

Ongoing Expense Cover

Welcome to Instant Life. We are a predominantly online insurance administrator operating from offices in Johannesburg, South Africa. Our mission is to provide simple and relevant insurance products at the lowest possible cost to our clients. Contact us at clientservices@absainstantlife.co.za or call us on 086-000-0072. Or find out more about us at www.absainstantlife.co.za. Instant Life offers you life cover according to the policy terms included in this document and is underwritten by Absa Life Limited, an insurer licensed to conduct life insurance business. Instant Life and Absa Life are authorised financial services providers.

Your Cover

| | |
|--------------------------------|--|
| this policy | Policy number Draft First issued 01 August 2023 Last updated 01 August 2023 |
| 'you', the policy owner | Jane Sample , born 01 January 1980 , living in South Africa . As policy owner, you're the only person who can authorise changes to this policy and the proceeds of any claim under this policy will only be paid to your nominated beneficiaries or to your estate if no beneficiaries have been nominated. |
| the 'insured person' | Jane Sample , a Female , born 01 January 1980 , living in South Africa , insured as a Non-Smoker . The insured person is the person whose life is insured under this policy. |
| the 'beneficiary' | The proceeds of any claim under this policy will be paid to the beneficiary* (*see definitions); <ul style="list-style-type: none">• Jane Sample |
| what you're covered for | We'll pay a total of R600,000.00 if the insured person dies. This amount will be payable in 12 equal monthly instalments. |
| cash back | Every 10 years we'll give you back 20% of all your payments made since your last cash back benefit. This benefit will only be paid if the policy is still active, each payment has been made in a timely manner, and no claim has been made. |
| HIV test required | It's the responsibility of Jane Sample to go for an HIV test by 04 November 2023 with Lancet Laboratories. Tests done directly through a doctor will not be accepted. If we do not receive a negative HIV test result by this date then your cover will be limited to only accidental death* and your payment will adjust to R67.18 per month. (*see definitions) |

| | |
|---|--|
| what you're <u>not</u> covered for | <p>We'll not make any payment under this policy if the insured person's death results from;</p> <ul style="list-style-type: none"> • their own act and in our assessment, the insured person committed or attempted suicide within 24 months from the policy start date; or • participation in base jumping, competitive offshore sailing; aviation with stunt flying, aerobatics or record attempt; or competitive combat sports, including for example boxing; or • wilful participation in war, civil commotion, riot, terrorist activity, or rebellion; or • radioactivity or nuclear explosion; or • driving a motor vehicle while over the legal alcohol limit; or • the abuse of alcohol, drugs or narcotics; or • breach of any criminal law which results in death by you or anyone acting on your behalf or with your permission or knowledge, or by any claimant; or |
| your policy starts | On 04 August 2023 . If you miss your first payment your policy will be suspended and you will not be covered until we successfully collect your first payment. |
| your payment | Your payment is R168.17 per month. No VAT is charged on this policy. |
| annual increase | <p>Each year, on the anniversary of your cover start date, your payments will increase by 7.5% to take account of the insured person's advancing age. This increase will not apply if your cover has been limited to only accidental death cover.</p> <p>Additionally, we'll increase your cover each year by 5% (with a related payment increase) to keep pace with the cost of living. You can decline the 5% cover increase in any year or you can ask us to permanently exclude these cover increases. If you twice decline a cover increase, we'll no longer offer it. We'll notify you at least 20 days ahead of any payment increase.</p> |
| cover ends automatically | On the day we pay out your claim for death. |

Eligibility

who can buy this policy This policy can be purchased by people aged 20 to 65. Only one person can be insured under this policy. A partner or spouse will need to be insured under a separate policy.

how much cover you can buy You can buy as many policies from us as you wish. However, if you purchase Ongoing Expense Cover from us totalling more than R1.2 million without our written consent, we're only liable to pay out the first R1.2 million unless there has been full disclosure on existing and/or simultaneously applied for life cover(s) which have been acknowledged by us.

misrepresentation of existing cover It's your responsibility to provide the correct information about your existing cover with other insurers. We rely on your information to issue your policy. If you're not absolutely truthful or if you fail to disclose all relevant information to us, we can at our discretion void* (*see definitions) your policy or change the terms of your policy as we deem appropriate.

