

Zest Life Investments (Pty) Ltd

Agents wanting to sell Zestlife Gap Cover

Zestlife Gap Cover is a short-term insurance product and you will be selling Zestlife Gap Cover as a representative of Zestlife under the supervision of Charles Lorentz unless you have the required experience and qualifications to sell Gap Cover.

You will operate under supervision for the first year or until you have the required qualifications. Please inform your clients that you are operating under supervision.

HOW TO SIGN UP

1. Supervision agreement

Complete all the information required:

- Your name and ID as Supervisee (refer to pg.3)
- Sign as the Supervisee (refer to pg.9)
- Annexure A - Provide date of First Appointment and sign as Supervisee (refer to pg.10)
- Annexure B - Provide date of First Appointment and sign as Supervisee (refer to pg.11)
- List details of relevant qualification obtained (refer to pg.11)
- Annexure C - Personal Information (refer to pg.12)
- Annexure D - TCF and POPI (refer to pg.13)

2. Representative mandate

Complete all the information required

- Your name and ID (pg.14)
- Your Address (pg.20)
- Sign as Representative (pg.20)

3. Compliance Declaration

Read the Compliance Declaration and complete the following:

- Name and capacity (pg. 22)
- Sign the Declaration (pg. 23)

4. Gap Cover Product Training Guide

Study the Product Training Guide and complete the following:

- Name and date (pg. 31)
- Sign the acknowledgement (pg. 31)

5. Please provide the following personal documents.

- ID
- Cancelled cheque or copy of bank statement (not older than 3 months) as confirmation of bank account
- VAT certificate (if registered for VAT)
- Proof of qualifications
- Proof of date first appointment in a FAIS role as a representative with any FSP

6. Submit all the above signed documentation and personal documents to info@zestlife.co.za.

7. Complete the online Zestlife Gap Cover product test

- Go to <https://www.flexiquiz.com/SC/N/15bc82a3-b957-4ff6-8635-0aececeb5959>
- Register with your first name, surname and email address and complete the test.

Applications can only be finalised and approved once all signed documentation and personal documents set out in points 1 to 4 above have been received and you have passed the online Zestlife Gap product test as per point 6.

WHAT ZESTLIFE DOES ONCE THE APPLICATION HAS BEEN SUBMITTED

- Process the application and inform you of any additional or outstanding information.
- Finalise and approve the application.
- Once approved, Zestlife will send you the following documentation:
 - Copy of signed agreement
 - Certificate of representation
 - Copy of Zestlife's FSP license
 - Marketing material
 - Product application form
 - Record of advice form
 - Policy documents
 - Replacement policy template
 - Claim form and guide
- Pay commission monthly based on premiums received. Commission is paid by the 15th of the month following the calendar month in which the premium was collected. A commission statement will be e-mailed to you. Commission will only be paid while you are authorised to sell the product and meet the ongoing legislative requirements. Commission for clients on the Universal option for older than 65 is 15% (incl VAT) and 20% (incl VAT) for all other clients.

SUPERVISION AGREEMENT

made and entered into by and between

Zest Life Investments (Pty) Ltd

(the Financial Services Provider hereinafter referred to as **the Provider**)

FSB Number 37485

and

Charles Lorentz
(**the Supervisor**)

ID number: 7508045311086

and

(in his/her capacity as a Representative (under supervision) of the provider hereinafter referred to as the Supervisee)

(with ID number)

PREAMBLE

- 1.1 Whereas the Provider has appointed the Supervisee in his/her capacity as Representative in order to render financial services under supervision in terms of the exemption granted in terms of FSCA FAIS Notice 86 of 2018.
- 1.2 Whereas it is agreed that the Provider, in its sole discretion may assign or appoint a new Supervisor at any stage during the supervision period.
- 1.3 Whereas the Supervisee does not satisfy at the date of his/her appointment the Fit & Proper requirements associated with Minimum Experience and/or Qualifications and/or Regulatory Examinations and/or Class of Business Training as provided for in the Determination of Fit & Proper Requirements and is desirous of satisfying these requirements whilst working under supervision.
- 1.4 Whereas the Supervisee satisfies the minimum entry level requirements as provided for in FSCA FAIS Notice 86 of 2018.
- 1.5 Whereas the Supervisor has the operational ability to adequately and effectively monitor and supervise the supervisee.
- 1.6 Whereas the Supervisor him/herself has adequate, appropriate and relevant skills, knowledge and expertise in respect of the financial services, financial products and functions that the Supervisee performs.
- 1.7 Whereas the Supervisor has the required coaching and assessment skills.
- 1.8 Whereas the Supervisor meets the prescribed minimum competency requirements, including CPD requirements, application to a representative appointed for the financial services and financial products for which the Supervisee will be working under supervision.
- 1.9 Whereas the Supervisor is prepared to supervise, guide and instruct the Supervisee for the duration of the term of this Agreement or such other period as determined by the Provider herein later.
- 1.10 Whereas amendments to this Agreement shall only be effective and binding on the parties when signed by their authorised signatories.

2. DATE OF COMMENCEMENT AND DURATION

- 2.1 The Supervision Agreement will, subject to legislation, enter into force on the date on which it is signed by the last contracting party.
- 2.2 "Date of First Appointment" means the date on which a person was first appointed as a Representative.
- 2.3 In total, the supervision period shall not exceed a period of 6 (six) consecutive years from the Date of First Appointment upon which date this Agreement will immediately lapse and be of no further force and effect.
- 2.4 In respect of the Experience requirement:
 - 2.4.1 the Supervisee shall render financial services (advice and/or intermediary services) under supervision in respect of the financial products listed in Annexure A, and subject to clause 2.4.5, for the minimum period as indicated opposite each of the financial products and/or financial services.
 - 2.4.2 should the Supervisee be appointed to work under supervision for more than one financial product and/or financial service, he/she shall be entitled to attain the relevant experience concurrently.
 - 2.4.3 should the Supervisee be appointed to work under supervision in respect of more than one financial product and/or financial service, he/she shall remain under supervision

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until the experience requirement for the most onerous financial product and/or financial service has been met.

- 2.4.4 the Supervisee is required to attain sufficient experience across the financial products and/or financial services for which he/she is appointed as representative, within the prescribed periods. However, should this prove to be problematic, the Provider will in its sole discretion make arrangements to either:
 - 2.4.4.1 place the Supervisee in a position where he/she can attain the remaining required experience, or
 - 2.4.4.2 extend the period under supervision to ensure that the Supervisee receives sufficient exposure to the specific financial products and/or financial services, provided that the limitation provided for in Clause 2.3 is not exceeded.
- 2.4.5 any related experience that was attained by the Supervisee under the supervision of another authorised Financial Services Provider, and attained prior to his/her appointment by the Provider shall, in the sole discretion of the Provider, be taken into account provided:
 - 2.4.5.1 the Supervisee is able to provide the Provider with a comprehensive Curriculum Vitae detailing the nature and extent of experience attained under supervision.
 - 2.4.5.2 the Supervisee was previously linked as a Representative under supervision on the Conduct Authority's central Representative Register.
 - 2.4.5.3 any prior experience attained under supervision must be confirmed by way and in the form of a detailed reference letter issued and signed by the Supervisor under whose guidance the Supervisee previously attained the experience.
 - 2.4.5.4 the Supervisor must satisfy himself/herself that the previous experience attained by the Supervisee is indeed appropriate and satisfactory in relation to the applicable financial products and/or financial services.
- 2.4.6 should a significant interruption of at least 6 (six) consecutive weeks occur for whatever reasons during the period which the Supervisee is required to attain the minimum experience, the minimum term of the Agreement will be lengthened with a period equal to the period of the interruption.
- 2.5 In respect of the Qualification requirement:
 - 2.5.1 subject to relevant legislation, the Supervisee shall remain under supervision until the relevant qualification has been obtained.
 - 2.5.2 The Supervisee shall comply with the qualification requirement(s) applicable to a particular financial product within 6 (six) years from the date on which the Supervisee was first appointed as a Representative in respect of that particular financial product.
- 2.6 In respect of the Regulatory Examination requirements, Class of Business Training and Continuous Professional Development:
 - 2.6.1 The Supervisee will be rendering services under supervision for Tier 2 Financial Products and as such is exempt from the Regulatory Examination, Class of Business Training and Continuous Professional Development requirements.
 - 2.8.1 Supervisee's selling Gap cover and Assetlife does not have to comply with CPD requirements.

