

COMPLAINTS MANAGEMENT FRAMEWORK

Version: April 2021

For

Prism Employee Benefits (Pty) Ltd

Reg No.: 2013/103161/07

FSP Name (referred to as "the Provider" or "FSP", dependant on the context)

INTRODUCTION

The Provider hereby establishes, maintains and implements an adequate and effective Complaints Management Framework to ensure the effective resolution of Complaints and the fair treatment of Complainants that -

- Is proportionate to the nature, scale and complexity of our business and risks;
- Is appropriate for our business model, policies, services and clients;
- Enables Complaints to be considered after taking reasonable steps to gather and investigate all relevant and appropriate information and circumstances, with due regard to the fair treatment of Complainants;
- Does not impose unreasonable barriers to Complainants; and
- Is in accordance with the requirements of the FAIS Act 37 of 2002 and the General Code of Conduct for Authorised FSP's and Representatives.

The Complaints Manual outlines our commitment towards the fair, transparent and effective resolution of Complaints. The Provider will also ensure that the Complaints Management Framework is regularly reviewed in order to ensure the effectiveness of same.

The following persons are responsible for effective Complaints management and have approved this Complaints Management Framework.

- | | | | |
|---|--|--|--|
| ☐ Board of Directors | ☒ Key Individual | ☐ Sole Proprietor | ☐ Managing Director |
| ☐ Member | ☐ Trustee | ☐ Executive Committee | |

	1	2	3
Full Name	Guy Tillett		
Designation	Key Individual		
Signature of Approval	<i>Guy Tillett</i>		
Date	11/02/2022		

We undertake to review our Complaints Management Framework every 12 months.

OUR COMMITMENT

We are committed to the following key principles and objectives when handling Complaints;

- We will consider the facts and circumstances surrounding all Complaints in a fair manner;
- We will properly allocate responsibilities for dealings with Complaints;
- We will perform reviews on all Complaints and derive value therefrom;
- We will investigate or cause to investigate all Complaints in a transparent and timely manner;
- We will ensure that all Complaints will be deemed important and receive adequate consideration;
- We will manage the process of investigation and reporting of all Complaints in a professional manner;

Prepared by:



**FAIS COMPLIANCE
& LICENSING CC**

- We will investigate, and where necessary, take appropriate action in order to avoid and prevent similar circumstances which gave rise to the Complaint;
- We will implement appropriate performance standards, remuneration and reward strategies for Complaints management to ensure objectivity and impartiality;
- We undertake to document procedures for management and categorisation of Complaints, incl. expected turn-around times and the circumstances under which it may be extended;
- We shall provide continuous training of all personnel involved in the Complaints process by ensuring that such staff are not only proficient but also have adequate knowledge of the subject matter that led to any Complaint in order for them to expertly resolve such Complaints;
- We will provide training of all personnel on their duties and responsibilities and creating Complaints and customer services awareness amongst other personnel to minimise the risk of Complaints occurring;
- We undertake to document procedures which clearly define the escalation, decision-making, monitoring, oversight, and review processes;
- We will keep appropriate Complaint record keeping, monitoring and analysis of Complaints, and, where applicable, reporting to Executive Management, the Board of Directors, the Members and any relevant committee of the board on –
 - Identified risks, trends and action taken in response thereto; and
 - The effectiveness and outcomes of the Complaints management framework.
- We will provide appropriate communication and reporting to Complainants; persons representing Complainants; the relevant Ombud; the Authority and public reporting in accordance with the General Code of Conduct for Authorised FSP's and Representatives.
- We will implement a process for managing Complaints relating to our representatives and service suppliers, insofar as such Complaints relate to services provided in connection with our financial products, financial services or related services, which process will:
 - Enable us to reasonably satisfy ourselves that our representative or service supplier has adequate Complaints management processes in place to ensure the fair treatment of Complainants;
 - Provide for the monitoring and analysis of aggregated Complaints data in relation to the Complaints received by our representatives and service suppliers and their outcomes;
 - Include effective referral processes between our business, our representatives and service suppliers for handling and monitoring Complaints that are submitted directly to either of them and require referral to the other for resolution; and
 - Include processes to ensure that Complainants are appropriately informed of the process being followed and the outcome of the Complaint.
- Where deemed necessary, we may appoint an independent mediator to resolve certain Complaints.
- Where the Complaint is resolved in favour of the Complainant, we will offer the appropriate level of redress to the Complainant without delay.
- 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 establish and maintain appropriate processes for reporting all Complaints related information to our Governing Body or Executive Management or Compliance Officers.