misrepresentation of income It's your responsibility to provide the correct information about your earnings or income. We rely on your information to issue your policy. If you're not absolutely truthful or if you fail to disclose all relevant information to us, we can at our discretion void* (*see definitions) your policy or change the terms of your policy as we deem appropriate.

being truthful It's your responsibility to be absolutely truthful with us. We rely on your information to issue your policy and pay any claim. If you're not absolutely truthful or if you fail to disclose all relevant information or misrepresent information to us, we can at our discretion void* (*see definitions) your policy or change the terms of your policy as we deem appropriate. If your claim is based on false or incomplete information we won't be liable to pay the claim and we can, at our discretion, void your policy. If, after we pay any claim, we find that it was based on false or incomplete information, all claim payments must be refunded to us.

Any additional information which might be relevant to Instant Life's decision to offer you cover or assess your risk which was not provided or disclosed at the time of the application for cover under this policy, or that which was disclosed in a prior or subsequent or separate application, will not be considered as having been disclosed unless communicated in writing to clientservices@absinstantlife.co.za and the receipt and acknowledgement thereof is confirmed in writing by Instant Life by way of an endorsement letter stating that your cover remains unaltered. Without any endorsement letter being issued, the additional information will have no bearing on this policy.

Changes

change policy owner When you purchase this policy you are automatically the policy owner. You cannot change or assign the ownership of this policy to anyone else.

policy changes You can make changes to your policy at any time by going to our website and logging into myinstantlife.co.za.

contact and banking details changes You can make changes to your contact and banking details at any time by going to our website and logging into myinstantlife.co.za. Ensuring that your details are always up to date will help ensure you receive our communication.

change policy beneficiary You can change the beneficiary of your policy at any time by going to our website and logging in to myinstantlife.co.za to make the changes online.

increase your cover You can apply at any time to increase your cover by going to our website and logging in to myinstantlife.co.za to make the changes online. However, we're not obliged to approve the increase. Our approval will depend on several factors such as your state of health and your reasons for seeking the increase. Additionally, from time to time we may approach you with an offer to increase your cover on favourable terms.

decrease your cover We'll always reduce your cover if you request it. You can do this online at myinstantlife.co.za. There are no conditions or penalties. A decrease in your cover will decrease your ongoing payments.

change in circumstances You must let us know within 30 days if you:

- change country of residence; or
- travel or temporarily reside in another country for more than 42 days; or
- change occupation or there is a change in the nature of your occupation; or
- stop smoking for at least 12 consecutive months.

Where this happens, the cover and payment on your policy will be reviewed and could change or be cancelled.

payment reviews We will not change your payments for 5 years from the policy start date. After that, once a year we may review payments to determine if the experience of policies like yours has changed from what we expected at the policy start date. If we then decide to change the payments, we will let you know at least 30 days before the new payment is due.

If we change the payments, we will not change it again for another 5 years.

Cancellation

| | |
|--|--|
| cooling-off period | You can cancel this policy within 31 days after receipt of the policy document. The payments made during this time will be refunded provided that no claim has been made. |
| cancelling this policy after the cooling-off period | You can cancel this policy after the cooling-off period by either calling us on 086-000-0072 or sending us an email at cancellations@absainstantlife.co.za at least 15 days before your next payment date. We will immediately stop all future payments and any payments you have already made to us will not be refundable. Your policy will terminate at the end of the period for which you have paid. |
| no cash value | The policy contains no savings, investment or surrender value, nor does it participate in the profits of Instant Life or Absa Life Limited. The policy has no cash value if cancelled. |

Payment

| | |
|---|--|
| how we calculate your payments | Your payment is based on the cover you select and your gender, smoking habits, income, education and declared state of health at the time you apply. We also take into account your occupation and pastimes. If your health deteriorates from year to year, it has no impact on what you pay. |
| currency | All transactions are in South African Rands. |
| payment frequency & due-date | Your payments follow a monthly cycle. They're due each month on the day of the month that you select for your monthly payments. If your payment date falls on a Saturday, Sunday or public holiday, payment will be made on the preceding working day. |
| payment methods | You may only pay by debit order from a South African bank account. |
| banking details | The banking details provided must be the banking details of the insured person or their spouse* (*see definitions). No other bank account other than those in either your name or your spouse will be accepted. If the banking details are based on false, incomplete or fraudulent information we won't be liable to pay any claim and all benefits and payments will be forfeited. |
| additional bank charges | Any bank charges charged by your bank to you are for your own account. |
| policy suspended for non-payment | If you miss your first payment your policy will be suspended and you will not be covered until we successfully collect your first payment. If this happens we'll notify you of the missed payment at your last known email address. We will not be liable to pay a claim while your policy is suspended. |