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3. PROVIDER'S RESPONSIBILITES

- 3.1 The Provider shall:
- 3.1.1 ensure that all relevant supervisory records are kept securely in such manner that it can be made available within a reasonable time to the Provider's Compliance Officer or Regulatory Authorities where so required.
 - 3.1.2 ensure that the Supervisee is at all times indicated as acting under supervision on the Regulator's central Representative Register, the Provider's Representative Register as well as the Provider's Competence Register.
 - 3.1.3 ensure that the normal working relationship between the Supervisee and Supervisor will allow the Supervisor oversight of the activities performed by the Supervisee as per this Agreement and that there is regular contact that will enable the transfer of skills which may include face-to-face contact or contact via electronic means in the execution of duties.

4. SUPERVISOR'S RESPONSIBILITIES

- 4.1 The Supervisor shall:
- 4.1.1 ensure that he or she can at all times supervise the proper execution of the Supervisee's tasks and duties performed under supervision.
 - 4.1.2 ensure that the Supervisee is mentored and coached in respect of the financial products and financial services for which he / she is appointed, in order for the Supervisee to acquire the required skills, knowledge and competencies to perform his / her functions.
 - 4.1.3 ensure that the Supervisee is monitored under the applicable level of intensity of supervision concerned.
 - 4.1.4 if applicable and practical observe selected meetings by the Supervisee in the rendering of services under supervision, the frequency of which may vary according to the complexity of the financial products offered and/or the experience and/or qualifications of the Supervisee.
 - 4.1.5 assess the appropriateness of the advice furnished to the Provider's clients based on a review of the analysis conducted and the record of advice as provided for in the General Code of Conduct.
 - 4.1.6 ensure that the Provider takes timeous and appropriate action to protect the interest of any client of the Provider as soon as it is established that the Supervisee's actions may not have been in the best interest of such client.
 - 4.1.7 ensure that the Supervisee makes the necessary disclosures to clients and product suppliers that he/she is rendering financial services under supervision.
 - 4.1.8 ensure properly documented evidence of the monitoring of the activities performed by the Supervisee in order to provide evidence for scrutiny by the Provider's Compliance Officer and the Regulatory Authorities.
 - 4.1.9 ensure that the documented evidence of the supervision period reflects the supervision activities that took place, the date of such activities, the method followed and the frequency thereof.
 - 4.1.10 Provide the Provider and the Supervisee on at least a quarterly basis with a written report on the supervisory activities of the preceding period which should always cover at least but not be limited to the following aspects:
 - 4.1.10.1 guidance and critical commentary where appropriate on the quality and appropriateness of the advisory / intermediary services rendered, based on the Supervisor's sampling of transactions that were finalised by the Supervisee.

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- 4.1.10.2 critical commentary where appropriate regarding feedback received from clients during interactions with the Supervisee.
- 4.1.10.3 details of occurrences of non-compliance with relevant legislative measures in specific transactions or actions attended to by the Supervisee.
- 4.1.11 implement and ensure compliance with the Supervision Agreement.
- 4.1.12 immediately report to the Provider any unfair treatment of a client as a result of the Supervisee's actions or where the Supervisee's actions may not have been in the best interests of the client.
- 4.1.13 record and document the method, frequency and level of intensity of supervision and any changes to the aforementioned.
- 4.1.14 keep all records relating to the supervision, including information and documentation relating to –
 - 4.1.14.1 Development and Training;
 - 4.1.14.2 Supervision Activities;
 - 4.1.14.3 Assessments; and
 - 4.1.14.4 Decisions to implement a reduced level of supervision.

5. SUPERVISEE'S RESPONSIBILITIES

- 5.1 The Supervisee shall:
 - 5.1.1 adhere to the requirements of this Agreement and diligently work towards acquiring professional knowledge and attaining industry experience in order to complete the supervision period as soon as reasonably possible and within the prescribed time limits.
 - 5.1.2 execute any tasks assigned to him/her and comply with any duties assigned by the Supervisor.
 - 5.1.3 undertake all relevant training identified by the Provider or Supervisor and actively pursue the completion of the required Experience, Qualification criteria within the prescribed time limits provided for in Annexure A and B.
 - 5.1.4 attain the necessary experience by the indicated "Due Dates" provided for in Annexure A.
 - 5.1.5 successfully complete the applicable Qualification requirements by the indicated "Deadline Dates" provided for in Annexure B.
 - 5.1.6 provide the Supervisor with any records and/or documents relating to the advice and/or intermediary services rendered by him/her, where applicable and if so required.
 - 5.1.7 in all interactions with clients and product suppliers disclose at all relevant times that he/she is acting as a Representative of the Provider under supervision.
 - 5.1.8 obtain the guidance of the Supervisor when in doubt about the correctness or appropriateness of any action/decision to be taken in relation to the financial services to be rendered or when performing any duties or tasks in terms of this Agreement.
 - 5.1.9 Immediately inform the Provider and the Supervisor of any actual or potential conflict of interest that may arise during the supervision period.

6. SUPERVISION ACTIVITIES

- 6.1 The Provider and the Supervisor shall at their own discretion determine the extent, intensity and level of the Supervisee's duties and the appropriate mix of activities to be performed by the Supervisee.

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- 6.2 During the supervision process, the Supervisee will be mentored according to the training needs of the Supervisee, and in conjunction with the training programme that will be implemented in order to address those needs.
- 6.3 The supervision process may include, but are not limited to, one or more of the following activities:
 - 6.3.1 signing off on advice/intermediary services provided to clients by the Supervisee in specific transactions.
 - 6.3.2 pre-transaction sign-off by the Supervisor where intermediary services are rendered.
 - 6.3.3 accompanying the Supervisee to meetings to clients for the purpose of rendering financial services to such clients.
 - 6.3.4 random sampling of transactions concluded by the Supervisee.
 - 6.3.5 random follow-up calls to clients after the rendering of financial services by the Supervisee, in order to obtain confirmation of certain aspects of the interaction that took place with such client.
 - 6.3.6 any other activity or procedure that in the opinion of the Supervisor will enable him/her to objectively scrutinise the activities of the Supervisee in regard to the rendering of financial services.

7. INTENSITY OF SUPERVISION

- 7.1 The Provider will determine the level of intensity of supervision that must apply to the Supervisee, by having regard to:
 - 7.1.1 the nature, scale and complexity of the financial services and financial products to be rendered by the Supervisee;
 - 7.1.2 the Supervisee's assessed level of competency; and
 - 7.1.3 the Risk to clients and the Provider.
- 7.2 The Provider will at regular intervals review the appropriateness, effectiveness and adequacy of the level of intensity of the supervision.
- 7.3 The Supervisor will assess whether it is appropriate for the Supervisee to work under a reduced level of intensity of supervision according to the Provider's relevant criteria and procedures.