DEFINITIONS

Client query	Client query means a request to the provider or the provider's service supplier by or on behalf of a client, for information regarding the provider's financial products, financial services or related processes, or to carry out a transaction or action in relation to any such product or service.
Compensation payment	Compensation payment means a payment, whether in monetary form or in the form of a benefit or service, by or on behalf of a provider to a Complainant to compensate the Complainant for a proven or estimated financial loss incurred as a result of the provider's contravention, non-compliance, action, failure to act, or unfair treatment forming the basis of the Complaint, where the provider accepts liability for having caused the loss concerned, but excludes any - (a) goodwill payment; (b) payment contractually due to the Complainant in terms of the financial product or financial service concerned; or (c) refund of an amount paid by or on behalf of the Complainant to the provider where such payment was not contractually due; and includes any interest on late payment of any amount referred to in (b) or (c);
Complaint	Complaint means an expression of dissatisfaction by a person to a provider or, to the knowledge of the provider, to the provider's service supplier relating to a financial product or financial service provided or offered by that provider which indicates or alleges, regardless of whether such an expression of dissatisfaction is submitted together with or in relation to a client query, that - (a) the provider or its service supplier has contravened or failed to comply with an agreement, a law, a rule, or a code of conduct which is binding on the provider or to which it subscribes; (b) the provider or its service supplier's maladministration or wilful or negligent action or failure to act, has caused the person harm, prejudice, distress or substantial inconvenience; or (c) the provider or its service supplier has treated the person unfairly;
Complainant	Complainant means a person who submits a Complaint and includes a - (a) client; (b) person nominated as the person in respect of whom a product supplier should meet financial product benefits or that persons' successor in title; (c) person whose life is insured under a financial product that is an insurance policy; (d) person that pays a premium or an investment amount in respect of a financial product; (e) member; (f) person whose dissatisfaction relates to the approach, solicitation marketing or advertising material or an advertisement in respect of a financial product, financial service or related service of the provider, who has a direct interest in the agreement, financial product or financial service to which the Complaint relates, or a person acting on behalf of a person referred to in (a) to (f);
Goodwill payment	Goodwill payment means a payment, whether in monetary form or in the form of a benefit or service, by or on behalf of a provider to a Complainant as an expression of goodwill aimed at resolving a Complaint, where the provider does not accept liability for any financial loss to the Complainant as a result of the matter complained about.

Head of the FSP	Head of the FSP is an impartial, senior functionary within the provider, or who has been appointed by the provider, to manage the internal Complaints escalation and review process.
Internal Complaints Review and Escalation Process	Internal Complaints Review and Escalation Process means the system and procedures established and maintained by the FSP in accordance with the General Code of Conduct for the resolution of reportable Complaints lodged against the FSP by Complainants.
Member	Member in relation to a Complainant means a member of a - (a) pension fund as defined in section 1 (1) of the Pension Funds Act, 1956 (Act 52 of 1956); (b) friendly society as defined in section 1 (1) of the Friendly Societies Act, 1956 (Act 25 of 1956); (c) medical scheme as defined in section 1(1) of the Medical Schemes Act, 1998(Act131 of 1998); or (d) group scheme as contemplated in the Policyholder Protection Rules made under section 62 of the Long-term Insurance Act, 1998, and section 55 of the Short-term Insurance Act, 1998.
Rejected	Rejected in relation to a Complaint means that a Complaint has not been upheld and the provider regards the Complaint as finalised after advising the Complainant that it does not intend to take any further action to resolve the Complaint and includes Complaints regarded by the provider as unjustified or invalid, or where the Complainant does not accept or respond to the provider's proposals to resolve the Complaint.
Reportable Complaint	Reportable Complaint means any Complaint other than a Complaint that has been - (a) upheld immediately by the person who initially received the Complaint; (b) upheld within the provider's ordinary processes for handling client queries in relation to the type of financial product or financial service complained about, provided that such process does not take more than five business days from the date the Complaint is received; or (c) submitted to or brought to the attention of the provider in such a manner that the provider does not have a reasonable opportunity to record such details of the Complaint as may be prescribed in relation to reportable Complaints.
Service Supplier	Service Supplier means any person (whether or not that person is the agent of the provider), other than a representative, with whom a provider has an arrangement relating to the marketing, distribution, administration or provision of financial products, financial services or related services.
Upheld	Upheld means that a Complaint has been finalised wholly or partially in favour of the Complainant and that-- (a) the Complainant has explicitly accepted that the matter is fully resolved; or (b) it is reasonable for the provider to assume that the Complainant has so accepted; and (c) all undertakings made by the provider to resolve the Complaint have been met or the Complainant has explicitly indicated its satisfaction with any arrangements to ensure such undertakings will be met by the provider within a time acceptable to the Complainant.

