



PRODUCT AND BENEFIT RULES

OLD MUTUAL PROTECT EXTENDED FAMILY FUNERAL COVER




CONTRACT NUMBER: 123456789

How to read these product and benefit rules

We/us/our means Old Mutual, which is the short form of our full name, Old Mutual Life Assurance Company (Namibia) Limited. Our registration number is 97/081. We are the insurer.

You/your/I means the owner – the person who took out the contract with us and who may give us instructions relating to it. The names of the owners are shown on Personal, product and benefit details.

In the rest of this pack, where we use insurance words that may be difficult to understand, look out for the definitions, examples and notes on the right hand side of the page:

-  indicates a definition
-  indicates an example
-  indicates a note or more information.

Your completed application (including the accepted quote), other information (for example about the insured person’s health) that has been provided to us in any form including in writing and verbally, these Product and benefit rules and the Personal, product and benefit details included in this pack, form the contract between you and us. The other documents in this pack do not form part of the contract but are provided to you to help you understand it better.

These Product and benefit rules have been written in the form of questions that you may want to ask us and our answers to them. If this pack does not fully answer your questions, you may contact us as described under “HOW DO I...?”.

ABOUT YOU AND THE PRODUCT

What have I bought?

You have bought Old Mutual Protect Extended Family Funeral Cover. It pays the cover amount when an insured person dies. The names of the insured persons you have selected and the benefit names are shown on the Personal, product and benefit details and the rules that apply are explained in these Product and benefit rules. In return for cover, you must pay its price, called premiums. You may have further customised the product to meet your needs by choosing other features and benefits.

What is a replacement owner?

A replacement owner is a person who will take over the ownership of the contract if it continues after your death. You must nominate him/her. Any nominated replacement owner’s name will appear on Personal, product and benefit details. You may change the replacement owner at any time. We will not act on any replacement owner nomination that we receive after your death. If you have not named a replacement owner or the replacement owner you have named is no longer alive when you die, the executor of your estate must appoint the new owner in terms of your will or, if you do not have a will, the law of succession will apply.



The **executor** is the person who finalises your estate (what you owe and own) after your death. He/she may be appointed in your will or by a court.

What is a beneficiary?

A beneficiary is a person who will receive the cover amount when it becomes payable. Any beneficiary's name will appear on Personal, product and benefit details. If you are still alive at that time, you may choose whether we will pay the cover amount to you or the beneficiary.

If you are no longer alive at that time, we will pay the beneficiary who is alive at that time. If none of the beneficiaries are alive at the time, we will pay the cover amount to your estate.

If some of the beneficiaries are not alive at the time, we will divide the shares of the deceased beneficiaries between the beneficiaries that are still alive at the time in the same proportion as the remaining beneficiaries' shares.

We may allow you to name one or more beneficiaries or to change the beneficiary at any time. We will not act on any beneficiary nomination that we receive after your death. Unless you have indicated otherwise, all beneficiaries will receive equal shares of the cover amount.

What is cashback and who is the cashback beneficiary?

On each cashback anniversary, we will pay a percentage, as shown on Personal, product and benefit details of all the premiums that we have received for the contract since the previous cashback anniversary and while cashback existed on your contract, to the cashback beneficiary. The name of the cashback beneficiary is shown on Personal, product and benefit details. You may remove cashback from the contract at any time. Cashback will not be paid if the contract has been cancelled for any reason including where we pay a claim that results in the contract terminating.

Its premium is included in the premium for the product on Personal, product and benefit details. The cashback premium changes whenever the contract premium changes or at its review date. The next cashback review date is shown on Personal, product and benefit details.



Dividing deceased beneficiaries' shares between those that are alive when the cover amount becomes payable - Abel, Ben and Craig have been nominated to receive 50%, 25% and 25% of the cover amount respectively. Craig had passed away at the time that the cover amount becomes payable. His 25% share will be divided between Abel and Ben. Abel will receive 16.67% (two thirds of 25%) and Ben will receive 8.33% (one third of 25%) in addition to their original 50% and 25% shares.



A **cashback anniversary** is every fifth anniversary of the date on which the cashback was first added to the contract. If there is less than five years to the contract end date, cashback will be paid on the contract end date. The date of the next cashback anniversary is shown on Personal, product and benefit details.



When cashback is payable - if you added cashback to your contract on 1 July 2017, the first cashback anniversary will be on 1 July 2022. If you remove cashback from your contract on 30 June 2019, you will still receive cashback on 1 July 2022 if your contract has not been cancelled by this date, for the 2 years during which cashback existed on your contract (between 1 July 2017 and 30 June 2019).



Cancelled includes where we cancel the contract because you stopped paying premiums and where we cancel the contract on your instruction.

What and when do I pay?

Until the premium end date, you must pay all premiums on their due dates. The Personal, product and benefit details shows the starting premium, first premium due date, name of the premium payer, frequency of premiums and the premium end date.

You have 45 days (a grace period) from its premium due date to pay each premium. If we do not receive your first premium within 45 days from the first premium due date, your application will be cancelled. As the contract does not start until the first premium has been received, you may not apply to have it restarted. If a premium becomes due and we do not receive it within 45 days from the due date or we do not receive another premium that becomes due within the 45 days, we will cancel the contract. If we receive a claim and there is any premium outstanding, we will deduct it from the claim payment.

If we have cancelled the contract because you have not paid your premiums, you may, within six months from the date on which the contract was cancelled, apply to have it restarted. We may ask for further information before we agree to restart the contract. If we agree to restart the contract, it may be on different terms and you must restart your premiums. You will not have cover from when your contract was cancelled until we have agreed to restart it. If we have cancelled your contract again because you have not paid your premiums, you may only apply to have it restarted if we have received your premiums for at least six months from the time the contract was previously restarted.