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8. STATUS OF SUPERVISION AGREEMENT AND TERMINATION

- 8.1 This Supervision Agreement is in addition to the terms and conditions of any Employment Agreement or Mandate concluded with the Provider in order to act as a Representative of the Provider as contemplated in Section 13 of the FAIS Act.
- 8.2 The Supervisee acknowledges that his/her continued employment or mandate to represent the Provider is subject to his/her continuous compliance with specifically the Fit & Proper requirements.
- 8.3 This Agreement will automatically terminate in the following circumstances:
 - 8.3.1 upon expiry of the latest of the "Due Dates" provided for in Annexure A and Annexure B.
 - 8.3.2 any material breach of the conditions of this Agreement, provided that the aggrieved party will be obliged to first give written notice to the defaulting party/ies to rectify such breach with seven (7) days, failing which the termination will become effective.
 - 8.3.3 upon termination of the Employment Agreement or Mandate concluded with the Provider in order to act as a Representative of the Provider as contemplated in Section 13 of the FAIS Act.
- 8.4 This Agreement may be terminated by the Provider or the Supervisee at any time upon thirty (30) days written notice to the other party.

Signed for and on behalf of the Provider and the Supervisor

Signature:

Name:

At:

Date:

Signed by the Supervisee

Signature:

Name:

At:

Date:

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ANNEXURE A – LIST OF PRODUCTS IRO WHICH THE SUPERVISEE IS AUTHORISED TO RENDER FINANCIAL SERVICES AND RELATED SUPERVISION PERIOD

“Date of First Appointment” means the date on which a person was first appointed as a Representative.

Date of First Appointment:

Supervisor Signature:

Date:

Supervisee Signature:

Date:

The Supervisee shall work under the following supervision and experience periods and in respect of the financial products and financial services.

Category I Advisory FSP		Advice Min required experience	Intermediary Services Min required experience	Due Date
1.1	Short – Term Insurance: Personal Lines A1 (Gap)	12 Months	6 Months	

ANNEXURE B

SUPERVISEE QUALIFICATION REQUIREMENTS AND DUE DATES

“Date of First Appointment” means the date on which a person was first appointed as a Representative.

Date of First Appointment:	
Supervisor Signature:	Date:
Supervisee Signature:	Date:

The Supervisee shall comply with the qualification requirement(s) applicable to a particular financial product within 6 (six) years from the date on which the Supervisee was first appointed as a Representative in respect of that particular financial product.

Relevant qualification(s) already obtained for the authorised financial products listed in Annexure A (refer to Board Notice 268 of 2013 Amendment to the qualifying Criteria and Qualifications)		Date Obtained
1.	Matric	
2.		
3.		
4.		
5.		

Please attach proof of all the qualifications listed above.

ANNEXURE C – PERSONAL INFORMATION

Residential Address:		
		Postal code
Work number:	Cell number:	
Email	Income tax number (for IT3 purposes)	
Registered for VAT	Yes/No	VAT number
Agency/Franchise	Yes/No	
Branch name or Brokerage name		
Bank details for payment of commission:		
Account holder		
Bank		
Branch code		
Account number		
Account type		

ANNEXURE D – TCF and POPI

Treating Customers Fairly (TCF)		
Are you, as a business, aware of your responsibilities in terms of TCF?	YES	NO
Are your clients made aware of their rights in regards to TCF?	YES	NO
Do you analyse and assess complaints received in terms of TCF?	YES	NO
Do you have a complaints policy and reporting framework?	YES	NO
Do you have processes in place to monitor TCF risk indicators?	YES	NO
Do you have processes in place to monitor quality of advice given?	YES	NO
Do you have a robust complaints management process?	YES	NO
Are you able to provide management information on customer experience?	YES	NO
Do you have a conflict of interest policy and processes to manage this?	YES	NO
Do you have processes in place where unauthorised advice has been given?	YES	NO
Who, in your business, is responsible for TCF?		

Protection of Personal Information (POPI)		
Are you, as a business, POPI compliant?	YES	NO
Do you have procedures in place to ensure the safekeeping of information?	YES	NO
Do you advise clients if their information is being used for any other purpose?	YES	NO

REPRESENTATIVE MANDATE

(in terms of section 13(1)(b) of the FAIS Act)

made and entered into by and between

ZEST LIFE INVESTMENTS PROPRIETARY LIMITED

FSP37485

(hereinafter referred to as **the FSP**)

and

Name and Surname

ID

(hereinafter referred to as **the Representative**)

1. INTERPRETATION

In this agreement, unless inconsistent with or otherwise indicated by the context:

- 1.1 **"Mandate agreement"** means this agreement, together with any annexures thereto.
- 1.2 **"FAIS"** means the Financial Advisory and Intermediary Services Act, 37 of 2002 (as amended) or its successor and subordinate legislation.
- 1.3 **"FICA"** means the Financial Intelligence Centre Act, 38 of 2001 (as amended) or its successor and subordinate legislation.
- 1.4 **"Confidential information"** includes but is not limited to any of the FSP's trade secrets, confidential information in general which relate to the business, including (but not limited to) intellectual property, financial methods, policies and philosophies, marketing methods, incentive schemes, formulae, processes, systems, sources of supply, business methods, inventions, specialised knowledge of training material and training programmes, staff welfare, business connections, internal control systems, policies and strategies, salary and wage policies, security methods, knowledge of the clients and business associates, contractual arrangements and financing techniques, personnel, strategic plans, any software and/or database information, and other matters which relate to the business of the FSP in respect of which information is not readily available in the ordinary course of business to a competitor.
- 1.5 **"Notice"** means written notice.
- 1.6 **"Signature date"** means the date of the affixing of the last remaining signature to this agreement.
- 1.7 **"The business"** means the business of the FSP and those activities associated with the financial services industry.
- 1.8 **"Financial service"** means the furnishing of advice and/or the rendering of an intermediary service as contemplated in FAIS.
- 1.9 A reference to one gender shall include the other genders.
- 1.10 Where the singular form of a word, is used it shall be deemed to include the plural and vice versa.

2. REPRESENTATIVE APPOINTMENT

- 2.1 The FSP hereby appoints and mandates the Representative to render financial services in respect of the financial products listed in **Annexure "A"** on its behalf, subject to the terms and conditions as set forth hereinafter and for the period of the appointment.
- 2.2 The Representative hereby accepts the appointment and mandated authorisation and agrees to render the financial services to the best of his ability and in accordance with the terms and conditions set forth hereinafter.
- 2.3 The Representative hereby agrees to hold himself available to render at the FSP's request, financial services on its behalf and to its clients and undertakes to comply with the provisions of all relevant legislation pertaining to his appointment as a Section 13 FAIS Representative.
- 2.4 The Representative acknowledges that his appointment and authorisation as Representative is subject to the FAIS Act and relevant subordinate legislation.
- 2.5 The FSP accepts responsibility for any activities performed by the Representative that falls within the scope of, or in the course of implementing this mandate agreement.

- 2.6 The FSP will provide the Representative with a certificate in terms of Section 13(1)(b) of the FAIS Act as confirmation of his authorisation in terms of this mandate agreement.
- 2.7 It is specifically recorded that the Representative will render services as an independent contractor. It is accordingly recorded that the Representative is not an employee for the purposes of the Labour Relations Act, the Basic Conditions of Employment Act, the Unemployment Insurance Act, the Employment Equity Act and/or any other relevant legislation that may normally be applicable to an employer/employee relationship.
- 2.8 It is furthermore specifically recorded that the Representative will be liable for the payment of his own income or other tax and he undertakes and warrants that he has registered with the South African Revenue Service as an independent tax payer and he indemnifies the FSP against any claim for income tax that may be levied against him.

