



# THE ULTIMATE COMPREHENSIVE Funeral Plan Disclosure Document

**This document contains**

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



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



**This Product is Underwritten by African Unity Life Ltd, a licensed life insurance company and  
an authorised Financial Services Provider, FSP No 8447**



**Dear Valued Client**

Thank you for choosing **THE ULTIMATE COMPREHENSIVE Funeral Plan** to cover your needs as per your need's analysis.

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

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

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

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

**THE ULTIMATE COMPREHENSIVE Funeral Plan** is underwritten by African Unity Life Limited. Any endorsement to the Policy or the Schedule will form part of the policy. Although all benefits are listed, only those elected on the application form will be applicable.

For queries, changes in personal information and claims, please contact us on 0861 11 22 56 or on [admin@infussionfinancial.co.za](mailto:admin@infussionfinancial.co.za).

Yours sincerely,

A handwritten signature in black ink, appearing to be "J. D. Dreyer", written over a faint, stylized outline of a signature.

**Key Individual**



# THE ULTIMATE COMPREHENSIVE FUNERAL PLAN

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

Underwritten by African Unity Life Ltd, a licensed life insurance company and an authorised Financial Services Provider, FSP No 8447



AFRICAN UNITY  
LIFE

## Application & Disclosure Document

National Call Line 0861 11 22 56

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

POLICY NO:

BROKER NAME:

BROKER CODE:

NATIONAL CALL LINE: 0861 11 22 56 FAX: 0865 50 52 44 E-MAIL: admin@infussionfinancial.co.za

PERSONAL DETAILS			
Name		Surname	
ID	Age	Marital Status	Gender
Cell		Email	
Physical Address			

THE ULTIMATE COMPREHENSIVE FUNERAL PLAN OPTIONS (Principle Member's entry age must be below 69 years)						
SINGLE COVER	OPTION 1	OPTION 2	OPTION 3	OPTION 4	OPTION 5	SUB TOTAL
Single Member	R10 000	R15 000	R20 000	R25 000	R30 000	
Monthly Premium	R80 <input type="checkbox"/>	R95 <input type="checkbox"/>	R110 <input type="checkbox"/>	R120 <input type="checkbox"/>	R130 <input type="checkbox"/>	R <input type="text"/>
FAMILY COVER	OPTION 1	OPTION 2	OPTION 3	OPTION 4	OPTION 5	SUB TOTAL
Member	R10 000	R15 000	R20 000	R25 000	R30 000	R <input type="text"/>
Spouse	R10 000	R15 000	R20 000	R25 000	R30 000	
Child: 14 – 21/25 yrs	R10 000	R15 000	R20 000	R25 000	R30 000	
Child: 6 – 13 yrs	R 5 000	R 7 500	R 10 000	R12 500	R15 000	
Child: stillborn – 5 yrs	R2 500	R 3 750	R 5 000	R 6 250	R 7 500	
Monthly premium	R100 <input type="checkbox"/>	R115 <input type="checkbox"/>	R135 <input type="checkbox"/>	R145 <input type="checkbox"/>	R165 <input type="checkbox"/>	
ASSIST Benefits Include in Options 1 -5 above only	<ul style="list-style-type: none"> <li>Trauma, Assault &amp; HIV Services</li> <li>Repatriation Services</li> <li>Legal Assist</li> <li>Access to discounted funeral services</li> </ul>		Emergency Medical Service Discounted Food Vouchers Discounted Inter Cape Bus Tickets			
INCOME PROTECTOR (Additional Benefit)	MAIN MEMBER		R59 <input type="checkbox"/>		R <input type="text"/>	
	SPOUSE		R35 <input type="checkbox"/>		R <input type="text"/>	

DEPENDENT DETAILS				
SURNAME	FIRST NAME	DOB	M/F	RELATIONSHIP

Waiting periods: Natural death – 6 consecutive equal monthly premium deductions prior to death, Accidental death – 1 monthly premium deduction prior to death. Suicide – 12 consecutive equal monthly premium deductions prior to death

