



MOBILIFE COMPLAINTS MANAGEMENT POLICY

This policy is owned by MobiLife Financial Services Pty (Ltd), a duly authorised Financial Services Provider.

The processes contained herein forms part of the FSP's internal control structures and procedures.

As the Key Individual of the aforementioned FSP, I Frank Schutte confirm the adoption of the processes set out in this document.

28 February 2019

Key Individual Signature

Date

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1) DOCUMENT REVIEW ROSTER

The Complaints Policy is a working document that must be reviewed periodically.

It is advisable to review the policy on an annual basis. Any amendments must be indicated on the document review roster and relevant staff members must be informed of any updates.

Review Date	18 April 2016
Comments / Amendments	First approval of the policy
Next Review Date	April 2017
Responsible Person Signature	

Review Date	14 February 2019
Comments / Amendments	Reviewed to ensure compliance with new policyholder protection regulations
Next Review Date	
Responsible Person Signature	

Review Date	
Comments / Amendments	
Next Review Date	
Responsible Person Signature	

Review Date	
Comments / Amendments	
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Review Date	
Comments / Amendments	
Next Review Date	
Responsible Person Signature	

2) DEFINITIONS & TERMINOLOGY

Definition of a complainant: Complainant – is a **person/ someone acting on their behalf**, who has a **direct interest** in the agreement, policy or service, and includes a –

- **policyholder** or their successor in title;
- **beneficiary** or their successor in title;
- person whose **life is insured** under a policy;
- person that **pays a premium**;
- **member of a group scheme** or; and
- **potential policyholder or potential member of a group scheme** - whose dissatisfaction relates to the relevant **application, approach, solicitation, advertising or marketing** material.

Complaint: an **expression of dissatisfaction** to an insurer / their service provider (to the knowledge of the insurer) relating to a policy or service which indicates / alleges, that –

- the insurer or their service provider **failed to comply with an agreement, a law, a rule, or a code of conduct**;
- the insurer or their service provider's maladministration or willful / negligent action or omission, caused the person **harm, prejudice, distress or substantial inconvenience**;
- the insurer or its service provider has **treated the person unfairly**;
- **regardless** whether submitted **together with or in relation to a policyholder query**.

Rejected: means that a **complaint was not upheld** – Insurer regards the complaint as **finalised** after advising the complainant that it **does not intend to take any further action to resolve the complaint** – Incl. complaints regarded as **unjustified or invalid** / where the **complainant does not accept or respond to proposals to resolve** the complaint.

Compensation payment: to compensate a complainant for a **proven or estimated financial loss** incurred as a result of the **insurer's wrongdoing - insurer accepts liability** for having caused the loss concerned – **excluding** :

- **goodwill** payment;
- payment **contractually due** in terms of a policy; or
- **refund** of an amount which **was not contractually due**.

Goodwill payment: a payment (monetary or in the form of a benefit or service as an **expression of goodwill** aimed at **resolving a complaint**, where the insurer does **not accept liability** for any financial loss to the complainant.

Reportable complaint: any complaint (as per the definition above) unless–

- **upheld immediately** by the person who initially received the complaint;
- upheld within the insurer's **ordinary processes** for handling policyholder queries, provided that such process does **not take more than five business days** from the date the complaint is received; or
- submitted to or brought to the attention of the insurer in such a manner that the insurer does **not have a reasonable opportunity to record** such details of the complaint.

Upheld: that a complaint has been finalised **wholly or partially in favour of the complainant** and –

- the complainant has **explicitly accepted that the matter is fully resolved**; or
- it is reasonable for the insurer to **assume that the complainant has so accepted**; and
- all **undertakings** made by the insurer to resolve the complaint **have been met** or the complainant has explicitly **indicated its satisfaction** with any arrangements.

3) PURPOSE OF A COMPLAINTS POLICY

In terms of the General Code of Conduct, a Financial Services Provider must maintain an internal complaints resolution procedure in the event that a client complains about a financial service rendered by the FSP or a Representative of the FSP.

The complaints procedure must be based on the following outcomes:

- **Transparency and Visibility:**
Ensuring that complainants have full knowledge of the procedures that will be followed when submitting a complaint
- **Accessibility of Facilities:**
Ensuring that clients are provided with an easily accessible facility in order to submit a complaint at any office or branch of the FSP
- **Fairness:**
Ensuring that the complaint resolution process is fair to both a complainant and the FSP

In order to achieve these outcomes the FSP has adopted a complaints policy outlining our commitment towards the fair resolution of complaints.

4) COMMITMENT TOWARDS THE FAIR RESOLUTION OF COMPLAINTS

The FSP is committed towards rendering financial services with proper due skill and diligence and in the best interests of clients and the integrity of the financial services industry.