3. COMMENCEMENT AND DURATION

- 3.1 The mandate agreement shall become of force and effect and binding upon the signature date and shall continue until terminated in terms of clause 6 below.

4. REPRESENTATIVE'S OBLIGATIONS

- 4.1 The Representative acknowledges that the FSP has a legal duty to ensure that its representatives comply with the provisions of FAIS and FICA.
- 4.2 The Representative shall at all times ensure that he renders financial services in accordance with the service standards set by the FSP and that he complies with the provisions of FAIS and FICA.
- 4.3 The Representative shall comply with all lawful instructions, processes and procedures as communicated by the FSP and its appointed Compliance Officer from time to time.
- 4.4 The Representative undertakes to perform the following services on behalf of the FSP:
- 4.4.1 to render financial services in respect of the Representative's authorised Categories and subcategories as provided for in **Annexure "A"**.
 - 4.4.2 general administrative duties.
 - 4.4.3 any other related services that may be required by the FSP or its clients from time to time.
- 4.5 The Representative shall only provide such financial services as he is authorised to provide.
- 4.6 The Representative shall study the General Code of Conduct for Authorised FSPs and Representatives and inform the FSP of any uncertainty or confusion regarding the Code of Conduct's requirements.
- 4.7 The Representative shall properly and fully disclose all relevant information to clients and potential clients as required by the General Code of Conduct.
- 4.8 The Representative shall follow the procedures laid down by the FSP so as to ensure that the advice provided to clients is suitable to their requirements
- 4.9 The Representative shall maintain a record of the advice provided to clients.
- 4.10 The Representative shall follow the procedures laid down by the FSP in regard to any complaints received from clients.

- 4.11 The Representative is aware of and shall comply with the requirements of the Financial Intelligence Centre Act, 2001 (Act 38 of 2001) where applicable.
- 4.12 The Representative undertakes to satisfy the minimum Fit and Proper requirements within the prescribed timeframes, failing which, the Representative's authorisation to render financial services on behalf of the FSP will summarily be revoked.
- 4.13 The Representative shall fully and properly inform the Compliance Officer of the FSP of any changes to his/her personal circumstances that may in any way impact on his Fit and Proper status.
- 4.14 The Representative acknowledges that there is a statutory duty on the FSP to institute debarment proceedings against the Representative, where it is determined that the Representative has contravened and / or failed to comply with any provisions of the FAIS Act (including subordinate legislation related thereto) in any material manner. "Material" may be defined as being of real importance or great consequence. The following factors may be taken into consideration in determining whether or not a contravention, or any instance of non-compliance, should be regarded as material:
- 4.14.1 the actual or potential risk of withdrawal of the FSP's authorisation to continue rendering financial services.
 - 4.14.2 the actual or potential for financial loss or damages suffered by the FSP or its clients.
- 4.15 In addition, the Representative acknowledges that there is a statutory duty on the FSP to institute debarment proceedings against the Representative, where it is determined that the Representative is unable to satisfy any of the following Fit and Proper requirements:
- 4.15.1 the personal character qualities of honesty, integrity and good standing.
 - 4.15.2 the qualification requirements within the prescribed timeframes.
 - 4.15.3 the financial product experience requirements within the prescribed timeframes.
 - 4.15.4 the regulatory examination(s) requirements within the prescribed timeframes.
 - 4.15.5 the continuous professional development requirements within the prescribed timeframes.
 - 4.15.6 the class of business training within the prescribed timeframes.
 - 4.15.7 the product specific training within the prescribed timeframes.
- 4.16 The FSP shall exercise its own discretion whether or not to proceed with debarment proceedings against the Representative irrespective of whether this mandate agreement has been terminated or not.
- 4.17 The Representative acknowledges that the FSP has procured the services of the Representative for the sole purpose of rendering financial services for the products listed in Annexure A, on its behalf and regards the Representative's continued authorisation to render such services as essential to the FSP's daily tasks and overall job function.
- 4.18 The Representative acknowledges that where his authorisation as a Representative is revoked, he/she will be unable to perform the duties, tasks and obligations in terms of this mandate agreement.
- 4.19 Notwithstanding anything to the contrary contained herein, the parties mutually agree to immediately terminate the mandate agreement should the Representative be unable to satisfy the following minimum Fit and Proper requirements:
- 4.19.1 the personal character qualities of honesty, integrity and good standing.
 - 4.19.2 the qualification requirements within the prescribed timeframes.
 - 4.19.3 the financial product experience requirements within the prescribed timeframes.

- 4.19.4 the product specific training within the prescribed timeframes.
- 4.20 Due to the nature of the FSP's business the Representative may be required to undergo training, including training regarding the requirements of FAIS and FICA. The Representative agrees to make himself available for training where so required by the FSP.
- 4.21 All books, manuals, records, memoranda, correspondence, business and related equipment and technology, systems, software or other assets prepared, maintained or used by the Representative during the mandated period, or which the Representative is able to prepare by virtue of knowledge acquired during the course of the mandated period, will at all times remain the property of the FSP and must be delivered to the FSP upon termination of this mandate agreement.
- 4.22 Any information and documentation relating to financial products, including authorisations to act on behalf of clients, allocated or procured by the Representative during the course of the mandated period is done so on behalf of the FSP and will at all times remain the property and privilege of the FSP and shall be returned to the FSP upon termination of this mandate agreement.
- 4.23 The Representative undertakes not to disclose any confidential information, including client information, to any third party or entity, whether within or outside the borders of South Africa, during the operation of this mandate agreement or after its termination, unless the FSP specifically agrees to such disclosure in writing.
- 4.24 The Representative shall protect and keep confidential all information acquired or obtained from a client or a product supplier in regard to such client or supplier.
- 4.25 The Representative shall keep all client files safe while in use and properly and securely filed when not under his care.
- 4.26 The Representative undertakes to immediately notify the FSP of any submitted formal complaint related to the rendering of financial services.
- 4.27 The Representative may not outsource or sub delegate any activity or part thereof relating to the rendering of financial services which that Representative performs on behalf of the FSP.

5. REMUNERATION

- 5.1 As consideration for the services rendered to the FSP by the Representative, the FSP shall pay to the Representative full commission earned in respect of financial products sold, subject to any contractual arrangements between the FSP and relevant product suppliers. Such remuneration or fee paid in respect of an activity or function for which the Representative is employed will be:
- 5.1.1 reasonable and commensurate with the actual function and activity; and
 - 5.1.2 not structured in a manner that may increase the risk of unfair treatment of clients.
- 5.2 Such payment shall be made by the 15th of the month following the month in which the premium was collected. Commission will be recouped on any premium that subsequently became unpaid.

6. TERMINATION

- 6.1 Notwithstanding anything to the contrary herein contained, this mandate agreement may be terminated by the FSP at any time on any reasonable grounds or otherwise in the event of failure on the part of the Representative to comply with any provision of FAIS or FICA or any directives or guidelines issued by the FSP from time to time in regard to the rendering of financial services.