When your premiums will/may change

Your premiums will/may change under any of the circumstances described below. If your premium changes, we will notify you of the new premium.

Compulsory yearly premium increases

Until the premium end date and for any compulsory yearly premium increase other than 0%, your premium will automatically increase every year on the compulsory yearly premium increase date as shown on Personal, product and benefit details. This is necessary to keep the cover amount constant and the cover amount will not change because of the compulsory yearly premium increase. The compulsory yearly premium increase you have chosen is shown on Personal, product and benefit details.

You may change the compulsory yearly premium increase at any time.



Different terms could include the following examples:

- a premium increase,
- additional circumstances under which we will not pay,
- the insured person may no longer qualify for the existing benefit but may qualify for another benefit, or
- a cover decrease.



Compulsory yearly premium increases and scheduled yearly cover increases and their impact on the cover amount and premium – Joe has chosen a 10% compulsory yearly premium increase and chose a 10% scheduled yearly cover increase. His starting cover is N\$100 000 and his starting premium is N\$200. After 1 year, his new cover is N\$110 000 (N\$100 000 + N\$10 000 (10% * N\$100 000)). The premium increase for the additional cover is N\$22. The premium increase because of the compulsory yearly premium increase is N\$20 (10% * N\$200). His new premium is N\$242 (N\$200 + N\$22 + N\$20). Every year, if no other changes are made, the cover amount will change because of scheduled yearly cover increases and his premium will change because of both scheduled yearly cover increases and compulsory yearly premium increases.

Review at the end of each guarantee term

Premiums are based on our expectations of future conditions and we expect them to be sufficient for the full term of the contract. However, future conditions are uncertain and may be different to our expectations. For this reason, we will review your premium or the cover amount at the end of each guarantee term. The first review date is shown on Personal, product and benefit details. At such a review, we may:

- keep the premium or the cover amount the same,
- increase the premium, or
- change the cover amount.

Different benefits may have different guarantee terms as shown in Personal, product and benefit details. If, at a review, no premium is payable on the contract and the premium would have increased, we will decrease the cover amount instead.

Changes to the cost of cover because of changes in law

We may change the premium at any time, even before the next review date, if the cost of providing cover changes significantly because of changes in tax or other laws.

Contract changes

Some contract changes (for example if you decide to increase or decrease the cover amount), may also change your premium.

Scheduled yearly cover increases

Your premium will also change every year if you have chosen a scheduled yearly cover increase other than 0%, to pay for the increased cover amount. If you have chosen a compulsory yearly premium increase other than 0% and a scheduled yearly cover increase other than 0%, your premiums will increase by the compulsory yearly premium increase rate and by the cost of the increased cover amount bought by the scheduled yearly cover increase.

Can I miss premiums?

No, you must pay your premiums when they are due.

Can I miss premiums?

Yes, premium holiday allows you to miss up to six premiums during times of financial difficulty such as retrenchment, unemployment, maternity or study leave. You may not miss more than six premiums over the term of your contract. If you have used all six premium holidays and we do not receive the next premium within 45 days, your contract will be cancelled.

Automatic premium holiday

This part of the premium holiday is automatically given to you and you do not have to request it. If, any time from the first premium due date, you miss a premium and the premium holiday has not been completely used, we will assume that you wanted to use your automatic premium holiday. During the first six years of your contract, you get one automatic premium holiday on your contract anniversary. You will qualify for your first automatic premium holiday on your first premium due date. Every unused automatic premium holiday will be carried over but after year six, you will not qualify for any additional automatic premium holidays.

Requested premium holiday

You qualify for the requested premium holiday after we have received six premiums. You can use up to four premium holidays this way. You must inform us before you want to miss a premium this way.



Automatic premium holiday - Patrick's first monthly premium was due on 1 January 2010. By 4 February 2015, we have not received his premium for February 2015. At this point he has six premium holidays (one automatic each for 1 January 2010, 2011, 2012, 2013, 2014 and 2015) and he has never used a requested premium holiday. Since Patrick qualifies for an automatic premium holiday, we will automatically use one for the missed February 2015 premium and he will then have five premium holidays left. If we also do not receive Patrick's premium for March 2015, we will again use an automatic premium holiday and he will have four premium holidays left.



Requested premium holiday - Sian's first monthly premium was due on 1 January 2010. On 27 February 2015, she asks to use her four requested premium holidays. At this point, Sian has four requested premium holidays available since we have received her sixth premium on 1 June 2010. But Sian has already used five automatic premium holidays. Since she qualifies for no more than six premium holidays in total and has already used five, she can only use one more requested premium holiday. She can use this requested premium holiday for the premium that would have been due on 1 April, because at time of the request, 27 February, we had already requested the premium for 1 March. When she has used the requested premium holiday, she would have completely used her premium holidays.



Natalie's first monthly premium was due on 1 January 2010. On 25 February 2013, she contacts us and asks to use four requested premium holidays for March – June 2013. At this point she has four premium holidays (one automatic each for 1 January 2010, 2011, 2012 and 2013) and she has never used a requested premium holiday. In November 2013, she misses another premium but since she does not qualify for another automatic premium holiday before 1 January 2014 and she has already used all her available premium holidays at this point, her contract will be cancelled if we do not receive her next premium within 45 days from 1 November 2013.

Can I use my premium holiday more than once?

You can pay back some or all of the premium holidays to use them again in the future. If you pay back your requested premium holiday, you will only be able to use them as automatic premium holidays in future.

Why and how will the cover amount change?

The starting cover amount for each benefit is shown on Personal, product and benefit details.