Despite our high service standards there may be instances where a client nevertheless prefers to submit a formal complaint against the FSP. In such instances the FSP will follow the complaints procedure as outlined below.

The FSP is committed towards a transparent and accessible complaints resolution process that is fair to all parties involved. In order to achieve these outcomes the FSP undertakes as follows:

- The appropriate procedures in order to submit a complaint will be openly disclosed and made readily available to clients in writing
- We will resolve client complaints by means of a practical resolution process that is managed effectively
- We will train and empower all relevant staff members to facilitate and resolve complaints
- We will deal with complaints in a timely and fair manner, with each complainant receiving proper due consideration
- We will take the necessary steps to investigate and respond promptly to a complainant
- Where deemed necessary, we will appoint an independent mediator in order to resolve the complaint
- Where the complaint is resolved in favour of the complainant, we will offer the appropriate level of redress to the complainant without delay
- Where the complaint is not resolved in favour of the complainant, we will provide written reasons for our decision and inform the complainant of any rights afforded to the complainant to escalate the complaint to another forum
- We will maintain a record of all complaints for a period of 5 years together with an indication of whether or not the complaint has been resolved
- We will investigate, and where necessary, take appropriate action in order to avoid and prevent similar circumstances that gave rise to the complaint
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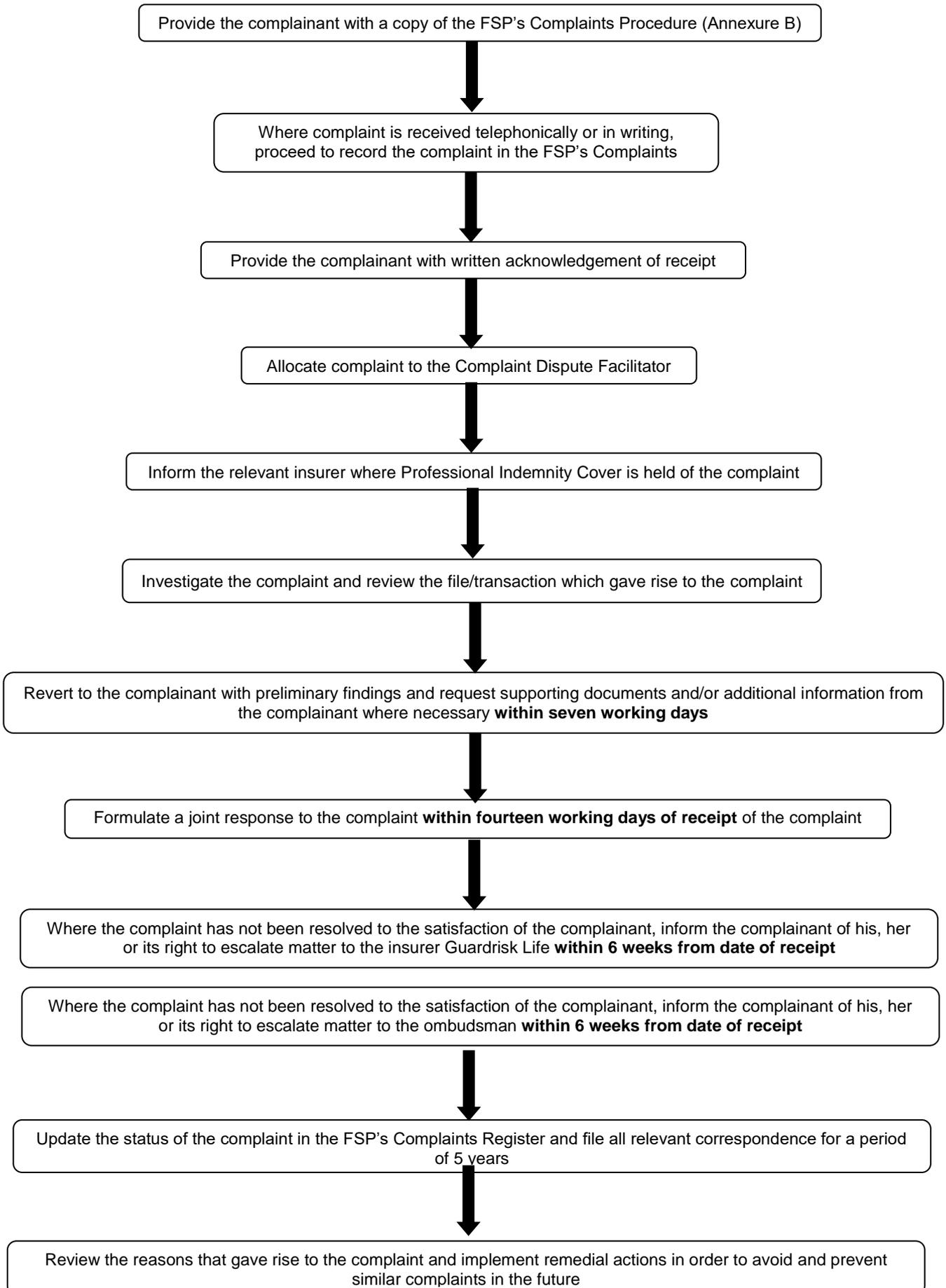
5) INTERNAL COMPLAINTS RESOLUTION PROCEDURE