CATEGORIZATION OF COMPLAINTS

The Provider categorises reportable Complaints in accordance with the following nine categories:

- The design of a financial product, financial service or related service, including fees, premiums or other charges related to that financial product or financial service;
- Information provided to clients;
- Advice provided by the sales representatives;
- Financial Product or Financial Service performance;
- Service to clients, including Complaints relating to premium or investment contribution collection or lapsing of a financial product;
- Financial product accessibility, changes or switches, including redemptions of investments;
- Complaints handling process or procedure;
- Insurance risk claims, including non-payment of claims; and
- Other Complaints

Where the Provider considers it necessary to add additional categories relevant to its financial products, financial services and / or client base, it will do so in order to support the effectiveness of the provider's Complaints Management Framework, and by doing so enhancing improved outcomes and processes for its clients.

The Provider will categorise, record and report on reportable complains by identifying the category of Complaint to which the Complaint most closely relates and group Complaints accordingly.

ALLOCATION OF RESPONSIBILITIES

The Board of Directors / Members of the Close Corporation / Sole Proprietor is responsible for effective Complaints Management and must oversee and approve the effectiveness and implementation of the Complaints Management Framework.

All persons involved in the handling of Complaints must be adequately trained, have an appropriate mix of experience, knowledge and skills in Complaints handling, fair treatment of customers, the subject matter of the Complaints concerned and the relevant legal and regulatory matters.

Our Complaints process consists of the following persons:

- Complaints Handler is the person who is appointed to handle the Complaint from the onset. Such person is empowered to make a decision provided that the Complaint is not complex or unusual.
- Complaints Manager is the person who is appointed to handle the Complaint after the Complaints Handler transferred the Complaint internally due to the complex/unusual nature of the Complaint. The Complaints Manager is also the person who handles the Complaint after the Complainant escalated the Complaint due to poor claims handling. Such person is empowered to make a decision on the Complaint.
- Head of the FSP is the person who will handle the Complaint after a decision was made by the Complaints Handler / Complaints Manager and where the Complainant requested that the outcome be reviewed through escalation.

INTERNAL COMPLAINT ESCALATION & REVIEW PROCESS

Through the adoption of this Framework, the Provider establishes an appropriate Internal Complaints Escalation and Review Process.

The Provider is committed to ensuring that the procedures within the Complaints Escalation and Review Process is not overly complicated and does not impose unduly burdensome paperwork or other administrative requirements on Complainants.

The Internal Complaint Escalation and Review Process:

- Follows a balanced approach, which bears in mind the legitimate interests of all parties involved, including the fair treatment of Complainants;
- Provides for the Complaints Handler to escalate complex or unusual Complaints to the Complaints Manager;
- Provides for Complainants to escalate Complaints to the Complaints Manager as a result of poor claims handling by the Complaints Handler;
- Provides for Complainants to escalate Complaints, to the Head of the FSP, where the Complaint was not resolved to their satisfaction;
- The Internal Escalation and Review Process is managed by the Head of the FSP.

COMPLAINTS HANDLING PROCEDURE

Upon receipt of a Complaint, the Provider will begin using its *Internal Complaints Handling Record and Checklist* document to keep track of the Complaint from start to end.

COMPLAINT RECEIVED

1. When any person indicates to the FSP that he/she want to lodge a Complaint, the FSP must send the following documents to the Complainant (*within two days*);
 - **Intention to Lodge a Complaint Letter**
 - **Complaint Lodgement Form**
 - **Complaints Management Framework**

[The Complaints timeline begins upon date of receipt of the Complaints Lodgement Form]

2. Upon receipt of the Complaints Lodgement Form, the FSP must:
 - Allocate the Complaint to a specific Complaints Handler
 - Assign a Reference Number to the Complainant
3. The FSP is to send an **Acknowledgement of Complaint Letter** to the Complainant. (*within two days from Lodgement*)

[The FSP is to determine if the Complaint is against itself (incl. its Reps) or against a Service Supplier]

