

FULL HOUSE

CUSTOMER PROTECTION INSURANCE (TO BE GIVEN TO THE CUSTOMER)

The Insurer agrees to indemnify the Insured in respect of the Insured Events occurring during the Period of Insurance of this Policy subject to the payment of the premium and adherence to the Terms and Conditions of the Policy.

This Policy shall be read as one contract and any word or expression to which a specific meaning has been attached to any part thereof shall bear the same meaning wherever it may appear.

PREMIUM PAYMENT

The premium is payable by bank debit order or by transmission account. The premium is due in advance/in arrears or on the instalment date. If the premium is not paid on the due date, a period of 31 (thirty) days (the Grace Period) will be given in which the Insured can make payment to keep the Policy up to date. Should a premium remain unpaid for a period longer than the Grace Period, the Policy will lapse, and cover will cease. If premiums, in whole or in part, are in arrears, then, provided the Policy has not lapsed, a Claim Event will remain covered during the Grace Period and if approved, any Benefit payment will be reduced by all arrear premiums. Any Claim lodged in a month after the Policy has either lapsed or cancelled will be declined. Where this Policy has lapsed, a request to reinstate the Policy must be made by the Insured in writing. The Insurer may decline such a request or allow reinstatement on revised terms that the Insurer may determine at that time.

BENEFITS

EVENTS	BENEFIT	PLUS! POLICY	STANDARD POLICY	WAITING PERIOD
1. Death	Outstanding balance due	Y	Y	N
2. Permanent Disability	Outstanding balance due	Y	Y	N
3. Loss of Employment due to Retrenchment	Outstanding balance due	Y	N	3 MONTHS

DESCRIPTION OF BENEFITS

1. DEATH AND DISABILITY BENEFITS

For what am I covered?

If during the Period of Insurance, you die or become Permanently Disabled, the Insurer will pay to the Seller the Outstanding Balance in respect of the Agreement.

What is not covered?

Exclusions applicable for Death and Permanent Disability Benefits

This Policy does not cover death or Permanent Disability that is related to or in nature is directly or indirectly caused by, resulting from, or in connection with any of the following:

1. Suicide within 12 months from inception of the policy or attempted suicide, wilful self-injury;
2. the Insured being affected by abuse of alcohol or drugs (whether temporary or otherwise);
3. The Insured committing or attempting to commit any breach of the law;
4. Active participation in war, riot, civil commotion;
5. Participation in hazardous activities such as mountaineering, scuba-diving, winter sports, big game hunting or riding or driving in any kind of race or whilst practising, parachuting or hang-gliding;
6. A Pre-existing Medical Condition the Insured was aware of that affected him/her in the 12 months preceding the cover under this Policy and which condition was not disclosed by the Insured at the time that this Policy was applied for.

3. LOSS OF EMPLOYMENT BENEFIT

4. (Available on the Plus Policy only)

For what am I covered?

If during the Period of Insurance, you become unemployed as a direct result of Retrenchment by your employer, or as a consequence of being made redundant, the Insurer will pay to the Seller the Outstanding Balance as per the Agreement.

A Waiting Period of 3 (three) months is applicable. In the event that you become unemployed within the first 3 (three) months of the commencement date, the Loss of Employment Benefit shall not be payable.

What is not covered?

Exclusions for the Loss of Employment Benefit

You shall not be entitled under this Policy in respect of Loss of Employment arising directly or indirectly from, related to, or in consequence of:

1. Normal or early retirement.

2. you being Retrenched or made redundant by your employer within the first 3 months from the Commencement Date of the Policy
3. you committing any breach of law or committing or attempting to commit any action that results in your dismissal in terms of the employers Conditions of Employment
4. you resigning from your employment or accepting voluntary retrenchment or redundancy
5. you having been aware at the Commencement Date of The Agreement that the possibility of Retrenchment or redundancy existed.

3. DEFINITIONS

Administrator shall mean Full House Retail (Pty) Ltd, the Administrator stated on the schedule

Agreement shall mean the agreement entered into between the Insured and the Seller which meets the criteria for credit agreements as set out in Section 8 of the National Credit Act, No 34 of 2005 (as amended).

Applicable laws shall mean the Insurance Act 18 of 2017 and/or the Long-term Insurance Act 52 of 1998, the Policyholder Protection Rules (Long-term Insurance), 2017 and the Protection of Personal Information Act 4 of 2013, and any other legislation dealing with data management and similar processes.