Where a complaint has been received or where a client has indicated his, her or its intention to submit a formal complaint with the FSP, the following procedure will be followed:

- Review the FSP's Complaints Procedure as provided for in Annexure B and furnish the complainant with a copy of the procedure
- Where the complainant has previously communicated the grievance verbally, instruct the complainant to resubmit the complaint in writing. If they are unable to do so, the complainant shall not be disadvantaged, and the FSP shall nevertheless deal with the complaint.
- As soon as the complaint is received in writing, proceed to record the complaint in the FSP's Complaints Register **within 1 working day**
- Provide the complainant with written acknowledgement of receipt of the complaint **within 2 working day**
- Inform the senior manager in charge of the relevant department for allocation to a trained and skilled person who is able to respond to the complaint i.e. the Complaint Dispute Facilitator
- Review the FSP's Professional Indemnity Cover policy wording and inform the relevant insurers of the complaint and potential claim
- The Complaint Dispute Facilitator will investigate the complaint and review the file/transaction which gave rise to the complaint
- The Complaint Dispute Facilitator will discuss his or her preliminary findings with all internal parties concerned
- Revert to the complainant with preliminary findings and request supporting documents and/or additional information from the complainant where necessary **within seven working days**. In all instances provide reasons for any decisions taken and communicate any anticipated deviation from the specified timelines
- Where necessary the matter will be referred to the relevant product supplier for a response and the complainant will be informed of this development
- The Complaints Dispute Facilitator will, in consultation with the management committee and Compliance Officer formulate a joint response to the complaint. Where deemed necessary an independent mediator will be appointed
- Revert to the complainant with a proposed solution with the option of escalating the matter to the Managing Director of the business **within fourteen working days of receipt** of the complaint. In all instances provide reasons for any decisions taken and communicate any anticipated deviation from the specified timelines
- The FSP's response may comprise the following:
 - Any proposed settlement deemed appropriate
 - Suggested remedy for the complaint
 - Dismissal of the complaint and reasons why
 - Apology (if applicable) and any disciplinary action that has been take against the staff members involved
 - Identified problems within the FSP and how they will be resolved

- Where the complaint has not been resolved to the satisfaction of the complainant, inform the complainant of his, her or its right to escalate matter to the Ombud **within 6 weeks from date of receipt**
- Update the status of the complaint in the FSP's Complaints Register and file all relevant correspondence for a period of 5 years
- If during the course of the enquiry, the Complaint Dispute Facilitator becomes aware that the complaint is of a non-routine or serious nature, the following steps will apply:
 - The supervisor will refer the matter to the FSP's Compliance Officer
 - The Compliance Officer will make a recommendation on how to proceed with the complaint. The Compliance Officer's response may suggest that the matter be referred to the Ombud for adjudication or that the matter be referred for an opinion from an attorney and if so, the attorney's opinion will be sought
- Review the reasons that gave rise to the complaint and implement remedial actions in order to avoid and prevent similar complaints in the future

ANNEXURE A : INTERNAL COMPLAINTS RESOLUTION FLOWCHART



ANNEXURE B : COMPLAINTS PROCEDURE

PURPOSE OF THIS DOCUMENT

MobiLife is an authorised Financial Services Provider and as such we have certain specific duties to you, our client. One of these duties is the establishment of a formal complaints resolution procedure, which will enable you to exercise your rights as provided for in the Financial Advisory and Intermediary Services Act.

The purpose of this document is to inform you of the procedure that must be followed in order to submit a formal complaint with us. Please be advised that our internal complaints resolution procedure may be amended or cancelled by us at any time.

COMPLAINT HAS TO BE RELEVANT

In terms of the FAIS Act, a “complaint” means a specific complaint relating to a financial service rendered by the FSP or a representative of the FSP, to the complainant on or after the date of commencement of the FAIS Act, and in which complaint it is alleged that the FSP or representative. Please refer to the statutory definitions of a complainant or a complaint as described in Section 2 of this document.

The financial services environment is complex. We will endeavour to address all reasonable requests from our clients, but may also refer you to a more appropriate facility. Where the complaint relates to any aspect of our service, or any disclosures that ought to be made by us, we will endeavour to address those complaints in writing, within seven days.

In instances where the complaint relates to any matter that is not within our control, such as product information or investment performance, we will forward the complaint to the product supplier concerned. Please be advised that we reserve the right to recover costs or damages that we suffer as a result of clients making frivolous, vexatious or unreasonable claims.

