info@berelo.com](mailto:info@berelo.com) or email [geoffa@mochilagroup.com](mailto:geoffa@mochilagroup.com)

The eCoupon benefit is not regulated in terms of the Financial Advisory and Intermediary Services Act ("FAIS ACT") and therefore, you are not afforded the same protections which apply in respect of financial products or services which are regulated in terms of the FAIS Act.



Policyholder Signature \_\_\_\_\_ Date \_\_\_\_\_