When the cover amount will/may change

The cover amount will/may change under any of the circumstances described below. If the cover amount changes, we will notify you of the new cover amount.

Scheduled yearly cover increases

Until the premium end date, the cover amount will automatically increase every year on the scheduled yearly cover increase date as shown on Personal, product and benefit details. The scheduled yearly cover increase you have chosen is shown on Personal, product and benefit details and the different scheduled yearly cover increases are explained below.

Scheduled yearly cover increase	The cover amount will increase every year by:
Fixed rate	the percentage you have chosen.
Inflation-linked	the inflation rate as set by us and as adjusted by a percentage you have chosen.
Currency-linked	the currency exchange rate as set by us and as adjusted by a percentage you have chosen. If you have chosen to adjust the currency exchange rate by an inflation linked percentage, it is the foreign inflation as set by us.

The impact of the scheduled yearly cover increase is explained under “What and when do I pay?”

If you do not want the cover amount to increase in a particular year, you need to inform us before the scheduled yearly cover increase date in that year. If you refuse the scheduled yearly cover increase three years in a row, we will change the scheduled yearly cover increase to a Fixed rate 0% increase. You may later apply to change it again. We may ask for further information. We may or may not agree to the change.

Review at the end of each guarantee term

Premiums are based on our expectations of future conditions and we expect them to be sufficient for the full term of the contract. However, future conditions are uncertain and may be different to our expectations. For this reason, we will review your premium or the cover amount at the end of each guarantee term. The first review date is shown on Personal, product and benefit details. At such a review, we may:

- keep the premium or the cover amount the same,
- increase the premium, or
- change the cover amount.

Different benefits may have different guarantee terms as shown in Personal, product and benefit details. If, at a review, no premium is payable on the contract and the premium would have increased, we will decrease the cover amount instead.

Changes to the cost of cover because of changes in law

We may change the cover at any time, even before the date of the next cover review, if the cost of providing cover changes significantly because of changes in tax or other laws.

If you make any contract changes

Some contract changes you make (for example you decide to increase the cover amount), may also change the cover amount.

Why is it important that Old Mutual must always have up to date contact details for the persons who play a role in the contract?

We need your contact details to be up to date so that we can communicate with you about the contract. We need the beneficiaries' latest contact details so that we can pay the cover amount when it becomes payable. You must inform us if any contact details for any person who plays a role in the contract, changes.

Unclaimed benefits

We will try to find the persons who have the right to the cover amount or any other benefit under this contract when it becomes payable.

We will search our internal database, a database outside of Old Mutual like that of the Ministry of Home Affairs and Immigration or use a tracing agent.

If we use a tracing agent, we will deduct the cost of tracing from the cover amount or benefit before we pay it. The cost of tracing will change over time.

If we do not pay the benefit within 15 working days of all the requirements to confirm the validity and acceptance of the claim having been met, we will make up for the late payment by increasing the claim payment amount at our discretion.

Why is it important that I always provide honest and correct information to Old Mutual?

We use all the information you and the insured person provide to us and rely on it to make decisions about accepting your application, what cover we will provide and the premium you must pay. If the information we receive is untruthful, incorrect or incomplete, this may affect our decision-making.

If we find out that any information was untruthful, incomplete or withheld, we may make changes to your contract (such as the premium or the cover amount) or cancel it. If we cancel your contract, we will not refund your premiums.

We may investigate any claim. If you, the insured person or the claimant gave us incorrect, fraudulent or incomplete information at any time (including during application), we may refuse to pay the claim or cancel your contract. If we cancel your contract, we will not refund your premiums.

Will I get money from the contract if I or Old Mutual cancel it?

No, the contract does not have a cash value and because you enjoyed cover before it was cancelled, you cannot claim back the premiums you have paid.

Can I loan money from the contract?

Because the contract does not have a cash value, you cannot loan from it.

Can I transfer my rights to the contract?

We refer to the transferring of rights as cession.

You may transfer your rights by giving ownership to someone else (outright cession) but may not transfer your rights as security for a loan (security cession)

We will change our records to reflect the cessionary's name once all our requirements have been met including that you have informed us of the cession.

Cessions affect you, the replacement owner and beneficiaries

An outright cession transfers all your rights to the contract to the cessionary. He/she can make any contract changes including to change the beneficiaries or replacement owners.

What can I do if I have chosen term cover and that benefit reaches or nears its cover end date?

We may allow you to apply for a similar benefit within 90 days before or after the cover end date if:

- the premiums on this contract are up to date at the time,
- the insured persons on the new and this benefit are the same,
- the cover amount on the new benefit is not more than the cover amount on this benefit, and
- all our requirements at the time are met (for example completing an application).



The **cessionary** is the person to whom rights to (in the case of a security cession) or the ownership of the contract (in the case of an outright cession), has been transferred. In the case of an outright cession, this person becomes the new owner.

WHAT ELSE DO I NEED TO KNOW?

Replacing an existing financial product

It may not be in your best interest to cancel or change existing financial products to take out other ones. For example: you may not be able to get cover for the same premium you previously paid and the new product may have more exclusions, restrictions or waiting periods.

Cooling-off period

You may ask us to cancel this contract within 31 days of receiving this pack. You may only cancel this contract if you have not claimed and we have not paid any benefits. After we have deducted the cost of the cover you have enjoyed, we will refund any premiums we have received before you instructed us to cancel the contract. You may also cancel any contract change within 31 days of giving us the instruction.

ABOUT THE BENEFITS

Information about the benefits, including the names of the insured person and the benefits, is shown on Personal, product and benefit details. The rules of each benefit are further described below.

ABOUT THE PARENT BENEFIT

What is it?