- 6.2 While not detracting from the generality of 6.1 above, it is a condition of this mandate agreement that the FSP shall be entitled to terminate the mandate agreement, due to the below mentioned serious forms of breach of contract, summarily and without compensation or payment in lieu of notice if:
- 6.2.1 the Representative commits a material breach of any of its obligations under the mandate agreement;
 - 6.2.2 the Representative is declared insolvent or provisionally insolvent;
 - 6.2.3 the Representative is subject to any pending proceedings which may lead to insolvency or provisional insolvency;
 - 6.2.4 the Representative fails to comply with, or no longer complies with any of the relevant Fit and Proper requirements in FAIS, including the requirements of honesty, integrity and good standing;
 - 6.2.5 the Representative makes or has made any false declaration concerning his Fit and Proper status;
 - 6.2.6 the occurrence of any circumstances justifying termination on grounds of breach of the provisions of any Code of Conduct or the common law; and
 - 6.2.7 a Compliance Officer submits to the FSP a written report of material non-compliance with FAIS or FICA by the Representative.
- 6.3 Either party may terminate this mandate on thirty (30) days' prior notice to the other.
- 6.4 Upon termination of this mandate agreement for any reason, the Representative shall immediately take, where reasonably necessary or appropriate in consultation with the FSP, clients and product suppliers concerned, reasonable steps to notify all affected clients accordingly and ensure that outstanding business is completed or transferred to the FSP or another representative of the FSP.

7. DISPUTES

- 7.1 If any dispute or difference arises as to the validity, interpretation, effect or rights and obligations of either party under this mandate, either party shall have the right to require that such dispute or difference be referred for a decision to arbitration before a single arbitrator.
- 7.1.1 The arbitration shall be held in an informal manner at Cape Town and the identity of the arbitrator shall be mutually agreed upon between the parties within a period of 5 (five) days from the date that the arbitration is called for or, failing such mutual agreement within 5 (five) days, as nominated by the Chairman for the time being of the Western Cape Bar Council or the President of the Western Cape Law Society (or its successor). The arbitrator shall be an attorney or advocate of 10 (ten) years' standing or more with experience and knowledge of insurance law and with no interest in the proceedings.
 - 7.1.2 The parties agree to keep the arbitration, its subject matter and evidence heard during the arbitration confidential and not to disclose it to any other person.
 - 7.1.3 The decision of the arbitrator shall be final and binding upon the parties and not subject to appeal.
 - 7.1.4 The arbitrator shall include in his award an order as to the costs of the arbitration and who shall bear them.
 - 7.1.5 The arbitrator shall at his sole discretion decide on the formulation of the dispute for arbitration but shall at all times be guided by the requirements of FAIS and all applicable ancillary legislation.
 - 7.1.6 The inclusion of this arbitration clause shall not prevent a party from applying to court for urgent relief in the appropriate circumstances.
- 7.2 The parties agree that all the terms of this mandate are material.

7.3 The Representative indemnifies the FSP against any claims arising out of any breach of this mandate agreement by the Representative.

8. GENERAL

8.1 The parties hereto agree to observe the utmost good faith in their dealings with one another and in their relationship with all clients of the FSP and particularly undertake at all times to render financial services honestly, fairly, with due skill, care and diligence, and in the interests of clients and the integrity of the financial services industry.

8.2 This mandate agreement shall remain in force until it is lawfully terminated by either party.

8.3 This mandate agreement will be governed by the law of the Republic of South Africa.

8.4 No alteration or variation of this mandate agreement will be of any force or effect unless recorded in writing and signed by both parties.

8.5 The parties choose as their respective *domicilium citandi et executandi*:

The FSP at:
2nd Floor Sunclare Building
21 Dreyer Street
Claremont
Cape Town
The FSP's e-mail address and facsimile number: info@zestlife.co.za

The Representative at:

The Representative's e-mail address: _____

Signed for and on behalf of the FSP	
Signature:	Name:
At:	Date:
Signed for and on behalf of the Representative	
Signature:	Name:
At:	Date:

ANNEXURE "A"

Category I Advisory FSP		Advice	Intermediary Services	Services under Supervision
1.1	Short-term Insurance: Personal Lines A1 (Gap)	Yes	Yes	Yes

COMPLIANCE DECLARATION – HONESTY, INTEGRITY & GOOD STANDING, CONFLICT OF INTEREST AND COMPLAINT RESOLUTION PROCESS.

FSP Name	Zest Life Investments (Pty) Ltd
Responsible Person Name	
Responsible Person Capacity	

By signing this document, I acknowledge that I understand the statements made hereunder and declare such statements to be true at the date indicated next to my signature

1. I have never been found guilty (and that conviction has not been expunged) in any criminal proceedings or liable in any civil proceedings by a court under any law in any jurisdiction of:
 - 1.1 an offence under a law relating to the regulation or supervision of a financial institution as defined in the Financial Institutions (Protection of Funds) Act, 2001 (Act No. 28 of 2001) or a corresponding offence under the law of a foreign country;
 - 1.2 theft, fraud, forgery, uttering a forged document, perjury or an offence involving dishonesty, breach of a fiduciary duty, dishonourable or unprofessional conduct; or
 - 1.3 an offence under the Prevention of Corruption Act, 1958 (Act No. 6 of 1958), the Corruption Act, 1992 (Act No. 94 of 1992) or Parts 1 to 4, or section 17, 20 or 21, of the Prevention and Combating of Corrupt Activities Act, 2004 (Act No. 12 of 2004), or a corresponding offence under the law of a foreign country;
2. I have never been convicted (and that conviction has not been expunged) of any other offence committed after the Constitution of the Republic of South Africa, 1996, took effect, where the penalty imposed for the offence was imprisonment without the option of a fine, or a significant fine;
3. I have never accepted civil liability for, or have never been the subject of a civil judgment in respect of, theft, fraud, forgery, uttering a forged document, perjury or any conduct involving dishonesty, breach of fiduciary duty, misrepresentation, or negligent, dishonourable and unprofessional conduct;
4. I have never been the subject of frequent or material preventative, remedial or enforcement actions by the Registrar or a regulatory authority;
5. I have never been removed from an office of trust for theft, fraud, forgery, uttering a forged document, misrepresentation, dishonesty, breach of fiduciary duty or business conduct;
6. I have never breached a fiduciary duty;
7. I have never been suspended, dismissed or disqualified from acting as a director, managing executive, public officer, auditor or statutory actuary (or his or her alternate) under any law or any action to achieve one of the aforementioned outcomes has never been instituted against myself;
8. I have never been refused a registration, approval, authorisation or licence to carry out a trade, business or profession, and I have had that registration, approval, authorisation or licence suspended, revoked, withdrawn or terminated by a regulatory authority;
9. I have never been denied registration or membership of any professional body or have had that registration or membership revoked, withdrawn or terminated by a professional body because of matters relating to honesty, integrity, or business conduct;
10. I have never been disciplined, reprimanded, disqualified, or removed in relation to matters relating to honesty, integrity, incompetence or business conduct by a –
 - 10.1. professional body; or
 - 10.2. regulatory authority, or any action to achieve one of the aforementioned outcomes has been instituted against myself;
11. I have never knowingly been untruthful or provided false or misleading information to, or have never been uncooperative in any dealings with, the Registrar or a regulatory authority;
12. I have never demonstrated a lack of readiness and willingness to comply with legal, regulatory or professional requirements and standards;
13. I have never been found to be not fit and proper by the Registrar or a regulatory authority in any previous assessments of fitness and propriety and (if applicable) the reasons for being found not fit and proper have been

remedied;

14. I have never been involved, am currently not involved as a director, trustee, member, partner, controlling shareholder or managing executive and I am not concerned in the management of a business that has been –
- 14.1. the subject of any matter referred to in subparagraphs 1, 2, 3, 4, 6, 8, 10.2, 11, 12, 13, or 15; or
- 14.2. placed in liquidation or business rescue; while I have been connected with that organisation or within one year of that connection.
15. I have never failed to disclose information required in terms of the Financial Advisory and Intermediary Services Act (Act No. 37 of 2002), including a failure to disclose information in accordance with Section 10 of Board Notice 194 of 2017;
16. I am not an unrehabilitated insolvent;
17. I do not have any additional information which should be brought to the Compliance Officer's attention that may have an impact on the evaluation of my good character and integrity.