COMPLAINT IS AGAINST OUR FSP

Simple Complaint

1. Decision to uphold made immediately.
2. **Decision Letter** to be sent. *(within two days from Lodgement)*

If Complainant wants to Escalate Internally;

Complainant given 5 days to escalate to Head of the FSP if unhappy with the decision of the Complaints Handler/ Complaints Manager

3. **Confirmation of Escalation Request Letter** to be sent to the Complainant from the Head of the FSP. *(within two days from escalation request)*
4. **Final Decision Letter** to be sent from the Head of the FSP and to inform the Complainant of the right to approach the Ombud. *(within ten days from escalation)*

OR

Complaint involves Investigation and Assessment;

1. **Progress Report Letter** to be sent. *(within ten days of Lodgement)*
2. **Further Progress Report Letter** to be sent. *(within twenty days from Lodgement)*
3. **Decision Letter** to be sent by the Complaints Handler/Complaints Manager who was handling the Complaint. Complainant should be informed of escalation rights. *(within thirty days of Lodgement)*

If Complainant wants to Escalate Internally;

Complainant given 5 days to escalate to Head if unhappy with decision of the Complaints Handler/ Complaints Manager

4. **Confirmation of Escalation Request Letter** to be sent from the Head of the FSP. *(within two days from escalation request)*
5. **Final Decision Letter** to be sent from the Head of the FSP and to inform the Complainant of the right to approach the Ombud. *(within ten days from escalation)*

COMPLAINT IS NOT AGAINST FSP AND NEEDS TO BE REFERRED:

1. Letter of **Referral to Relevant Party** to be sent to Complainant informing him/her that the Complaint will be referred to the relevant party. *(within five days from Lodgement)*
2. Letter of **Referral of Complaint Lodged at our Office** to be sent to the relevant party and request their Complaints Management Framework. *(within ten days from Lodgement)*
3. Letter of **Confirmation of Referral of Complaint** to be sent to the Complainant confirming that the referral was made. The Provider will attach the relevant party's Complaints Management Framework to the said Letter. *(within twenty-one days from Lodgement)*
4. Letter of **Request for Feedback on Complaint Referred to the Service Supplier** to be sent to obtain feedback on the Complaint.
5. Letter of **Feedback Report on Complaint Referred to Service Supplier** to be sent to the Complainant periodically informing him/her on the latest updates to the Complaint.

6. Letter of **Request for Further Feedback on Complaint Referred to the Service Supplier** to be sent periodically to obtain status updates or progress on the Complaint.
7. Letter on **Decision on Complaint Referred to Service Supplier** to be sent to the Complainant once the Service Supplier has made its decision. Where the Complaint was unsatisfactorily resolved, the Provider must provide the Complainant with the details of the relevant Ombud, together with applicable deadlines. *(within two days of the decision being made by the relevant party)*

FSP is to monitor the relevant party's complaint timelines and engage with the relevant party on behalf of the Complainant. Regular Feedback Reports are to be sent to the Complainant.

We have documented our Complaints Handling Procedure in Annexure "A" as a step-by-step flow diagram. Timelines indicated in our Complaints Handling Procedure must be strictly adhered. In the event where we are unable to comply with a specified time frame, we will inform the Complainant and provide full reasons. We will further document and analyse same to ensure that we re-structure our processes and avoid future occurrences.

Time-frames may not be adhered to and will be extended under the following circumstances:

- Where a Complaint is referred to a Service Supplier for their investigation and decision
- Where the Complaint is complex and requires more time to properly investigate the issues
- Where we are awaiting on a third party to provide any relevant information / evidence / documentation
- Where the Complainant does not provide all requested information timeously
- In the event of circumstances which are beyond the control of the Provider or its Service Suppliers
- Where the Provider's business has suffered damage due to flooding, fire, cyber theft, structural collapse or under any other circumstances in which the Provider is not able to operate normally.

The Provider will ensure that it informs its Professional Indemnity Insurer of any potential claims.

PROCEDURE FOR LODGING A COMPLAINT

Where there is a Complaint against the Provider, its Representatives or its Service Supplier, the Complaint must be submitted in writing on using the "Complaint Lodgement Form" annexed hereto as Annexure B.

The Complaint Lodgement Form together with all supporting documents must be e-mailed to:

DECISIONS RELATING TO COMPLAINTS

Any person that is responsible for making decisions or recommendations in respect of Complaints generally or a specific Complaint must

- Be adequately trained;
- Have an appropriate mix of experience, knowledge and skills in Complaints handling, fair treatment of customers, the subject matter of the Complaints concerned and relevant legal and regulatory matters;
- Not be subject to a conflict of interest; and
- Be adequately empowered to make impartial decisions or recommendations.