This benefit pays the cover amount on the death of the insured person after the cover started. The name of the insured person under this benefit and the starting cover amount is shown on Personal, product and benefit details.



The **insured person** is the owner's or his/her spouse/partner's biological, step or legally adoptive mother or father at the time that this benefit is added to the contract.

The **spouse/partner** is the person to whom the owner, at the time that this benefit is bought, is married or with whom he/she is in a relationship similar to marriage that is intended to be permanent.

To qualify for cover under this benefit, a **stepfather/mother** must, at any time after the birth of the stepchild, have been married to the stepchild's biological or legally adoptive parent. For the purposes of this definition, **stepchild** includes the owner at the time this benefit was bought and his/her spouse/partner and **married** means a marriage (including a customary marriage) or union recognised under Namibian law.

How much and when does Old Mutual pay?

The cover amount for the insured person can be claimed when he/she dies. The starting cover amount is shown on Personal, product and benefit details.

The cover amount will only be paid once our requirements have been met and if the claim is valid. We will pay the cover amount into a Namibian bank account.

When does cover start?

When cover starts depends on the insured person’s cause of death.

Cause of death	When cover starts
Accident	On the cover start date shown on Personal, product and benefit details
Suicide	Two years from the cover start date shown on Personal, product and benefit details
Non-accidental causes other than suicide	Six months from the cover start date shown on Personal, product and benefit details

If the insured person dies before the cover starts, the money back guarantee will apply.

What is the Double Accidental Benefit?

This benefit means the cover amount that applies at the time of the insured person’s death is doubled if he/she dies in an accident. The cover amount is not doubled if the insured person’s death or the accident is before this benefit’s cover start date.

When does cover stop?

The insured person’s cover stops:

- if we pay the cover amount or money back guarantee on his/her death,
- if we do not receive your premiums, the grace period has passed and you do not qualify for or have completely used your premium holiday, or
- if your contract is cancelled or this benefit is removed from it,

whichever happens first.



An **accident** is an unexpected and visible event of external origin that causes traumatic bodily injury and is not traceable, even indirectly, to the insured person’s state of mental or physical health before the event. It is not an accident if the insured person contracts a disease.



What is an accident – Joe is bitten by a dog and bleeds to death. His death is an accident because his death was because of an unexpected and visible event of external origin.



What is not an accident – Jack is bitten by a mosquito and contracts malaria and dies. His death is not an accident because his death was because he contracted a disease.



A **suicide** is a self-injury resulting in death, where, in our opinion, the insured person had the intention to take his/her own life. It includes so-called assisted suicide where another person helped him/her to take his/her own life.



The **money back guarantee** is equal to the smaller of all premiums we have received under the contract:

- before the insured person’s death less any previously paid money back guarantees and
- between the benefit start date of this benefit and the insured person’s death.



Cancelled may include because you have instructed us to cancel the contract or we have cancelled it (including because we have discovered that you or the insured person withheld information or deliberately disclosed inaccurate information and we have relied on this information in our decision to issue the contract).

When does cover stop?

The insured person’s cover stops:

- if we pay the cover amount or money back guarantee on his/her death,
- on the cover end date shown on Personal, product and benefit details,
- if we do not receive your premiums, the grace period has passed and you do not qualify for or have completely used your premium holiday, or
- if your contract is cancelled or this benefit is removed from it,

whichever happens first.

When will Old Mutual not pay the cover amount?

We will not pay the cover amount if the insured person’s death or the accident is before the cover start date.

ABOUT THE SIBLING BENEFIT

What is it?

This benefit pays the cover amount on the death of the insured person after the cover started. The name of the insured person under this benefit and the starting cover amount is shown on Personal, product and benefit details.

How much and when does Old Mutual pay?

The cover amount for the insured person can be claimed when he/she dies. The starting cover amount is shown on Personal, product and benefit details. The maximum cover amount for children younger than 14 is set by law.

Currently, the maximum cover amounts are:

	Maximum cover amount
Children younger than 6	N\$10 000
Children 6 and older but younger than 14	N\$30 000

If the child is younger than 14 at the time of his/her death, we will not pay more than what the law allows.

The cover amount will only be paid once our requirements have been met and if the claim is valid. We will pay the cover amount into a Namibian bank account.



Cancelled may include because you have instructed us to cancel the contract or we have cancelled it (including because we have discovered that you or the insured person withheld information or deliberately disclosed inaccurate information and we have relied on this information in our decision to issue the contract).



The **insured person** is the owner’s biological sister or brother at the time that this benefit is bought.



Legal limits on children younger than 14 – Siyabonga has a Sibling benefit and provides cover for his sister, Rethabile. The cover amount on the Sibling benefit is N\$30 000. Rethabile dies in a car accident on her way to school when she is 5 years old. Because Rethabile is younger than 6, we may not pay more than N\$10 000 on Rethabile’s death. We will pay N\$10 000 when Siyabonga claims for Rethabile.

When does cover start?

When cover starts depends on the insured person’s cause of death.

Cause of death	When cover starts
Accident	On the cover start date shown on Personal, product and benefit details
Suicide	Two years from the cover start date shown on Personal, product and benefit details
Non-accidental causes other than suicide	Six months from the cover start date shown on Personal, product and benefit details

If the insured person dies before the cover starts, the money back guarantee will apply.

What is the Double Accidental Benefit?

This benefit means the cover amount that applies at the time of the insured person’s death is doubled if he/she dies in an accident. The cover amount is not doubled if the insured person’s death or the accident is before this benefit’s cover start date. We will never pay more than the legal limit allowed for children.

When does cover stop?