CONFLICT OF INTEREST

I am not aware of any actual or potential conflict of interest which has not been brought to the attention of Zestlife's compliance officer in writing.

Guidance note:

A "conflict of interest" means any situations in which a FSP or a representative has an actual or potential interest that may, in rendering a financial service to a client:

- Influence the objective performance of his, her or its obligations to that client, or
- Prevent a FSP or representative from rendering an unbiased and fair financial service to that client, or from acting in the interests of that client, including but not limited to:
 - a financial interest,
 - an ownership interest,
 - any relationship with a third party.

COMPLAINT RESOLUTION PROCESS

I confirm that I have read and fully understand Zestlife's Complaint Resolution Process as published on <http://www.zestlife.co.za/about-us/legal-accounting>

Representative Signature

Date



Cover you can trust.
People you can depend on.

ZESTLIFE GAP COVER PRODUCT TRAINING GUIDE 2020

PROCESS TO BE FOLLOWED BY A REPRESENTATIVE FOR A ZESTLIFE GAP SALE AND PRODUCT TRAINING GUIDE

This document constitutes a summary of the process to be followed by a representative when selling a Zestlife Gap Cover policy and a description of the product for 2020. Please read this carefully and acknowledge that you have read and understood the contents by signing this document in the space provided.

ZESTLIFE GAP COVER PRODUCT TRAINING GUIDE

The Gap payment

Most medical schemes will cover the costs of in-hospital specialist treatment at the medical scheme rate, but specialists charge substantially more than the medical scheme rate leaving the member liable for the difference (payment gap).

Other costs that the member could be liable for are co-payments, sub limits and deductibles e.g.

- co-payments on selected procedures or services for example, X rays, pathology services and MRI scans;
- hospital admission co-payments ; and
- shortfalls as a result of sub limits on specified procedures imposed by the medical scheme.

Members of any medical scheme can be insured against medical expense shortfalls through either of Zestlife's top-of-the-range Gap Cover options.

Zestlife Universal Gap Cover offers the most comprehensive medical expense shortfall cover along with additional financial protection for a wide range of health risks.

Zestlife Essential Gap Cover offers affordable medical expense shortfall cover for the most frequent shortfalls, along with additional financial protection for selected health risks.

Both of these options are available to main members and dependants of all South African registered medical schemes.

The cover offered by these policies can be further enhanced by taking our **Extended Cancer, Extended Dentistry** and/or **Medical Premium Waiver Cover** options.

Please note that Zestlife Gap Cover is not a medical scheme or a substitute for medical scheme cover. It's a health insurance policy that provides cover for medical expense shortfalls that arise when your medical aid only covers your medical treatment and procedure costs in part. To qualify for this cover the medical aid's part payment must be paid from the medical aid hospital benefit or major medical benefit.

ZESTLIFE UNIVERSAL GAP COVER	ZESTLIFE ESSENTIAL GAP COVER
<p>Who's Covered</p> <p>Cover is available to individuals and families on any South African medical aid without maximum entry age restrictions.</p> <p>Individual Cover is for those who don't have any medical aid dependants.</p> <p>Family Cover is for the main medical aid member and their spouse and family dependants on the same medical aid.</p> <p>Family Cover also applies where spouses and children are on separate medical aids.</p>	<p>Who's Covered</p> <p>Cover is available to individuals and families on any South African medical aid without maximum entry age restrictions.</p> <p>Individual Cover is for those who don't have any medical aid dependants.</p> <p>Family Cover is for the main medical aid member and their spouse and family dependants on the same medical aid.</p> <p>Family Cover also applies where spouses and children are on separate medical aids.</p>
SECTION A - MEDICAL EXPENSE SHORTFALL COVER	
All individuals and family members are covered up to a medical expense shortfall limit of R165 000 per year.	
<p>In-hospital Cover</p> <p>Shortfalls are covered on doctors and specialists charges of up to 500% of the medical scheme tariff (MST). The shortfall cover amount provided is calculated as: doctors and specialists charges (limited to 5 times MST) less the greater of either the medical scheme's contribution to these costs or the MST.</p>	<p>In-hospital Cover</p> <p>Shortfalls are covered on doctors and specialists charges of up to 300% of the medical scheme tariff (MST). The shortfall cover amount is calculated as: doctors and specialists charges (limited to 3 times MST) less the greater of either the medical scheme's contribution to these costs or the MST.</p>
<p>Out-of-hospital Cover</p> <p>Cover is provided for ±50 out-patient procedures including CT, PET and MRI scans. The shortfall cover amount provided is calculated as: doctors and specialists charges (limited to 5 times MST) less the greater of either the medical scheme's contribution to these costs or the MST.</p>	<p>Out-of-hospital Cover</p> <p>Cover is provided for ±50 out-patient procedures including CT, PET and MRI scans. The shortfall cover amount provided is calculated as: doctors and specialists charges (limited to 3 times MST) less the greater of either the medical scheme's contribution to these costs or the MST.</p>
<p>Medical Scheme Co-payment Cover</p> <p>Co-payments charged by medical aids for hospital admissions, scans and medical procedures are covered.</p>	<p>Medical Scheme Co-payment Cover</p> <p>Co-payments charged by medical aids for hospital admissions, scans and medical procedures are covered.</p>
<p>Non-network Co-payment Cover</p> <p>Full cover for co-payments charged by medical aids for using a non-DSP (Designated Service Provider) hospital or provider. This cover is subject to a maximum of R10 000, limited to one claim per policy each year.</p>	<p>Non-network Co-payment Cover</p> <p>Not applicable</p>
<p>Emergency Room Cover/ Casualty Ward Cover</p> <p>R20 000 cover per calendar year for treatment in a hospital's casualty ward within 48 hours following accidental injury. Fees charged by prosthetists, orthotists, items such as crutches, neck braces, knee and ankle guards, post treatment and recuperative devices are not covered by this benefit.</p>	<p>Emergency Room Cover/ Casualty Ward Cover</p> <p>R20 000 cover per calendar year for treatment in a hospital's casualty ward within 48 hours following accidental injury. Fees charged by prosthetists, orthotists, items such as crutches, neck braces, knee and ankle guards, post treatment and recuperative devices are not covered by this benefit.</p>
<p>Enhanced Cancer Cover: Co-payment</p> <p>Co-payments levied by medical aids when the annual cancer treatment limit is exceeded will be covered. This cover can be used for general and specialised treatment and biological drugs. Subject to a maximum co-payment of 25% of the costs of treatment.</p>	<p>Enhanced Cancer Cover: Co-payment</p> <p>Not applicable</p>