Where a Complaint is upheld, any commitment by the Provider to make a compensation payment, goodwill payment or to take any other action, must at all times be carried out without undue delay and within the agreed timeframes.

Where a Complaint is rejected, the Provider will provide the Complainant with clear and adequate reasons for the decision, and will also inform the Complainant of the Provider's escalation or review process. The Provider will also inform the Complainant of any time limits relevant to the escalation or review process.

The Provider will clearly and transparently communicate the availability and contact details of the relevant Ombud to Complainants at the start of the relationship, and in relevant periodic communications.

The Provider will also display and make available information regarding the relevant Ombud on its premises and website.

The Provider will Reject Complaints in accordance with the following reasons:

1. Reason for Rejection	2. Reason for Rejection	3. Reason for Rejection
Finalized following our non-acceptance of liability	Invalid or Unjustified	Unresolved
This reason for rejection will be used where the FSP does not intend to take any further action to resolve the complaint. The FSP rejects the complaint and closes its file.	This reason for rejection will be used where the complaint has no merit or where there is no justification or where there are no legal grounds.	This reason for rejection will be used where complainant does not accept or respond timeously to the provider's proposals to resolve the complaint and/or where the provider is unable to reach the complainant.

The Provider will Uphold Complaints in accordance with the following reasons:

Option 1	Option 2	Option 3	Option 4
Compensation Payment	Goodwill Payment	Payment Contractually due	Refund
This payment, whether monetary or in the form of a benefit or service, is to compensate a complainant for a proven or estimated financial loss incurred as a result of the FSP's wrongdoing.	This payment, whether monetary or in the form of a benefit or service, is an expression of goodwill to resolve the complaint however the FSP does not accept liability.	This payment is due contractually in terms of the financial product or financial service concerned.	This payment is the refund of an amount paid by or on behalf of the complainant to the provider where such payment was not contractually due

COMPLAINTS RELATING TO REPRESENTATIVES AND SERVICE SUPPLIERS

Where the Complaint is in relation to financial products, financial services or related services, the Provider will ensure that:

- It has a process for managing such complaints by ensuring that the Representative and/or Service Supplier has adequate complaints management processes in place to ensure fair treatment of complainants;
- It monitors and analyses the Representative and/or Service Supplier's aggregated complaints data in relation to complaints received and their outcomes;
- It has an effective referral process between itself and the Representative and/or Service Supplier for handling and monitoring complaints that are submitted directly to either of them and require referral to the other for resolution;
- It has a process to ensure that Complainants are appropriately informed of the process being followed and the outcome of the complaint.

The Provider will ensure that its Representatives complete and sign the *Complaints Referral Process Agreement for Representatives*.

The Provider will forward its *Complaints Referral Process for Service Suppliers* to all of its Service Suppliers to ensure that the Service Supplier is aware of the process to be followed for referral of Complaints.

RECORD KEEPING

The Provider will maintain a record of such a Complaint for a period of five years, which record must include:

- Full details of the Complainant;
- Nature of the Complaint;
- Categorization of the Complaint;
- Progress and status of the Complaint.

The Provider will maintain a record of the following information for each category of Complaints:

- Number of Complaints received;
- Number of Complaints upheld;
- Number of rejected Complaints and reasons for the rejection;
- Number of Complaints escalated by Complainants;
- Number of Complaints referred to an Ombud and their outcome;
- Number and amounts of compensation payments made;
- Number and amounts of goodwill payments made; and
- The total number of Complaints outstanding.

The Provider confirms that it has a documented *General Complaints Register* and a *Reportable Complaints Data Register* in place.

TRAINING

For purposes of effective and fair resolution of Complaints, all relevant employees will receive Complaint's Management training, as well as training aimed at ensuring full knowledge of the provisions of the FAIS Act, the Rules on Proceedings of the Office of the FAIS Ombud and the FAIS General Code of Conduct regarding the resolution of Complaints.