The insured person’s cover stops:

- if we pay the cover amount or money back guarantee on his/her death,
- if we do not receive your premiums, the grace period has passed and you do not qualify for or have completely used your premium holiday, or
- if your contract is cancelled or this benefit is removed from it,

whichever happens first.



An **accident** is an unexpected and visible event of external origin that causes traumatic bodily injury and is not traceable, even indirectly, to the insured person’s state of mental or physical health before the event. It is not an accident if the insured person contracts a disease.



What is an accident – Joe is bitten by a dog and bleeds to death. His death is an accident because his death was because of an unexpected and visible event of external origin.



What is not an accident – Jack is bitten by a mosquito and contracts malaria and dies. His death is not an accident because his death was because he contracted a disease.



A **suicide** is a self-injury resulting in death, where, in our opinion, the insured person had the intention to take his/her own life. It includes so-called assisted suicide where another person helped him/her to take his/her own life.



The **money back guarantee** is equal to the smaller of all premiums we have received under the contract:

- before the insured person’s death less any previously paid money back guarantees and
- between the benefit start date of this benefit and the insured person’s death.



Cancelled may include because you have instructed us to cancel the contract or we have cancelled it (including because we have discovered that you or the insured person withheld information or deliberately disclosed inaccurate information and we have relied on this information in our decision to issue the contract).

When does cover stop?

The insured person’s cover stops:

- if we pay the cover amount or money back guarantee on his/her death,
- on the cover end date shown on Personal, product and benefit details,
- if we do not receive your premiums, the grace period has passed and you do not qualify for or have completely used your premium holiday, or
- if your contract is cancelled or this benefit is removed from it,

whichever happens first.

When will Old Mutual not pay the cover amount?

We will not pay the cover amount if the insured person’s death or the accident is before the cover start date.



Cancelled may include because you have instructed us to cancel the contract or we have cancelled it (including because we have discovered that you or the insured person withheld information or deliberately disclosed inaccurate information and we have relied on this information in our decision to issue the contract).

ABOUT THE OTHER FAMILY BENEFIT

What is it?

This benefit pays the cover amount on the death of the insured person after the cover started. The name of the insured person under this benefit and the starting cover amount is shown on Personal, product and benefit details.



The **insured person** is the owner's or owner's spouse/partner's:

- biological aunt or uncle,
- biological, step or legally adopted brother or his spouse/partner,
- biological, step or legally adopted sister or her spouse/partner,
- biological or legally adopted son or his spouse/partner,
- biological or legally adopted daughter or her spouse/partner,
- biological grandfather or grandmother,
- biological, step or legally adoptive father or his spouse/partner,
- biological, step or legally adoptive mother or her spouse/partner,
- niece or nephew,
- cousin,
- child or nominated child,

or the owner's:

- ex-spouse/partner,
- spouse/partner, or
- step son or daughter,

at the time that this benefit is bought.

A **spouse/partner** is the person to whom the owner, at the time that this benefit is bought, is married or with whom he/she is in a relationship similar to marriage that is intended to be permanent.

The **child** is, at the time that this benefit is bought, the legally adopted, step or biological child or grandchild of the owner or his/her spouse/partner.

To qualify for cover under this benefit, a **stepchild's** biological or legally adoptive parent must, at any time after the birth of the stepchild, have been married to the owner, or to the owner's spouse/partner. For the purposes of this definition, **owner** means the owner at the time this benefit was bought and **married** means a marriage (including a customary marriage) or union recognised under Namibian law.

To qualify for cover under this benefit, a **stepfather/mother** must, at any time after the birth of the stepchild, have been married to the stepchild's biological or legally adoptive parent. For the purposes of this definition, **stepchild** includes the owner at the time this benefit was bought and his/her spouse/partner and **married** means a marriage (including a customary marriage) or union recognised under Namibian law.

To qualify for cover under this benefit, a **stepbrother/sister's** biological or legally adoptive parent must, at any time, have been married to the biological or legally adoptive parent of the owner, or to the biological or legally adoptive parent of the owner's spouse/partner. For the purposes of this definition, **owner** means the owner at the time this benefit was bought and **married** means a marriage (including a customary marriage) or union recognised under Namibian law.

A **nominated child** is, at the time that this benefit is bought, a child who lives with and is dependent on the owner.

How much and when does Old Mutual pay?

The cover amount for the insured person can be claimed when he/she dies. The starting cover amount is shown on Personal, product and benefit details. The maximum cover amount for children younger than 14 is set by law.

Currently, the maximum cover amounts are:

	Maximum cover amount
Children younger than 6	N\$10 000
Children 6 and older but younger than 14	N\$30 000

If the child is younger than 14 at the time of his/her death, we will not pay more than what the law allows.

The cover amount will only be paid once our requirements have been met and if the claim is valid. We will pay the cover amount into a Namibian bank account.

When does cover start?

When cover starts depends on the insured person's cause of death.

Cause of death	When cover starts
Accident	On the cover start date shown on Personal, product and benefit details
Suicide	Two years from the cover start date shown on Personal, product and benefit details
Non-accidental causes other than suicide	Six months from the cover start date shown on Personal, product and benefit details

If the insured person dies before the cover starts, the money back guarantee will apply.

What is the Double Accidental Benefit?

This benefit means the cover amount that applies at the time of the insured person's death is doubled if he/she dies in an accident. The cover amount is not doubled if the insured person's death or the accident is before this benefit's cover start date. We will never pay more than the legal limit allowed for children.



Legal limits on children younger than 14 – Kungawo has an Other Family benefit and provides cover for his cousin, Bandile. The cover amount on the Other Family benefit is N\$30 000. Bandile dies in a car accident on his way to school when he is 5 years old. Because Bandile is younger than 6, we may not pay more than N\$10 000 on Bandile's death. We will pay N\$10 000 when Kungawo claims for Bandile.