Benefit means the Benefit payable on the happening of any of the Claim Events covered under this Policy.

Claim means a demand for Benefits under this Policy by a Claimant, irrespective of whether or not the Claimant's demand is valid, made by submitting a completed and signed Claim form with supporting documentation to the Administrator.

Claimant the person who makes a Claim against this Policy.

Claim Event means the risk insured under this Policy, being the Death, Permanent Disability, and where applicable, Loss of Employment due to Retrenchment of the Insured.

Claim Event Date means the date on which the Claim Event occurs, giving rise to a Claim.

Commencement Date shall mean the date on which this Policy commences, which is the date the Agreement is entered into and for which premium is paid.

Cooling Off Period shall mean the period of thirty-one (31) Days from the date the Insured receives this Policy document, or from a reasonable date on which it can be deemed that the Insured received this Policy document or from the Commencement Date of the Policy in which the Insured can cancel this Policy, provided that no Benefit has yet been paid or claimed or the Claim Event insured against has not yet occurred, by giving notice to the Administrator and any premium paid will be refunded in full.

Day shall mean a 24 (twenty-four) hour period and "Days" shall have a corresponding meaning

Exclusions means the losses or risk events not covered under this Policy. Should a Claim Event arise from such Exclusion(s), no Benefit will be payable.

Grace Period the period of 31 (thirty-one) Days after the premium payment date where cover and Benefits are still in force, but the Policy is in arrears and, failing a premium to be paid at the end of such period, would lead to the Policy lapsing. The Period of Grace does not apply to the payment of the first premium in terms of this Policy.

Instalments: Shall mean the sum of money the Insured must pay to the Seller each month in respect of the Agreement.

Insured shall mean the person who is covered under this Policy, who has entered into an Agreement with the Seller.

Insurer shall mean Guardrisk Microinsurance Limited.

Medical Practitioner: A legally and duly qualified medical practitioner registered with the Health Professions Council of South Africa with a valid practice number.

Misrepresentation: Means the conscious decision to provide inaccurate or incorrect information in relation to any personal details or medical history or to change the true facts to mislead an interested party. This shall also mean the failure to disclose material information at the date of application that had the Insurer been aware of would have resulted in the Policy not being issued.

Outstanding Balance shall mean the balance owing to the Seller under the terms of the Agreement as at the date of Death or Disability of the Insured, and in terms of the Loss of Employment (where applicable), after one month of the Claim Event Date.

Period of Insurance: The period for which premiums remain paid and the Policy remains in force. The Period of Insurance commences from the Commencement Date until the expiry of the Agreement, or the cancellation of the Policy for whatsoever reason.

Permanent Disability means the Insured's medically certified total and permanent disability as a result of sickness, injury or accident, which cannot be remedied or cured by any procedure or treatment, and this Disability renders the Insured permanently unable to pursue his own occupation or similar occupation for which he may be suited through experience, training, education, age or ability. The Insured shall also be deemed to have suffered Permanent Disability upon the total and permanent loss of, or loss of use of,

both hands; or both feet; or both eyes. "Disability" and "Disabled" shall have corresponding meanings.

Personal Information: This is the personal information as defined in the Protection of Personal Information Act 4 of 2013.

Policy means this legal document that has terms and conditions which includes the declarations made at application stage and any other supporting information and endorsements which may also form the basis of the contract between the Insured and the Insurer.

Pre-Existing Medical Condition is an illness or bodily injury sustained or contracted that the Insured was aware of, or should reasonably have been aware of, or have received medical treatment or advice by a Medical Practitioner, within the 12 (twelve) months preceding the Commencement Date of this Policy that results in a Claim Event.

Repudiate shall mean any action by which the Insurer rejects or refuses to pay a Claim, for any reason, and includes instances where a Claimant lodges a Claim in respect of a Claim Event not covered by this Policy or a Claim Event covered by this Policy, but the premium or premiums payable in respect of this Policy are not paid; and in respect of Policy terms and conditions.

Retrenchment: Shall mean becoming unemployed as a result of the implementation of a staff reduction program, adverse business conditions, the introduction of new technology or the reorganization of the business by the employer in accordance with the Labour Relations Act of 1955.