| | |
|--|---|
| grace period for non-payment | If you miss a payment, other than your first payment, we will grant you a grace period of 30 days in which to make up the missed payment whilst still being covered. If this happens we'll notify you of the missed payment at your last known email address. |
| policy terminated for non-payment | If we do not receive payment within 30 days of a missed payment your policy will immediately terminate. If this happens: <ul style="list-style-type: none"> we'll notify you of the termination at your last known email address we'll not refund any payments we'll not be liable to pay a claim relating to any period after the cover has been terminated you'll need to reapply for a new policy if you still require cover after 30 days since policy termination. However we're not obliged to approve the new application. Our approval and the payment offered will depend on several factors including your state of health. |
| policy reinstatement | Your policy may only be reinstated within 30 days of termination. We will reinstate your policy provided that all outstanding payments due to us are made. |

Claims

| | |
|---|--|
| information we need to assess your claim | For a death claim we'll need a copy of the insured person's death certificate, a pathologist's report if one has been issued and proof of identity. Should additional information be required, this will be communicated at time of claim. We're not obliged to pay a claim until we receive all the information we require. |
| fraud | A fraudulent claim, or use of any fraudulent means, false information or knowingly allowing anyone to act on your behalf to provide false information to obtain a benefit will result in immediate termination of the policy and all benefits and payments made in respect of this policy will be forfeited. We may further, initiate legal action against the defrauding party. |
| how to claim | To lodge a claim either: <ul style="list-style-type: none"> visit our website: www.absinstantlife.co.za or send an email to: claims@absinstantlife.co.za or call us on 086-000-0072 |
| who we pay | The proceeds of any claim paid under this policy will only be paid to the beneficiary nominated in this policy, or to their estate if they are deceased. |
| time limit | There is a time limit of 180 days from the date of the claim event to notify us of a claim. Once we have been notified of a claim there is a time limit of 180 days to submit all required information. If either of these timelines are not met the claim may become void. |

| | |
|--------------------------|---|
| unclaimed benefit | An unclaimed benefit is a benefit that has not been paid to you or your beneficiary because a claim was not submitted or we were not able to contact or locate you, a claimant or your beneficiary. |
|--------------------------|---|

Compliance

| | |
|--------------------------------|---|
| we protect your privacy | All information you provide us will be held securely and confidentially. The only use of this information will be to process your application and any claim and to administer your policy. From time to time we may wish to offer you other products, however, if you don't want this information you can request that we don't send it to you. |
|--------------------------------|---|

| | |
|----------------------------------|--|
| South African law applies | This policy is governed by South African law. Any legal action in relation to this policy must be conducted in South Africa. |
|----------------------------------|--|

| | |
|------------------------|--|
| the underwriter | The underwriter of this policy is Absa Life Limited, an insurer licensed to conduct life insurance business, and a registered Financial Service Provider under the Financial Advisory and Intermediary Services Act. |
|------------------------|--|

Definitions

| | |
|-----------------|---|
| accident | An accident is an unforeseeable, unnatural, unintentional, sudden, and external event that occurs at a time and place that can be identified. |
|-----------------|---|

| | |
|-------------------------|--|
| accidental death | When a person dies because of an Accident. An Accident must happen after the policy start date and death must occur within 180 days of the Accident. |
|-------------------------|--|

| | |
|--------------------|---|
| beneficiary | The beneficiary is the person, company, trust or organisation that you choose for us to pay the claim when you die. |
|--------------------|---|

| | |
|----------------------|---|
| natural death | When a person dies due to natural causes. |
|----------------------|---|

| | |
|---|--|
| participate in pastime regularly | Any recurring participation (i.e. on separate occasions or events) within a 12 month period is considered regular. |
|---|--|

| | |
|---------------|---|
| smoker | Means a person who has smoked a cigarette or any form of tobacco or nicotine, including vaping in the past 12 months. |
|---------------|---|

| | |
|---------------|--|
| spouse | Means a person you are married to or your life partner or who you have been living with for at least 6 months. |
|---------------|--|

| | |
|------------------------------|---|
| to 'void' your policy | This means your policy will be considered never to have existed, payments you have made may not be refunded at our discretion and no claim will ever be paid. |
|------------------------------|---|

we, our, us 'We', 'our', or 'us' means Instant Life and / or Absa Life Limited.

you, your, me, my 'You', 'your', or 'me' or 'my' means the policy owner.