COMPLAINT HAS TO BE IN WRITING

In order for a complaint to receive the attention that it deserves, we request that your complaint be submitted to us in writing. Please ensure that where the complaint is delivered by email to **complaints@mobi.co.za**, and that you obtain and keep proof of delivery.

PROCEDURE

Our internal complaints resolution process is intended to provide fair and effective resolution of complaints. The time periods set-out in this procedure will be adhered to as strictly as possible but may be varied if necessary. The following step-by-step guideline sets out the procedures we will adopt and shows how a complaint will be dealt with, once received by us:

- Your complaint and all communications in connection with your complaint must be in writing. All verbal communications made in connection with the complaint must be confirmed in writing within three days of the communication. If you are unable to do so, the complainant shall not be disadvantaged, and the FSP shall nevertheless deal with the complaint.
- Please indicate the following information:
 - Your name, surname and contact details
 - A complete description of your complaint and the date on which the financial service that led to your complaint was rendered
 - The name of the person who furnished the financial advice or rendered the intermediary service that led to your complaint
 - How you would prefer to receive future communications regarding your complaint i.e. by e-mail, fax or post
- The complaint will be entered into our Complaints Register on the same day that it is made and written confirmation of receipt will be forwarded to you. We will keep record of the complaint, and maintain such record for 5 years as required by legislation. Please

take into consideration that the method of communication chosen by you will determine how quickly we will respond to your complaint.

- The complaint will immediately be drawn to the attention of the senior manager in charge of the relevant department for allocation to a trained and skilled person who is able to properly respond to your complaint i.e. the Complaint Dispute Facilitator.
- The complaint will be investigated and we will revert to you with our preliminary findings within seven working days from the date of receipt of the complaint. In all instances we will advise you of the reasons for our decisions.
- The preliminary findings will be discussed with all internal parties concerned, and a proposed solution will be communicated to you within a further seven working days. In all instances we will advise you of the reasons for our decisions.
- If you are not satisfied with our solution, you may refer the complaint to the Managing Director of our business. The Managing Director may amend the solution or confirm it. Please be informed that certain decisions may have to be approved by the management committee of the FSP. In such a case we will communicate that fact to you, as well as the date on which a decision will be taken.
- If, after having referred the complaint to the Managing Director, you are still not satisfied with the outcome, we will regard the complaint as being unsatisfactorily resolved. In such a case, you may approach the office of the Ombud for Financial Services Providers or take such other steps as may be advised by your legal representatives.
- The Ombud is appointed by the Financial Services Board to act as an adjudicator in disputes between clients and financial services providers. The referral to the office of the Ombud must be done in accordance with the provisions of section 21 of the Financial Advisory and Intermediary Services Act 2002 and the rules promulgated in terms of that section.
- In instances where we have not been able to arrive at a resolution within six weeks after you have submitted your complaint, the matter may automatically be referred to the Ombud. The Ombud acts independently and objectively and has jurisdiction in respect of complaints relating to advice or intermediary services, which has arisen after 15 November 2002.
- You must, if you wish to refer a matter to the Ombud, do so within six months from the date of the notice in which we inform you that we are unable to resolve the complaint to your satisfaction. The Ombud will not adjudicate in matters exceeding a value of R800 000.

Your Intermediary and/or Underwriting Manager noted above should always be your first point of contact in the event that you have a query or complaint. Guardrisk is a cell captive insurance company, we partner with other financial service providers to provide our customers with different insurance and risk solutions to suit their specific needs.

If you are dissatisfied with the feedback received from your Intermediary and/or your underwriting manager, or your complaint remains unresolved, feel free to contact the **Guardrisk Complaints Department:**

Telephone: 0860 333 361
 Email: complaints@guardrisk.co.za

Guardrisk Compliance Details

Telephone: +27-11-669-1104
 Fax Number: +27-11-675-3826
 Email: compliance@guardrisk.co.za

Particulars of the Long Term Ombudsman

(For claims/service related matters)

Postal address: Private Bag X45, Claremont, Cape Town, 7700
Telephone: 021 657 5000 / 0860 103 236
Fax number: 021 674 0951
Email: info@ombud.co.za

Particulars of the Registrar of Long Term Insurance

(For market conduct matters)

Postal address: PO Box 35655, Menlo Park, 0102
Telephone: +27-12- 428-8000
Fax number: +27- 12- 347- 0221
Email: info@fsca.co.za

Particulars of FAIS Ombudsman

(For advice/policy related matters)

Postal Address: PO Box 74571, Lynnwood Ridge, 0040
Telephone: +27- 12- 470- 9080
Fax number: +27- 12- 348- 3447
Email: info@faisombud.co.za

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