Seller shall mean Full House Retail Limited, that has entered into an Agreement with the Insured.

Variation means any act that results in a change to the premium; any term; any condition; any Policy Benefit; any Exclusion; or the duration of the Policy. "Vary" or "Variations" shall have a corresponding meaning.

Waiting Period means the period, starting on the Commencement Date, where applicable, in which you will not be covered for any Policy Benefits and where no cover will be provided. Any Claim arising during and within the Waiting Period will not be covered and will remain uncovered even after the Waiting Period has expired. The applicable Waiting Periods are specified in the Policy.

4. GENERAL CONDITIONS

1. This Policy shall be voidable in respect of any item or Section in priority to the Policy as a whole if there is misrepresentation, misdescription or non-disclosure of any material information;
2. Fraud - if any Claim under this Policy is in any respect fraudulent or if any fraudulent means or devices are used by the Insured or anyone acting on his/her behalf to obtain any Benefit under this Policy or if any loss or damage or liability be occasioned by the wilful act of or with the connivance of the Insured all Benefits under this Policy in respect of such Claim shall be forfeited.
3. Jurisdiction - this Policy is subject to the laws of the Republic of South Africa whose courts shall have the sole jurisdiction to the exclusion of the courts of any other country.
4. No Benefits shall apply under this Policy unless the Insured has complied with all his obligations under the Agreement.

5. CLAIMS PROCEDURE:

In the event of a death Claim, the Administrator must be notified within 3 (three) months of the Claim Event Date and all Claim document submitted within the 6 (six months of the Claim Event Date. The Claimant must lodge a Claim at the nearest Full House store or contact (021) 526-4300 or email claims@mackenzie.co.za The certified copy of the death certificate together with the DHA 1663 form and any additional requirement that the Insurer may reasonably require, must be submitted in order to process the Claim.

In the event of a Permanent Disability Claim, the Administrator must be notified within 3 (three) months of the Claim Event Date and all Claim document submitted within the 6 (six months of the Claim Event Date. A medical report from a Medical Practitioner, all the supporting documents and any additional requirement that the Insurer may reasonably require must be submitted to process the Claim.

In the event of a loss of employment due to Retrenchment, the Administrator must be notified within 3 (three) months of the Claim Event Date and all Claim document submitted within the 6 (six months of the Claim Event Date. A Retrenchment letter from the Insured's employer confirming the date and reasons for Retrenchment and a copy of the UI-19 form; and any additional requirement that the Insurer may reasonably require.

6. COOLING OFF PERIOD

You are entitled to cancel your Policy in writing to the Administrator within 31 Days after the date of receipt of your Policy documentation or from the reasonably determined date on which you received your Policy documentation (the Cooling off Period). Please note that should you cancel this Policy within the Cooling off Period Days where no benefit has yet been paid or claimed or the event insured against under the Policy has not yet occurred, all premiums that were paid will be refunded to you.

7. CANCELLING OF COVER

The Insured has a right to cancel this Policy at any time by giving the Insurer 31 (thirty-one) Days' notice of the intention to cancel. Such cancellation,

after the initial 31 (thirty-one) Day Cooling-off Period from the Commencement Date, will not attract a refund of any premiums paid. Your request for cancellation shall be completed by no later than 31 Days after the Administrator receives your cancellation notice. The Insurer may terminate this Policy for whatsoever reason by giving the Insured 31 (thirty-one) Days' written notice. The Insurer may immediately cancel this Policy or place it on hold, refuse any transaction or instructions, or take any other action considered necessary in order to comply with the law and prevent or stop any undesirable or criminal activity.

8. CESSATION OF COVER

The cover under this Policy will end and no further Benefit will be payable, as soon as one of the following occurs:

1. The death of the Insured Person;
3. A Benefit has been paid in respect of death, Permanent Disability or Loss of Employment Benefit or any Specified Risk;
4. The lapse of the Policy due to failure to pay the premium within the Grace Period;
5. The Insurer advises the Insured that the cover has been cancelled by giving 31 Days' notice.
6. The Insured has cancelled the Policy by giving 31 Days' notice.
7. The Outstanding Balance of the Agreement has been settled
8. The Period of Insurance has ended for whatsoever reason.