ZESTLIFE UNIVERSAL GAP COVER	ZESTLIFE ESSENTIAL GAP COVER
Medical Aid Cancer Limit Extended Cover	Medical Aid Cancer Limit Extended Cover
When a medical aid imposes a cancer treatment cost limit, cover is provided for 20% of the continued treatment costs. This cover can be used for general and specialised treatment and biological drugs.	Not applicable
Enhanced Cancer Cover: Cosmetic Breast Reconstruction	Enhanced Cancer Cover: Cosmetic Breast Reconstruction
Cosmetic breast reconstruction cover of up to R20 000. This cover is paid towards the costs of surgical breast reconstruction of the non-affected breast, in the event of a single mastectomy resulting from breast cancer.	Not applicable
Internal Prosthesis and Artificial Joint Cover	Internal Prosthesis and Artificial Joint Cover
Cover of up to R35 000 per policy per calendar year is provided for medical expense shortfalls and copayments on the cost of internal prosthesis such as artificial joints. This cover is provided after the exhaustion of the medical aid annual threshold if the limit has been exceeded. No cover is provided under this benefit for intraocular lenses or prosthesis that are not replacing a body part such as cardiac stents.	Not applicable
In-hospital Dentistry Expense Shortfall Cover	In-hospital Dentistry Expense Shortfall Cover
Dentistry shortfalls are covered on doctor, dentist and specialist charges of up to 500% of the medical scheme tariff (MST). The shortfall cover amount provided is calculated as: doctors and specialists charges (limited to 5 times MST) less the greater of either the medical scheme's contribution to these costs or the MST.	Not applicable
Robotic Medical Procedure Cover	Robotic Medical Procedure Cover
Cover of up to R30 000 per policy per calendar year for medical expense shortfalls that arise directly from the use of robotic machinery in the course of in-hospital operative treatment.	Cover of up to R30 000 per policy per calendar year for medical expense shortfalls that arise directly from the use of robotic machinery in the course of in-hospital operative treatment.
SECTION B – HEALTH INSURANCE BENEFITS	
Enhanced Cancer Cover: Lump Sum Pay-out	Enhanced Cancer Cover: Lump Sum Pay-out
Lump sum cover of R30 000 in the event of first time diagnosis with stage 2 cancer. Payment of this benefit is subject to registration on the medical aid's oncology treatment program. This is a fixed benefit payment that is not reliant on verification of actual treatment costs. This cover excludes skin cancer and applies to cancer diagnosed after the commencement of cover and after completion of the 12-month waiting period.	Not applicable
Accidental Dentistry Cover	Accidental Dentistry Cover
R19 250 accidental tooth fracture cover due to an external blow to the mouth, provided per individual per year. This cover is payable at a rate of R2 750 for each tooth, irrespective of cover provided by the medical scheme.	R19 250 accidental tooth fracture cover due to an external blow to the mouth is provided per individual per year. This cover is payable at a rate of R2 750 for each tooth, irrespective of cover provided by the medical scheme.
Accidental Death and Permanent Disability Cover	Accidental Death and Permanent Disability Cover
A R50 000 lump sum benefit is paid in the event of accidental death or accidental permanent disability. The accidental permanent disability cover ends at age 65.	A R50 000 lump sum benefit is paid in the event of accidental death or accidental permanent disability. The accidental permanent disability cover ends at age 65.

Trauma Counselling Cover	Trauma Counselling Cover
Cover of R750 per session for counselling is provided following any individual insured under the policy being subject to or a witness to an act of violence or traumatic accident. Counselling must commence within 6 months of traumatic event and will be covered to a maximum policy limit of R25 000 over a period of 6 months.	Cover of R750 per session for counselling is provided following any individual insured under the policy being subject to or a witness to an act of violence or traumatic accident. Counselling must commence within 6 months of traumatic event and will be covered to a maximum policy limit of R25 000 over a period of 6 months.
Medical Scheme and Gap Policy – Premium Waiver Cover	Medical Scheme and Gap Policy – Premium Waiver Cover
A lump sum benefit is payable equal to 12 times the policyholder's combined gap cover and medical aid premiums at the time of claim. This benefit is subject to a policy limit of R100 000 and is payable following the accidental death or accidental permanent disability of the policyholder. Cover for this benefit ceases at age 65.	Not applicable

OPTIONAL EXTENDED COVER

In addition to the cover described you can now also offer your clients the option to boost their cancer and dentistry cover. These extended cover options specifically enhance cancer and dentistry cover as they are they have the most substantial funding shortfalls. We therefore encourage you promote these extended cover options when signing up new policyholders but also please bring it to the attention of your existing policyholders.

The extended cancer cover and extended dentistry cover can be taken individually and both will form part of the Zestlife Gap Cover Policy and not be issued as separate policies. This will increase the total policy premium on which the broker commission will be paid.

Extended Cancer Cover

The Zestlife Gap Cover pays out either R100 000 or R200 000 in the event of any of the lives insured being diagnosed for the first time with cancer. This cover can be added to any the policy options.

This benefit is paid out in single amount on cancer diagnosis and is intended to assist in covering the costs of expensive oncology drugs and related treatments not covered by the insured's medical scheme. The pay-out of this benefit is made to the policyholder and is not dependent on actual treatment costs and can be used for any purpose.

In order to qualify for this additional cover the policyholder will be required to answer an underwriting question relating to any previous diagnosis or treatment of cancer for themselves and their beneficiaries insured under the Policy. This cover has a 12-month pre-existing condition exclusion and a 6-month upfront waiting period from the date of commencement of cover and ceases at age 65.

Extended Dentistry Cover

The Extended Dentistry Cover offers the policyholder and dependents, emergency, accidental and specialised dentistry cover. The cover is provided for the events listed below and is not subject to specific treatment following any such claim event.

Examples of claim causes, the list of claim events and the actual stated amounts covered are set out in the table:

Insured condition or event	Likely treatment	Cover
Impacted wisdom tooth (teeth in the process of eruption that are not impacted are excluded)	Surgical tooth removal	R1 000 for each tooth
Periodontitis (severe infection of the gums where the attachment of the tooth to the gum is broken down)	Gum surgery	R1 750 for each event
Jaw fracture	Surgery	R16 500 for each event
Dental emergency (dental pain or infection that requires immediate treatment for relief)	Emergency root canal, temporary crown, temporary filling	R1 250 for each tooth
Accidental tooth fracture (50% of the visible tooth is lost due to an accident resulting in permanent nerve damage)	Crown, splinting, bridge	R4 500 for each tooth
Severely decayed or damaged tooth (two thirds of the tooth is lost due to decay or trauma)	Crown	R3 250 for each tooth (A maximum of two teeth are covered in 12 months)
Impaired chewing due to loss of tooth/teeth (teeth can be lost due to infection or trauma, 2nd and 3rd molar positions are excluded)	Removable denture	R5 500 for each jaw bone (Paid once for each upper or lower jaw every 24 months)
Reduced dental stability due to tooth loss (tooth is lost resulting in adjacent teeth potentially changing position causing the bite to become unstable). Can only claim for teeth lost after the Extended Dentistry Cover starting date and which is not as a result of a condition that existed prior to this start date.	Implant or bridge	R10 000 for each tooth Limited to one claim in 12 months

This cover has a 6 month waiting period except if the claim arises from an accident that occurred after taking out the cover. In these circumstances full cover is available. This cover has a 12-month pre-existing condition exclusion and a 6-month upfront waiting period from the date of commencement of cover and ceases at age 65.

Extended Medical Premium Waiver Cover

The Medical Premium Waiver policy provides cover that will continue to pay your medical aid and Zestlife Gap Cover premiums in the event of your death or permanent disability. This cover is an additional stand-alone policy that enhances and extends the medical aid and gap cover premium waiver benefit that is embedded in the Zestlife Universal Gap Cover policy.

Your Zestlife Gap Cover policy embedded benefit only applies to the Universal Gap Cover option and will only pay out in the event of accidental death or accidental permanent disability. This embedded cover will only cover your ongoing medical aid and Zestlife Gap Cover premiums for a period of 12 months.

The Medical Premium Waiver policy however pays out on death and permanent disability, whether caused by accident or natural causes and will pay your actual medical aid and Zestlife Gap Cover premiums up to a maximum amount of R9 000 per month, for a period of either 24 or 60 months.