A. EXTENDED FAMILY 0 – 65 YEARS										
RELATIONSHIP	SURNAME	INITIALS	DOB	R3 000	R6 000	R9 000	R12 000	R15 000	Infussion Assist Benefits	SUB TOTAL
				R27 <input type="checkbox"/>	R49 <input type="checkbox"/>	R71 <input type="checkbox"/>	R93 <input type="checkbox"/>	R115 <input type="checkbox"/>	Repatriation Inclusive	R
				R27 <input type="checkbox"/>	R49 <input type="checkbox"/>	R71 <input type="checkbox"/>	R93 <input type="checkbox"/>	R115 <input type="checkbox"/>		R
				R27 <input type="checkbox"/>	R49 <input type="checkbox"/>	R71 <input type="checkbox"/>	R93 <input type="checkbox"/>	R115 <input type="checkbox"/>		R
B. EXTENDED FAMILY 66 – 75 YEARS										
RELATIONSHIP	SURNAME	INITIALS	DOB	R2 000	R4 000	R6 000	R8 000	R10 000	Infussion Assist Benefits	SUB TOTAL
				R41 <input type="checkbox"/>	R77 <input type="checkbox"/>	R113 <input type="checkbox"/>	R147 <input type="checkbox"/>	R185 <input type="checkbox"/>	Repatriation Inclusive	R
				R41 <input type="checkbox"/>	R77 <input type="checkbox"/>	R113 <input type="checkbox"/>	R147 <input type="checkbox"/>	R185 <input type="checkbox"/>		R
C. EXTENDED FAMILY 76 - 85 YEARS										
RELATIONSHIP	SURNAME	INITIALS	DOB	R2 000	R4 000	R6 000	R8 000	R10 000	Infussion Assist Benefits	SUB TOTAL
				R55 <input type="checkbox"/>	R105 <input type="checkbox"/>	R155 <input type="checkbox"/>	R205 <input type="checkbox"/>	R255 <input type="checkbox"/>	Repatriation Inclusive	R
				R55 <input type="checkbox"/>	R105 <input type="checkbox"/>	R155 <input type="checkbox"/>	R205 <input type="checkbox"/>	R255 <input type="checkbox"/>		R

Waiting periods for Extended Family Members: Natural death – Ages 0-85: 6 consecutive equal premium deductions prior to death; Accidental death – 1 monthly premium deduction prior to death. Suicide – 12 consecutive equal monthly premium deductions prior to death

**NOMINATED BENEFICIARY – if the Main Member passes way**

RELATIONSHIP	SURNAME	FIRST NAME	ID NUMBER

**DEDUCTION AUTHORITY - Name which will appear on bank statement is: Infusion**

I hereby authorise Infusion to affect the soonest monthly deduction of the Grand Total (current and/or arrears including amendments that may be made in terms of master policy) and an annual increase if applicable from my salary, current bank account or any future bank account I might have, and to continue such deductions until written notice of cancellation is received.

Name of Bank:	Branch:	Branch Code:
Account No:	Type of Account: Cheque <input type="checkbox"/> Transmission <input type="checkbox"/> Savings <input type="checkbox"/>	
Name of Account Holder:	Salary deduction date:	
Client's Signature:		

**TOTAL COST OF PLAN**

GRAND TOTAL	R
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Client's Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

This confirms that the insured is covered for the benefits above subject to receipt of full premiums and the terms and conditions of the policy. Premiums will be deducted via debit order deduction, or cash payments with a unique pay@ number.

## SUMMARY OF TERMS AND CONDITIONS

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

### Waiting periods:

#### General:

- Waiting periods apply to all new policies
- Waiting periods apply when updating your existing policy to a higher cover and premium (only to the difference between your current cover amount and the new higher cover amount.)
- Waiting periods apply to newly added extended members to existing policies

#### Extended Family:

- Natural death – Ages 0-85: 6 consecutive equal premium deductions prior to death.
- Accidental death – 1 monthly premium deduction prior to death.
- Suicide – 12 consecutive equal monthly premium deductions prior to death

### Premiums:

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

Increase of premiums notification period: 31 days written notice

### Claims:

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

### How to claim for the following benefits:

Product Provider	Type of Claim	Contact detail
Infussion Financial Services	Funeral Claims Income Protector <i>Underwritten by African Unity Life Ltd.</i>	Please contact Infussion call line on: <b>0861 11 22 56</b> ; Email: <a href="mailto:admin@infussionfinancial.co.za">admin@infussionfinancial.co.za</a>
FMS	Infussion Assist Benefits <ul style="list-style-type: none"><li>• Trauma, Assault &amp; HIV Services</li><li>• Emergency Medical Service</li><li>• Repatriation Services</li><li>• Legal Assist</li></ul>	Please contact the National Call Line: <b>0860 007 002.</b>
VALNOVA	Discounted Food Vouchers	Please click on: <a href="https://bit.ly/infussioncoupons">https://bit.ly/infussioncoupons</a> to register. A 16-digit barcode will be sent to the member via SMS upon request on the mobi site. The benefit is accessible via a mobi site, of which the link will be shared via a monthly sms message to your valid South African mobile number. The selection of discounted coupons can only be redeemed at selected Shoprite, Checkers and Checkers Hyper stores nationwide.
VALNOVA	Discounted Intercape Bus Tickets	Members receive 10% discount on Intercape bus tickets to and from any destination in South Africa. Please contact the National Call Line: 012 940 5281
MARTIN'S Funeral	Access to discounted funeral services	Please contact the National Call Line: 0860 911 777 for the nearest branch

### General exclusions:

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

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



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

**A. AUTHORITY:**

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

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

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

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

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

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

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

**B. MANDATE**

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

**C. CANCELLATION**

I/We agree that although this Authority and Mandate may be cancelled by me/us, such cancellation will no cancel the Agreement. I/We shall not be entitled to any refunds of amounts which you have withdrawn while this authority was in force, is such amounts were legally owing to you.