Draft

How you answered our application

When you applied for this policy on **01 August 2023** we asked you, **Jane Sample**, the following questions and these were your answers;

| | |
|--|-----|
| Have you ever had an HIV test? | No |
| Do you currently have or have you ever suffered from any serious condition or a condition that requires ongoing medical care or treatment, for example hypertension, diabetes, cholesterol, asthma, heart attack, stroke etc.? | No |
| Do you have any condition or ailment that impairs your abilities for example blindness, depression, back or joint problems or loss of hearing? | No |
| In the last 2 years, were you prescribed chronic medication for more than 2 weeks or been hospitalized for more than 4 nights? | No |
| Have you had an application for life insurance being declined or denied, postponed or charged an additional premium, or have you made a claim from any long term insurance benefit? | No |
| Will you be seeing a doctor for medical tests or treatment or, are you waiting for results of tests done recently? | No |
| What is your height (cm)? | 175 |
| How much do you weigh (kg)? | 75 |

Additional information you provided us

You also provided us this additional information... read through and confirm it's accurate; your answers;

Insured person's details

| | | | |
|--|--------------------------|-------------------------|----------------------|
| first name | Jane | middle name | |
| last name | Sample | | |
| email | sample@instantlife.co.za | alternate email | |
| mobile phone | 654321 | other phone | |
| SA ID / passport number | 000000000000 | qualification | post-graduate degree |
| monthly income | R50,000.00 | monthly income (spouse) | R20,000.00 |
| employment status | Full Time Employed | occupation category | Accountant |
| Industry | Finance and Banking | Occupation | Accountant |
| In your current occupation do you spend at least 75% of your time working at a desk, either in an office or at home? | No | | |
| source of income | Salary | doctors name | |
| medical aid | | existing cover | R0.00 |

Insured person's postal address

| | | | |
|---------|---------------|---------------------------------|---------------|
| address | sample street | suburb | sample suburb |
| city | sample city | postal code | 12345 |
| country | South Africa | physical same as postal address | Y |

Insured person's physical address

| | | | |
|---------|---------------|---------|---------------|
| address | sample street | suburb | sample suburb |
| city | sample city | country | South Africa |

Beneficiary details

| | | | | | |
|------|-------------|-------------------------------|-------------------|------------|---------|
| name | Jane Sample | SA ID / passport / reg number | 000000000000 0 | percentage | 100.00% |
|------|-------------|-------------------------------|-------------------|------------|---------|

Declaration

It's your responsibility to be truthful with us and to disclose all information that is relevant to our decision to provide you cover. Any misrepresentation or non-disclosure may result in us refusing to pay any claim and/or amending the terms of this policy or voiding this policy.

I, **Jane Sample**, ID 000000000000, through my electronic acknowledgement confirm that:

- the information in this application is true and correct; and
- the person that will make the monthly payments is the insured person or their spouse; and
- I am aware of no other circumstances which might render me to be more likely to claim than the average member of the community; and
- I am aware of no other information which might be relevant to Instant Life's decision to offer me cover; and
- the questions and answers pertaining to my health and lifestyle are true and correct and I understand and agree to abide by the terms set out in this policy document; and
- I consent to the exchange of any information between Instant Life and any medical or other institution even after my death; and
- I have read the Legal disclosure and I have made an informed decision; and
- I hereby voluntarily provide informed consent for the processing of special personal information as supplied for on this form/call for the product/services being applied for.

By ticking this box I confirm all of the above



I cannot confirm, because there are other circumstances which might be relevant to your decision to provide me cover. I would like Instant Life to contact me.



Instant Life (Pty) Limited Reg No 2007/032320/07 is an Authorised Financial Services Provider