An **accident** is an unexpected and visible event of external origin that causes traumatic bodily injury and is not traceable, even indirectly, to the insured person's state of mental or physical health before the event. It is not an accident if the insured person contracts a disease.



What is an accident – Joe is bitten by a dog and bleeds to death. His death is an accident because his death was because of an unexpected and visible event of external origin.



What is not an accident – Jack is bitten by a mosquito and contracts malaria and dies. His death is not an accident because his death was because he contracted a disease.



A **suicide** is a self-injury resulting in death, where, in our opinion, the insured person had the intention to take his/her own life. It includes so-called assisted suicide where another person helped him/her to take his/her own life.



The **money back guarantee** is equal to the smaller of all premiums we have received under the contract:

- before the insured person's death less any previously paid money back guarantees and
- between the benefit start date of this benefit and the insured person's death.

When does cover stop?

The insured person’s cover stops:

- if we pay the cover amount or money back guarantee on his/her death,
- if we do not receive your premiums, the grace period has passed and you do not qualify for or have completely used your premium holiday, or
- if your contract is cancelled or this benefit is removed from it,

whichever happens first.

When does cover stop?

The insured person’s cover stops:

- if we pay the cover amount or money back guarantee on his/her death,
- on the cover end date shown on Personal, product and benefit details,
- if we do not receive your premiums, the grace period has passed and you do not qualify for or have completely used your premium holiday, or
- if your contract is cancelled or this benefit is removed from it,

whichever happens first.

When will Old Mutual not pay the cover amount?

We will not pay the cover amount if the insured person’s death or the accident is before the cover start date.

ABOUT OTHER FEATURES AND BENEFITS

You have other features and benefits in your contract. Details are shown on Personal, product and benefit details where relevant and the rules are explained below.

Funeral support – transportation of the body

On the death of an insured person at least 50 kilometres away from the place of burial in Namibia, you or a beneficiary may claim for the body of the deceased to be brought to a funeral home nearest the place of burial in Namibia. Old Mutual and its service provider will arrange for the transportation of the deceased and one accompanying relative.

You or a beneficiary may only claim this service once per insured person or stillborn even if he/she was covered under more than one of your policies.

This service will be provided to you until the contract has been cancelled. You may not choose to receive cash instead of this service. Call (061) 299 3003 to claim this benefit and make sure that you have the:

- contract number and ID number of the owner,
- names, surnames and dates of birth of the claimant and insured person and
- cellphone number of the claimant

ready when you call.

Funeral support – vouchers

On the death of an insured person other than yourself, a voucher to the value of N\$250 is paid to you. Old Mutual will issue the vouchers for the retailer it chooses and you may not choose cash instead of the voucher.

We will only pay you one voucher per insured person or stillborn even if he/she was covered under more than one of your policies.

Vouchers will only be issued on valid claims including where we have paid a money back guarantee.



Cancelled may include because you have instructed us to cancel the contract or we have cancelled it (including because we have discovered that you or the insured person withheld information or deliberately disclosed inaccurate information and we have relied on this information in our decision to issue the contract).



Cancelled may include because you have instructed us to cancel the contract or we have cancelled it (including because we have discovered that you or the insured person withheld information or deliberately disclosed inaccurate information and we have relied on this information in our decision to issue the contract).

ABOUT THE FUNERAL PAID-UP BENEFIT

What is it?

This benefit makes the contract paid-up when the insured event happens and, where applicable, the survival period is met. The name of the insured person for this benefit is shown on Personal, product and benefit details. Its premium is included in the starting premium for the product on Personal, product and benefit details. The premium of the Funeral Paid-up benefit is reviewed every year. If the contract has been made paid-up, the cover amount does not increase any longer.



Paid-up means that the cover continues but you no longer have to pay premiums.



The **insured event** is the death or physical impairment of the insured person or the contract anniversary in the year that he/she turns 64.

Physical Impairment means that the insured person has permanently and irreversibly suffered and met the requirements of a qualifying physical impairment. See the list of physical impairments that qualify at the end of this document.

Permanent and irreversible means that the insured person cannot recover from the sickness or injury despite following reasonable medical advice, adequate medical treatment and having achieved maximum medical improvement as confirmed by our medical officer.

Reasonable medical advice means the medical opinion provided by a health professional that the insured person can reasonably be expected to follow to improve or preserve his/her health. This may include investigations, recommendations, lifestyle adjustments and treatment options based on the best available information and appropriate to the condition, the health professional's knowledge and scope of practice.

Adequate medical treatment means the best possible treatment that a person can reasonably be expected to undergo and includes the use of simple external assistive devices for example hearing aids, glasses, contact lenses, a walking stick or a Zimmer frame but does not include the use of complex external assistive devices for example a wheelchair or leg prosthesis. The general meaning of the terms 'simple external assistive devices' and 'complex external assistive devices' is not limited by the specific examples provided.

Maximum medical improvement means that the insured person's condition cannot be improved any further. It can mean that the insured person has fully recovered from his medical condition or that his/her medical condition has stabilised to the point that no major medical or emotional change can be expected despite continuing medical treatment or rehabilitative programs.



The **insured person** is the owner, at the time that this benefit is bought.



Cancelled may include because you have instructed us to cancel the contract or we have cancelled it (including because we have discovered that you or the insured person withheld information or deliberately disclosed inaccurate information and we have relied on this information in our decision to issue the contract).

What is a survival period?

A survival period is the consecutive number of days or months the insured person must survive after becoming physically impaired before we will make the contract paid-up. It starts on the date of the physical impairment as confirmed by our medical officer. The survival period is 10 days. You must continue to pay your premiums during the survival period and while we decide if your claim is valid. If your contract is cancelled before the survival period ends, we will not make the contract paid-up.