**D. ASSIGNMENT**

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

Signed at: \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_

**Signature**

(As used for operating on the account)



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

**POPI DECLARATION**

**CLIENT CONSENT FORM**

**CLIENT (Name and Surname):** \_\_\_\_\_

**RESPONSIBLE PARTY:**

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

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

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

- I hereby give my consent to receive direct marketing of goods or Services to be marketed by means of electronic communication.
- I AGREE:
- THE SERVICES In terms of Long-term Insurance Products, Long-term Insurance Category 1:
  - to verify your identity to process your application and future claims to confirm,
  - to verify and update your details to use your Personal Information in Infussion's risk models and building personal profiles to enhance the overall risk management of your insurance offering
  - to comply with any legal and regulatory requirements to notify you of new products or developments which may be of interest to you.

**DISCLOSURE IN TERMS OF POPIA YOUR RIGHTS:**

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

**PURPOSE:**

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

**INFORMATION SHARING:**

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

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

I AGREE: Where information is shared, we will take all precautions to ensure that the third party will treat your information with the same level of protection as required by us. Your information may be hosted on servers managed by a third-party service provider which may be located outside of South Africa.

I have Read and Understand the Disclosures: \_\_\_\_\_

Signature

Date \_\_\_\_\_

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

<p><b>As a Long-term Insurance policyholder or prospective Policyholder you have the right to the following information:</b></p> <p><b>1. About the Insurer:</b>  <b>Company Name: African Unity Life Limited. Reg No: 2003/016142/07</b>  Physical Address: Springfield Office Park, 109 Jip de Jager Dr, Bellville, 7530  Postal Address: PO Box 4061, Durbanville, 7550  Tel No: 086 1234 555 Fax No: 086 1234 5556  FAIS Registration: FSP 8447  Products Authorised: Cat 1 Long-Term Insurance, Subcategory A, B1, B2, B2-A, B1-A, C  Compliance Officer: Mr JJ Ferreira Tel: 086 1234 555  Complaints: <a href="mailto:complaints@africanunity.co.za">complaints@africanunity.co.za</a>  Conflict of Interest: You can access the Conflict of Interest Policy of African Unity Life at: <a href="mailto:info@africanunity.co.za">info@africanunity.co.za</a>  African Unity Life has Professional Indemnity Cover and Fidelity Cover in place</p> <p><b>2. About the Underwriting Manager:</b>  <b>Company Name: Infussion Financial Services (Pty) Ltd. Reg No: 2007/033173/07</b>  Physical Address: Silver Lakes Office Park, Office Park 1, Block 3, Von Backstrom Blv. Silver Lakes, Pretoria.  Tel No: 0861 112256 Fax No: 0865 505 244  FAIS Registration: FSP 35953  Products Authorised: Cat 1 Long-Term Insurance, Subcategory A, B1, B2, B2-A, B1-A, C Cat 1 Short-Term Insurance” Personal Lines, A1, Cat IV Assistance Business FSP  Legal Capacity: Underwriting Manager: Binder Agreement with African Unity Life Limited  Shareholdings in Insurers if 10% or more – None  Remuneration: The business earns a Binder fee from African Unity Life Limited.  Compliance Officer: Geta Hancke, Moonstone Compliance (Pty) Ltd  Address: PO Box 1221, Die Boord, Stellenbosch, 7613  Tel no: 021 883 8000 Fax: 021 880 0688  Email address: <a href="mailto:ghancke@moonstoneinfo.com">ghancke@moonstoneinfo.com</a>  Complaints: Infussion Financial Services has a complaints resolution system and conflicts of interest policy, which you can obtain on request at our office. If you have any queries or concerns, please don't hesitate to send us a message by e-mail at <a href="mailto:admin@infussionfinancial.co.za">admin@infussionfinancial.co.za</a>.  Professional Indemnity Insurance: Infussion does hold professional indemnity cover and fidelity insurance cover.  Policy Wording: A copy of the policy wording can be obtained from Infussion Financial Services (Pty) Ltd.</p> <p><b>3. About the Intermediary:</b>  <b>Company Name: Infussion Brokers (Pty) Ltd. Reg No 2016/282424/07. FSP No: 48548</b>  Physical Address: 29 Lily Avenue, Northcliff, 2158  Tel No: 079 931 7128 Fax No: 086 763 5411  Legal Capacity to Insurer: Intermediary Agreement  Professional Indemnity Insurance: Lombard Insurance Company Limited Policy Nr: P51 012472  Name of Insurers from which 30% or more of total commissions and remuneration is received during the last calendar year: African Unity Life Limited FSP 8447  Insurance products that may be sold: category A, B1, C, B2, Short-Term Insurance: Personal Line and Commercial lined, Retail Pension Fund Benefits, Pension Fund Benefits, Deposits as defined in the Banks Act, Participatory interest in one or more collective investment schemes  Compliance Officer: Compliance Practice - Comply It Solutions (Pty) Ltd  Reg Nr 2016/282395/07, CO Practice Nr 7146  Compliance Officer: Lida Muuren-Rozyn, CO Practice Nr 6860  Telephone Number: 012 612 0050  Email Address: <a href="mailto:compliance@comply-solutions.co.za">compliance@comply-solutions.co.za</a></p> <p>Kindly take note that above mentioned Intermediaries will earn a commission of 30% calculated on the gross risk premium for rendering intermediary services. A binder fee of 9% will be earned by the Underwriting Manager calculated on the gross risk premium.