9. POLICY VARIATION

This Policy, any term, condition, exception, extension or clause may be amended, Varied or endorsed by your Insurer after the first 12 (twelve) months by giving 31 Days' notice in writing to you by post, fax or email to the last known contact details your Insurer has on record. Any such amendment or Variation shall be evidenced by your Insurer issuing a written endorsement to the Policy and shall apply from the date as advised in the notice given to you.

10. TIME BAR ON CLAIMS

Please note that the procedure for instituting Claims is included in your Policy.

In the event of your Claim being Repudiated and a claim rejection letter being sent to you, you have a period of 90 Days in which to make a representation directly to the Insurer. Should you make a representation within the 90-Day period, the Insurer has within 45 Days of receiving the representation, to notify you of their final decision after reviewing the representation. Should you be dissatisfied with the Insurer's decision, you have a period of 6 months in which to institute legal action. You may lodge a complaint with the relevant Ombudsman on the details listed below.

11. COMPLAINTS PROCEDURE:

Please note that all complaints can be forwarded to the Insurer's Compliance Officer as detailed herein who will forward the matter to the responsible department for investigation. Once the matter is resolved, the outcome will be communicated to you. If you are satisfied with the response, the matter is concluded.

Insurer's Compliance Officer details:

Guardrisk Microinsurance Compliance Officer

Guardrisk Microinsurance Limited

P O Box 786015, Sandton, 2146

Email: compliance@quardrisk.co.za

complaints@quardrisk.co.za

Tel: +27 11 669 1000

Should you be dissatisfied with the response, the Ombud for Long Term Insurance may be contacted

12. CONFLICT OF INTEREST POLICY:

The Administrator has adopted a Conflict of Interest Policy, which can be requested in writing to is available on the website, www.fullhousefurniture.co.za or on request at a Full House store

13. PROCESSING OF PERSONAL INFORMATION

Your privacy is of utmost importance to the Administrator/Insurer. We will take the necessary measures to ensure that any and all information, including Personal Information (as defined in the Protection of Personal Information Act 4 of 2013) provided by you or which is collected from you is processed in accordance with the provisions of the Protection of Personal Information Act 4 of 2013 and further, is stored in a safe and secure manner. You hereby agree to give honest, accurate and up-to-date Personal Information and to maintain and update such information when necessary.

You accept that your Personal Information collected by the Administrator/Insurer may be used for the following reasons:

1. to establish and verify your identity in terms of the Applicable Laws;
2. to enable the Administrator/Insurer to fulfil its obligations in terms of this Policy;
3. to enable the Administrator/Insurer to take the necessary measures to prevent any suspicious or fraudulent activity in terms of the Applicable Laws; and
4. reporting to the relevant Regulatory Authority/Body, in terms of the Applicable Laws.

We may share your Personal Information with the following third parties, which third parties have an obligation to keep your Personal Information secure and confidential:

1. Payment processing service providers, merchants, banks and other persons that assist with the processing of your payment instructions;
2. Law enforcement and fraud prevention agencies and other persons tasked with the prevention and prosecution of crime;
3. Regulatory authorities, industry ombudsmen, governmental departments, local and international tax authorities, and other persons that We, under the Applicable Laws, are required to share your information with;
4. Credit Bureaus;
5. Our service providers, agents and sub-contractors that we have contracted with to offer and provide products and services to any policyholder in respect of this Policy; and
6. Persons to whom We cede our rights or delegate our authority to, in terms of this Policy.

You acknowledge that any Personal Information supplied to the Administrator/Insurer in terms of this Policy is provided according to the Applicable Laws.

Unless consented to by yourself, the Administrator/Insurer will not sell, exchange, transfer, rent or otherwise make available your Personal Information (such as your name, address, email address, telephone or fax number) to any other parties and you indemnify the Administrator/Insurer from any claims resulting from disclosures made with your consent.

You understand that if the Administrator/Insurer have utilised your Personal Information contrary to the Applicable Laws, you have the right to lodge a complaint with Guardrisk within 10 (ten) Days. Should Guardrisk not resolve the complaint to your satisfaction, you have the right to escalate the complaint to the Information Regulator.