When does the Funeral Paid-up cover start?

When cover starts depends on the insured event and what causes it.

Type of insured event and its cause	When cover starts
Insured person dies in an accident	On the cover start date on Personal, product and benefit details
We recognise the insured person’s physical impairment and it is because of an accident	
Insured person commits suicide	Two years from the cover start date shown on Personal, product and benefit details
Insured person dies from any cause other than an accident (excluding suicide)	12 months from the cover start date as shown on Personal, product and benefit details
We recognise the insured person’s physical impairment and it is because of any cause other than an accident	

If not already paid-up, the contract will be made paid-up from the contract anniversary in which the insured person turns 64.

When does cover stop?

The insured person’s cover stops:

- if we do not receive your premiums, the grace period has passed and you do not qualify for or have completely used your premium holiday,
- if no more regular premiums are due on the protected benefit(s), or
- if your contract is cancelled or this benefit is removed from it,

whichever happens first.

When does cover stop?

The insured person’s cover stops:

- if we do not receive your premiums, the grace period has passed and you do not qualify for or have completely used your premium holiday,
- on the cover end date shown on Personal, product and benefit details,
- if no more regular premiums are due on the protected benefit(s), or
- if your contract is cancelled or this benefit is removed from it,

whichever happens first.



An **accident** is an unexpected and visible event of external origin that causes traumatic bodily injury and is not traceable, even indirectly, to the insured person’s state of mental or physical health before the event. It is not an accident if the insured person contracts a disease.



What is an accident – Joe is bitten by a dog and bleeds to death. His death is an accident because his death was because of an unexpected and visible event of external origin.



What is not an accident – Jack is bitten by a mosquito and contracts malaria and dies. His death is not an accident because his death was because he contracted a disease.



A **suicide** is a self-injury resulting in death, where, in our opinion, the insured person had the intention to take his/her own life. It includes so-called assisted suicide where another person helped him/her to take his/her own life.



The **12 months** will not apply and Funeral Paid-up cover will start on this benefit’s cover start date as shown on Personal, product and benefit details if:

- the insured person is the same as the insured person on the Individual benefit, and
- the underwriting option for the Individual benefit, as shown on Personal, product and benefit details, is No medical tests - questions only.

When will Old Mutual not make the contract paid-up?

We will not make the contract paid-up:

- before the Funeral Paid-up cover starts,
- if the accident is before this benefit's cover start date,
- if we do not recognise the insured person's physical impairment (as explained below),
- if the insured person's physical impairment is because of an excluded event, activity or condition (as explained below), or
- if the survival period is not met.

If we do not make the contract paid-up for any of the reasons above, you will need to continue paying the premiums.

When will Old Mutual not recognise the insured person's physical impairment?

We will not recognise the insured person's physical impairment if he/she suffers a physical impairment:

- that is not on the list of physical impairments,
- at the severity that the contract does not cover, or
- that does not permanently and irreversibly meet all the requirements that the physical impairment must meet to qualify.

Excluded events, activities or conditions

We will not make the contract paid-up if the insured person's physical impairment is directly or indirectly caused by an event, activity or condition that is specifically or generally excluded.

Specific exclusions apply only to certain insured persons and not to others. Any specific exclusions that apply to the insured person on this benefit, are shown on Personal, product and benefit details.

General exclusions apply to all insured persons. We will not make the contract paid-up if:

- the insured person refuses to follow reasonable medical advice or adequate medical treatment,
- the insured event is caused by:
 - unrest, war or terrorist activity,
 - radioactivity or nuclear explosion,
 - the insured person provoking, committing or attempting to commit a crime for example murder, assault, housebreaking, theft, robbery, the forceful detention of another person or any similar crime, or
 - self-inflicted injury.



Please note that the views of employers and insurers may differ on what physical impairment means. For instance, your employer may regard you as being physically impaired but you may not qualify for the benefits to be made paid-up because you do not meet our physical impairment requirements and the other way around.



Examples of **unrest** are riot, civil commotion, insurrection and rebellion.

HOW DO I...?

How do I contact Old Mutual?

Use any of these contact details to contact us

By phone	076 0535 TBC Monday – Friday between 7:30am and 5pm excluding public holidays
In person	Visit a branch during office hours.
By email	<include correct contact details of the relevant servicing email address once finalised >
By post	<include correct servicing postal address once finalised >
Our website	www.oldmutual.com.na

How do I complain?

If you disagree with us on any matter about your contract, you can use our internal dispute resolution process. We use this process to deal with complaints and to solve disagreements between you and us quickly, fairly and at no additional cost to you. For further information about the complaints handling process (including the times within which your complaint must be addressed), you may call 061 223 189 or visit a branch.

For complaints about your contract or Old Mutual

Contact us in any of the ways described under “How do I contact Old Mutual?”. If, after you have contacted us, your complaint is not satisfactorily addressed, you can contact any of:

Who	Send a fax	Send an email	Write a letter
Old Mutual Namibia Client Services	(061) 299 3190	NAM-CSComplaints@oldmutual.com	PO Box 165 Windhoek Namibia
Head of Compliance	(061) 299 3520	MVollgraaff@oldmutual.com	PO Box 165 Windhoek Namibia

You can at any time contact:

Who	Send a fax	Send an email	Write a letter
Registrar for Long-term Insurance	(061) 290 5194	info@namfisa.com.na	PO Box 21250 Windhoek Namibia

For complaints about the advice you received or the adviser:

Who	Send a fax	Send an email	Write a letter
Registrar for Long-term Insurance	(061) 290 5194	info@namfisa.com.na	PO Box 21250 Windhoek Namibia

The courts

You can always refer your dispute to a Namibian court. In this case, you will need the help of an attorney and the process may take long and be expensive. For this reason, we encourage you to first follow our internal dispute resolution process in order to bring a speedy solution to your complaint.

