



Administered by The HTC (PTY) LTD (Reg No.2004/033029/07) otherwise referred to as "HUB"
 Physical address: 20 Marshal Drive, Mount Edgecombe, Durban, 4300
 Postal address: Private Bag X03, Mount Edgecombe, 4300



Tel: 0861 88 88 99 Fax: 0866 09 69 18

Name of policy holder

Postal address

Thank you for applying for cover under the Hub Funeral Policy. Your policy schedule providing full terms and conditions of the contract is enclosed. We recommend that you read it carefully and place it alongside any other important documents relating to your personal cover plans.

If you have any questions concerning the product you have purchased, please contact us on <contact number and email address.

The monthly premium indicated below will be debited to your Hub account each month. If you should change your account card details, or any other personal details, please advise us immediately in order that the cover provided can be continued without interruption.

It is our intention, to provide you with the highest level of service, at all times. Should you feel at any time that this is not being provided, please call us and we will endeavour to put the matter right.

Some key information relating to your cover is summarised below:

Exclusions

Guardrisk will not be liable in the event of death from Suicide or Attempted Suicide within 12 (twelve) months of the Commencement Date of the policy.

Policy Schedule Details:

| | |
|------------------------------|--|
| MONTHLY PREMIUM | |
| POLICY NUMBER | |
| LINKED TO CARD NUMBER | |

Yours faithfully

LANA LUCAS

Hub Financial Services

Call Centre Number: 0861 88 88 99

Email: HubFinancialServices@hub.co.za

Authorised Financial Services Provider
 Registration Number: 2004/033029/07
 License number:38683



THE HUB FUNERAL POLICY BENEFITS
 GROUP FUNERAL PLAN
 MASTER POLICY DOCUMENT

Postal Address:
 Private Bag X03
 Mount Edgecombe
 4300

THE HUB FINANCIAL SERVICES

| MEMBER | SURNAME | INITIALS/FIRST NAMES | ID NUMBER | BIRTH DATE | INCEPTION DATE | RELATIONSHIP |
|--------------------------------|---------|----------------------|-----------|------------|----------------|--------------|
| Principal Insured | | | | | | |
| Parents covered on this policy | | | | | | |
| 1. | | | | | | |
| 2. | | | | | | |

Membership Number:
 Commenced:
 Status:

Type of Plan:

Plan Premium(R): R 0.00
 Domestic Cover Premium(R): R 0.00
 Total Premium (R): R 0.00

This serves to confirm that the above named is covered under the policy quoted herein.

The beneficiary(s) nominated by the assured is:

| SURNAME | INITIALS/FIRST NAMES | ID NUMBER | BIRTH DATE | INCEPTION DATE | RELATIONSHIP |
|---------|----------------------|-----------|------------|----------------|--------------|
| | | | | | |
| | | | | | |



TERMS AND CONDITIONS OF COVER

1. Maximum age at entry will not exceed the age of 65. (72 in the case of Parent Plan).
2. Scheme covers member, members parents (maximum of 2).
3. No waiting period will be applicable in the event of proven accidental death claims.
4. Application forms must be properly completed for the member, parent(s), reflecting full names, date of birth and identity document numbers.
5. Valid Claims will be settled within 2 working days on receipt of the following certified documents; death certificate, copy of deceased's ID, copy of claimant's ID, membership certificate, the DHA1663 Registration of Death form and any other additional documentation deemed necessary by Hub Financial Services.
6. Claims must be notified to Hub Financial Services within 120 days upon the death of an insured person. Failure to submit a claim within the period specified would render the application null and void, unless there are extenuating circumstances for the late notification.
7. There is a cooling-off period of 31 (thirty-one) days from the receipt of the Policy, or 31 (thirty-one) days from the Commencement date for a Principal Insured to cancel this policy and receive a full refund of any premium paid.
8. Cover will cease automatically upon the expiry of 31 days of grace period for non- payment of premium by the Principal Insured.
9. Premium rates will be reviewed from time to time based on the experience of the scheme and in general on the scheme anniversary date (i.e. each year). Notification of any change to the premium will be provided to the Principal Insured in writing 31 (thirty-one) days prior to such increase taking effect. Guardrisk Life Limited reserves the right to cancel, amend or rescind this policy by giving 31 days' notice in writing.
10. The following waiting periods will apply:
 - 6 (six) month waiting period for Natural Death if cover is increased, and then only for the increased amount;
 - A 6 (six) month waiting period for Natural Death from the Commencement Date of this Policy.
11. Premiums are payable until the occurrence of a Claim Event on the life of the Principal Insured, after which the policy will automatically be cancelled. However, on the happening of a Claim Event of any dependent, the Policy will continue and premium payments will be required for cover to remain in force.
12. Premiums are debited to your Hub account; please make sure that you have credit available on the 1st of every month. If there is no credit available, a premium cannot be deducted and this will mean no cover will be in place.
13. No refund of premiums be payable in the event that a policy or a group scheme is cancelled.
14. This Policy acquires no surrender, paid up or loan value.
15. Hub Financial Services is to be informed within 31 (thirty-one) days of any changes in the details of the Principal Member or those of the spouse and/or any beneficiaries and/or parents and or children, from those originally stated in the Principal Member's application form when the cover was applied for.

Signed

(For and on behalf of Guardrisk Life Ltd)

LANA LUCAS
Hub Representative

Date