</p>	<p><b>As a Long-term Insurance policyholder or prospective Policyholder you have the right to the following information:</b></p> <p><b>4. Your right to know the impact of the decision you elect to make:</b>  (a) The intermediary/Insurer dealing with you must inform you of:  - The premium you may be paying  - The nature and extent of benefits you may receive  (b) The possible impact of this purchase on your finances.  (c) The possible impact of this purchase on your other policies (affordability).  (d) The possible impact of this purchase on your investment portfolio (affordability).  (e) The flexibility of changes you may make to the proposed contract.  (f) The contract terms of the product you intend to purchase. (It is very important that you are quite sure that the product or transaction meets your needs and that you feel you have all the information you need to make a decision.</p> <p><b>5. Your right when being advised to replace an existing policy. You may not be advised to cancel a policy to enable you to purchase a new policy or amend an existing policy, unless:</b>  (a) The intermediary identifies the policy as a replacement policy.  (b) The implications of cancellation of the policy are disclosed to you, such as:  - The influence on your benefits under the old policy;  - The additional costs incurred with the replacement.  (c) The insurer which issued the original policy will contact you and you are advised to discuss the matter with its representative.</p> <p><b>6. Your right to be informed by the Insurer.</b>  The Insurer will forward you documentation confirming policy details as discussed in the Notice, which will also include:  (a) The Name of the Insurer  (b) The product being purchased  (c) Cost in Rands of the transaction and specifically:  (i) The loadings, if any. None  (ii) The initial expense. None  (iii) The amount of commission and other remuneration being paid to the intermediary – commission as per schedule</p> <p><b>7. Your right to cancel the transaction:</b>  In most cases you have the right to cancel the policy in writing within 31 days after receipt of the summary contemplated as per Rule 11.5 of the PPR's. The same applies to certain changes you may make to the policy. The insurer is obliged to confirm to you whether you have the right and explain how to exercise it. Please bear in mind that you may not exercise if you have already claimed under the policy or if the event, which the policy insures you against, has already happened. If the policy has an investment component, you will carry any investment loss.</p> <p><b>8. Remember that you may contact either the Ombudsman for Long-term Insurance or the FAIS Ombud, whose details are set out below, if you have any concerns regarding a product sold to you or advice given to you.</b></p> <ul style="list-style-type: none"> <li>- Particulars of Long-term Insurance Ombudsman: PO Box 45, Claremont, 7735 Tel: (021) 657 5000 Fax: (021) 674 0951</li> <li>- Particulars of the FAIS Ombud: PO Box 74571, Lynnwood Ridge, 0040. Tel: (012) 470 9080 Fax: (012) 348 3447 Email: <a href="mailto:info@faisombud.co.za">info@faisombud.co.za</a></li> </ul> <p><b>9. Premium Payments:</b>  Premiums will be due and payable monthly on or before the last day of each month. 15- day grace period applies for arrear premiums.  Reinstatement of Policy: If a policy is reinstated within two months from lapsing, only the portion of the waiting period which was not completed will apply.  If a policy is reinstated after two months of lapsing, all waiting periods will re-apply.</p> <p><b>10. IMPORTANT WARNING</b>  - It is very important that you are quite sure that the product or transaction meets your needs and that you feel you have all the information you need to make the decision.  It is recommended that you discuss with the intermediary/insurer the possible impact of the transaction on your finances, your other policies or your broader investment portfolio. You should also ask for information on the flexibility of any proposed policy.  - Where paper forms are required, it is advisable to sign them only once they are fully completed. Feel free to make notes regarding verbal information, and to ask for written confirmation or copies of documents.</p> <p>For more fine print, please visit our website: <a href="http://www.infussionfinancial.com">www.infussionfinancial.com</a></p>
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