14. NOTICE OF DISCLOSURE

Important - Please read carefully

As a policyholder, or prospective policyholder, you have the right to the following information:

1. YOUR INTERMEDIARY/ADMINISTRATOR

- a) Name: Full House Retail (Pty) Ltd
Reg No. 1988/060019/07
FAIS Licence Number: FSP 26/10/4441
Physical Address: 4 Alternator Ave, Montague Gardens, Cape Town, 7442
Postal Address: PO Box 36562, Chempet, 7442
Telephone Number: 021 526 4300 (for general queries or claims)
Fax Number: 021 555 3970
Claims Email: claims@mackenzie.co.za

- b) Legal Status
We, Full House Retail (Pty) Limited, are a company incorporated in terms of the South African company legislations and we have an intermediary agreement with Guardrisk Microinsurance Limited.

- c) We do not have Professional Indemnity Insurance Cover.

- d) Full House earns a commission of 3.25% of the Gross Written Premium.

2. THE INSURER (UNDERWRITER) WITH WHOM YOUR POLICY IS PLACED:

- a) Name: Guardrisk Microinsurance Limited
Physical Address: The Marc, Tower 2, 129 Rivonia Road, Sandton, 2146
Reg No.: 1991/013922/06
FAIS Licence Number: FSP 51674
Postal Address: PO Box 786015, Sandton, 2196
Telephone Number: 011 669 1000
Compliance Officer: 011 669 1000 or compliance@guardrisk.co.za

- b) Type of Policy: As per the attached policy wording

c) Premium Payments:

Refer to the Credit Agreement for the premium amount. Monthly premiums are due at the beginning of each month. A grace period of 31 (thirty-one) Days is allowed for payment after the due date. If payment is not received by the end of the Grace Period, cover will cease from the due date. If it is a new monthly policy, the Grace Period will start from the beginning of the second month of the currency of the policy.

3. OTHER MATTERS OF IMPORTANCE

- a) you must be informed of any material changes to the information referred to in paragraphs 1 and 2
- b) If the information in paragraph 1 and 2 was given orally, it must be confirmed in writing within 30 days.
- c) If any complaint to the intermediary or insurer is not resolved to your satisfaction, you may submit the complaint to the FAIS Ombud.
- d) Polygraph or any lie detector test is not obligatory in the event of a claim and the failure thereof may not be the sole reason for repudiating a claim.
- e) If premium is paid by debit order:
 - i) it may only be in favour of one person and may not be transferred without your approval; and
 - ii) the insurer must inform you at least 31 Days before the cancellation thereof; in writing of its intention to cancel such debit order.
- f) The insurer and not the intermediary must give reasons for Repudiating your Claim.
- g) Your insurer may not cancel your insurance merely by informing your intermediary. There is an obligation to make sure the notice has been sent to you.
- h) You are entitled to a copy of the policy free of charge.

4. WARNING

- a) Do not sign any blank or partially completed application form.
- b) Complete all forms in ink.
- c) Keep all documents handed to you.
- d) Make notes as to what is said to you.
- e) Don't be pressurised to buy the product.
- f) Incorrect or non-disclosure by you of relevant facts may influence an insurer on any claims arising from your contract of insurance.

5. PARTICULARS OF THE FAIS OMBUD.

Postal address: PO Box 74571, Lynwood Ridge, 0040

Telephone number: 012 470 9080/99

Fax number: 012 348 3447

If your intermediary / FSP was unable to resolve a complaint about an insurance product purchased, varied, replaced or terminated, you may submit a complaint to the FAIS Ombud

6. PARTICULARS OF THE LONG-TERM OMBUDSMAN

(For claims/service-related matters)

Postal address: Private Bag X45, Claremont, Cape Town, 7700

Telephone: +27-21- 657- 5000 / 0860 103 236

Fax number: +27-21- 674- 0951

Email address: info@ombud.co.za

7. PARTICULARS OF THE FINANCIAL SECTOR CONDUCT AUTHORITY

Postal address: PO Box 35655, Menlo Park, 0102

Telephone number: 012 428 8000

Fax number: 012 346 6941

Contact centre: 080 011 0443 / 080 020 2087

Email: info@fscs.co.za

If any insurance complaint to the Intermediary / FSP or Insurer is not resolved to your satisfaction, you may submit the complaint to the Financial Sector Conduct Authority.

8. PARTICULARS OF THE INFORMATION REGULATOR

(For personal information breaches)

Postal Address: PO Box 31533, Braamfontein, Johannesburg, 2017

Telephone: +27- 010- 023- 5200

Cell number: +27- 082- 746- 4173

Email address: complaints.IR@justice.gov.za