The Medical Premium Waiver policy benefit will continue for 24 or 60 months after the initial 12 month benefit that is covered under the Zestlife Universal Gap Cover policy has been used.

This cover can be taken out as extended cover for both the Zestlife Universal and Zestlife Essential Gap Cover options.

TERMS AND CONDITIONS

In the first 12 months from the date that the Medical Premium Waiver policy commences, no cover will be provided for claims that arise from medical conditions that existed in the 12 months prior to the policy's commencement date. There are also general exclusions that apply e.g., claims that result from suicide, intentional self-inflicted injury or participation in war or crime. In the case of a permanent disability claim, the benefit payment will commence after a 30-day assessment period and will be paid for the insured period or until the policyholder's recovery, whichever occurs first. Cover is available to age 60 and ends at age 70.

Important Policy Terms and Conditions

The following policy terms and conditions apply to both the Universal and Essential Gap Cover Policy.

Waiting Periods and Pre-existing Condition Exclusion

No general or condition-specific waiting periods apply. However, no benefits can be claimed for a period of 12 months from the start date of cover in respect of medical conditions, for which in the 12 months before the start date of the cover, medical advice, diagnosis, care or treatment was received or would reasonably have been recommended.

Pregnancy before the start date of cover will be regarded as a pre-existing condition and any pregnancy or birth-related claims will be excluded for 12 months from the start date of the cover.

If prior to the start date of Zestlife Gap Cover, a policyholder had cover under another Medical Expense Shortfall Policy, then the pre-existing condition waiting period will only be applied to the unexpired part of the pre-existing condition waiting period from the previous policy. The pre-existing condition waiting period will, however, apply for the full period of 12 months for any benefit not provided under the previous Medical Expense Shortfall Policy

General Exclusions

No benefits are payable if a claim arises directly or indirectly from:

- Nuclear weapons or nuclear or ionizing radiation.
- Suicide, attempted suicide or intentional self-injury.
- The taking of any drug or narcotic unless prescribed by and taken in accordance with the instructions of a registered medical practitioner (other than the insured person).
- Any illness or injury caused by the use of alcohol.
- Illegal behaviour, or as a result of breaking the law of the Republic of South Africa;
- Participation in war, terrorist activity, invasion, rebellion, active military duty, police duty, police reservist duty, civil commotion, labour disturbances, riot, strike or the activities of locked out workers.
- Aviation accident, except on a commercial flight as a fare-paying passenger.
- Participation in any form of race or speed test involving any mechanically propelled vehicle, vessel, craft or aircraft.

Specific Exclusions

Claims arising directly or indirectly from the following are not covered:

- Cosmetic surgery unless required due to illness or injury
- Penalty co-payments imposed by medical aids for not following the rules of the scheme. Examples of these penalties are amounts due as a result of not obtaining pre-authorisation from the medical aids for a procedure, or as a result of consulting a specialist without first obtaining a referral from a General Practitioner (GP).
- Pre- and post-hospitalisation doctor and specialist charges
- Treatment for obesity or treatment that is required as a result of obesity
- Elective or routine procedures and physical examinations including tests, annual check-ups, ECGs and contraception-related treatments.
- Treatment for depression, mental or stress-related conditions
- Claims not covered by the medical aid
- Private and home nursing
- Hospital charges
- Medication and other materials
- External prosthesis
- Cancer treatment or planned procedures received outside the Republic of South Africa. This exclusion does not apply to treatment arising from accident or illness while travelling for a period of less than 60 consecutive days.
- Day-to-day medical practitioner costs
- Dental implants
- Emergency medical transportation
- Out-of-hospital dental procedures
- Exploratory procedures or procedures that are paid for by your medical aid on exception or ex-gratia basis.
- Diagnosis and/or treatment for sleeping disorders.
- Treatment costs for services rendered by allied health care professionals, such as but not limited to dietitians, podiatrists, audiologists, chiropractors, acupuncturists, speech therapists, biokineticists, occupational therapists, scientists and technologists.

Continuation option

Upon death of the principal member a continuation option is extended to the widow/widower of the deceased principle member. The administrators of the policy must receive a written request for the continuation option within 60 days of the continuation date. Continuation members will need to complete a debit order application form.

PROCESS TO BE FOLLOWED BY YOU AS A ZESTLIFE REPRESENTATIVE FOR ZESTLIFE GAP COVER SALES

- If requested by the client, provide the client with a certificate of authority.
- Notify the client that he renders advice under supervision if applicable.
- Obtain personal information from client and do a Needs analysis to identify the correct solution for the client's needs.
- Do a needs analysis to establish that the Gap Cover policy meets the client's needs as the medical aid does not cover the total medical practitioner costs when hospitalised.
- Recommend the Universal Gap Policy as a solution because it will cover the difference between the actual medical practitioner charges (up to a maximum of 5 times the Medical Scheme Tariff rate) and the amount payable by the medical scheme. Or in the case of the Zestlife Essential Gap Cover option, the amount of the benefit will be limited to double the amount paid by the medical scheme and the client will experience a shortfall if a medical practitioner charges more than three times what is actually paid by the medical scheme.
- Advise the client that there are similar products on the market but you do not represent any other product suppliers and the Zestlife Gap Cover product is the most established product on the market.
- Notify the client that a record of the advice given will be in the welcome pack.
- Maintain copies of all the documents used in the process above.

Accreditation

Zestlife Gap Cover is a short-term insurance product and you will be selling Zestlife Gap Cover as a representative of Zestlife under the supervision of Charles Lorentz unless you have the required experience and qualifications to sell Gap Cover.

Agents wanting to sell Gap Cover will complete an application and Zestlife will consider the application and if approved will return a copy of the fully signed Supervision Agreement and Representative Mandate to the intermediary together with a certificate stating that the intermediary is authorised to sell the product and will register the intermediary as a representative of Zestlife to sell Gap Cover.

Zestlife will ensure that the intermediary is supervised with the assistance of the Zestlife Broker Consultants who service them and internal Zestlife staff. The Intermediary will operate under supervision for the first year or until you have the required qualifications and need to disclose this to the client.

If the new policy replaces an existing policy the intermediary needs to complete a replacement policy record and get the client to sign it. This record needs to be sent to Zestlife with the application.

The commission for Medical Expense Shortfall Cover is calculated on a sliding scale based on monthly premium bands as follows:

- Above R1200 - 5%
- R601 to R1200 - 10%
- R300 to R600 - 15%
- Less than R300 - 20%

The commission for all Gap Cover options will remain at 20% with the exception of Universal Option individual policies with a life insured 65 or older. The commission on these Gap Cover policies will be 15%. Commission on Extended Cancer or Dental benefits will also remain at 20%.

The commission is paid by the 15th of the month following the calendar month in which the premium was collected. A commission statement is e-mailed to the intermediary listing the

policy details and commission amount per policy for the specific month. Commission will only be paid once the intermediary has been authorised by Zestlife to sell the product.

For monthly payments less than R200 Zestlife reserves the right to make quarterly payments instead of monthly.

To remain a Zestlife representative to sell Gap Cover and to continue to earn commission on existing business an agent needs to have a minimum of 6 active policies after 6 months and a minimum of 12 active policies after 12 months. Failure to reach and maintain the required minimum number of active Gap Cover policies will result in deregistration as a Zestlife Representative and no further commissions would be payable from the date of deregistration.

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE CONTENTS OF THIS DOCUMENT WHICH FORMS PART OF THE TRAINING FOR THE ZESTLIFE GAP COVER POLICY.

Agent Full names and Surname

Agent Signature

Date