How do I exercise my right to cool off?

You must give us an instruction in writing when you want to exercise your right to cool off. In writing means by email or sending us a letter.

How do I make a contract change or cancel my contract?

You must give us an instruction in writing when you want to make a contract change (for example to name or change a beneficiary) or cancel your contract. In writing means by email or sending us a letter. When we receive your email or letter, we will inform you which information and documents we require.

How do I claim?

The claimant must claim by completing the claim forms and providing us with the necessary information and documents through an adviser or at one of our branches. At the point of claim, we will inform the claimant which claim form he/she needs to complete and which information and documents we require.

We may also request other information or documents from any person (including directly from a doctor or clinic) to help us to decide if the claim is valid.

You must pay the costs related to satisfying our requirements for your Extended Family Funeral Cover. This includes:

- the cost of obtaining expert evidence that must be submitted in Namibia or South Africa by persons or businesses that operate in Namibia or South Africa, and
- if the person entitled to the benefits is not in Namibia or South Africa, the cost to travel to Namibia or South Africa if we need him/her to meet with us.

You must pay the costs related to satisfying our requirements for your Funeral Paid-up benefit. This includes:

- the cost of obtaining expert evidence that must be submitted in Namibia or South Africa by persons or businesses that operate in Namibia or South Africa,
- if the insured person is not in Namibia or South Africa, the cost to travel to Namibia or South Africa to undergo evaluation to help us to decide whether the claim is valid, and
- the cost of reasonable medical advice or adequate medical treatment as determined by our medical officer.

Once all our claims requirements have been met, we will consider the claim and pay it if it is valid.

If your claim is fraudulent, we will cancel your contract and will not refund any premiums you have paid.

If all our requirements are not met, we cannot consider the claim and will not pay it until these requirements have been met.

PHYSICAL IMPAIRMENTS THAT QUALIFY UNDER THE FUNERAL PAID-UP BENEFIT

Body system	Physical impairment	Requirements that the physical impairment must meet to qualify
Musculoskeletal Disorders	Combination of loss of use of an upper and lower limb	<p>The total and permanent loss of use of an upper and a lower limb appendage as defined below:</p> <ul style="list-style-type: none">a foot at the transverse tarsal joint (Chopart's joint),a leg at or above the ankle joint up to the hip joint,a hand (at the metacarpophalangeal joint),an arm at or above the wrist joint up to the shoulder joint, <p>as confirmed by an orthopeadic or neurosurgeon.</p>
	Loss of use of both feet or legs	<p>The total and permanent loss of use of:</p> <ul style="list-style-type: none">both legs at or above the ankle joint up to the hip joint, orboth feet at the transverse tarsal joint (Chopart's joint), orone foot at the transverse tarsal joint (Chopart's joint) and one leg at or above the ankle joint up to the hip joint, <p>as confirmed by an orthopaedic or neurosurgeon.</p>
	Loss of use of one leg	<p>The total and permanent loss of use of one leg, at or above the ankle joint up to the hip joint, as confirmed by an orthopaedic or neurosurgeon.</p>
	Loss of use of one foot	<p>The total and permanent loss of use of one foot at the transverse tarsal joint (Chopart's joint), as confirmed by an orthopaedic or neurosurgeon.</p>
	Loss of use of both hands or arms	<p>The total and permanent loss of use of:</p> <ul style="list-style-type: none">both hands at the metacarpophalangeal joints, orboth arms at or above the wrist joint up to the shoulder joint, orone hand at the metacarpophalangeal joint and one arm at or above the wrist joint up to the shoulder joint, <p>as confirmed by an orthopaedic or neurosurgeon.</p>
	Loss of use of one arm	<p>The total and permanent loss of use of one arm at or above the wrist joint up to the shoulder joint, as confirmed by an orthopaedic or neurosurgeon.</p>
	Loss of use of one hand	<p>The total and permanent loss of use of one hand at the metacarpophalangeal joint involving more than 3 fingers, one of which includes either the thumb or the index finger, as confirmed by an orthopaedic or neurosurgeon.</p>
Senses	Loss of hearing	<p>Total and permanent loss of hearing in both ears as confirmed by an ear, nose and throat surgeon.</p> <p>With evidence of the following:</p> <ul style="list-style-type: none">Audiometry measurements, done with the use of hearing aids, with an average loss of greater than 87dB.
	Loss of speech	<p>The total and permanent loss of the ability to produce intelligible and audible speech due to injury or disease, as confirmed by an ear, nose and throat surgeon, neurologist or neurosurgeon.</p> <ul style="list-style-type: none">Objective medical evidence of an ear, nose and throat disorder causing the impairment must be provided. <p>Loss of speech due to psychiatric causes are excluded.</p>
	Loss of sight	<p>Confirmed diagnosis of total and permanent bilateral loss of sight by an ophthalmologist. The loss of sight cannot be improved through refractive correction or medication.</p> <p>With evidence of 1 of the following:</p> <ul style="list-style-type: none">A reading of 6/60 or worse (or equivalent measure on a non-metric scale) in each eye after best correction, orSevere proliferative diabetic retinopathy, orGrade IV hypertensive retinopathy, orPermanent Hemianopia in both eyes, orA visual field loss to a 10° radius in the better eye. <p>Loss of sight due to cataracts is excluded, unless there is evidence of failed cataract surgery or contraindications to cataract surgery.</p>