COMPLAINTS RISK MANAGEMENT

There is an ongoing obligation on the Provider to review and analyse Complaints to determine where the provider's Treating the Customer Fairly (TCF) and Policyholder Protection Rules (PPR) risk areas are. Risk areas must be assessed to determine which lapses or trends in Complaints frequency, types of Complaints, etc. require remedial action. The following issues must be considered in deciding whether remedial action is required as well as how imminent such action must be taken:

- Whether turn-around times were adhered to;
- Whether the outcomes of Complaints were fair under all circumstances;
- Whether Complaints that were not reportable indicate noteworthy trends in relation to the types, volumes or incidences of such informal Complaints;
- Whether reportable Complaints indicate any risk areas in relation to aspects such as advice, service delivery or lack of internal control; and
- Whether Complaints reports to be scrutinised and analysed on an ongoing basis and to be utilised to manage conduct risks, to improve outcomes for policyholders.

ENGAGEMENT WITH THE OMBUD AND REPORTING

The Provider is committed to transparent engagement with any relevant Ombud in relation to its Complaints.

In light of the above, the Provider will monitor determinations, publications and guidance issued by any relevant Ombud with a view to identifying failings or risks in the Provider's policies, services or practices.

The Provider will maintain open and honest communication and co-operation between itself and any Ombud with which it deals.

The Provider is also committed to resolving a Complaint before a final determination or ruling is made by an Ombud, or through the Provider's internal escalation process, without impeding or unduly delaying a Complainant's access to an Ombud.

The Provider will ensure that it has the appropriate processes in place to ensure compliance with any prescribed requirements for reporting Complaints related information to any designated Authority, or to the public as may be required.

The Provider confirms that it has a documented *FAIS Ombud Register* in place and undertakes to update same continually.

COMPLAINT'S MANAGEMENT AT THE FAIS OMBUD

For a Complaint to be submitted to the FAIS Ombud, the following requirements must be met:

- The Complaint must fall within the ambit of the FAIS Act and the rules of the FAIS Ombud;
- The person against whom the Complaint is made must be subject to the provisions of the FAIS Act (hereafter referred to as "the respondent");
- The act or omission complained of must have occurred at a time when these rules were in force; and
- The respondent must have failed to address the Complaint satisfactorily within six weeks of receiving a notice of the Complaint from the FAIS Ombud;
- A Complainant may seek any relief relating to the subject matter of the Complaint, but a Complaint constituting a claim for a monetary award, must relate to the redress of financial prejudice or damage suffered or likely to be suffered by the Complainant;
- The Complaint must not constitute a monetary claim of more than R800 000 for a specific incident of financial prejudice or damage, unless the respondent has agreed in writing to this limitation being exceeded, or the Complainant has abandoned the amount which is in excess of R800 000;
- The Complaint must not relate to the investment performance of a financial product unless such performance was guaranteed expressly or implicitly, or such performance appears to be so deficient as to raise a presumption of misrepresentation, negligence or maladministration on the part of the respondent.
- The determination is binding and is enforceable just as a judgment of a Court of Law is.
- The Ombud may not investigate complaints where the complainant has a net asset value, annual turnover, or annual income of more than R8 million.
- You must approach the FAIS Ombud within 6 months from the date of the final rejection letter from our office.

OFFICE OF THE OMBUD FOR FINANCIAL SERVICE PROVIDERS (FAIS OMBUD)

Sharecall : 086 066 3247
Phone : 012 762 5000
Email : info@faisombud.co.za
Website : www.faisombud.co.za

DETAILS OF OTHER OMBUDSMAN

OFFICE OF THE OMBUDSMAN FOR LONG-TERM INSURANCE (LONG TERM OMBUD)

If your Long-Term Insurer is not able to resolve your complaint, you can also approach the Office of the Ombudsman for Long-Term Insurance, who will attempt to mediate disputes related to life insurance, funeral, disability, critical illness or credit life etc.

Share Call : 0860 103 236
Phone : 021 657 5000
Fax : 021 674 0951
Email : info@ombud.co.za
Website : <https://www.ombud.co.za>

The receipt of a complaint by the Long Term Ombudsman suspends any applicable contractual time barring terms or the running of prescription in terms of the Prescription Act (Act 68 of 1969), for the period from such receipt until the complaint has been withdrawn by the complainant concerned, been determined by the Ombudsman or any appeal in terms of these Rules has been disposed of. There is no limit on the amount of the claim. Please check your policy wording for any applicable time barring clauses.

OFFICE OF THE OMBUDSMAN FOR SHORT-TERM INSURANCE (OSTI)

If your Short-Term Insurer is not able to resolve your complaint, you can also approach the Office of the Ombudsman for Short-Term Insurance as an alternative dispute resolution mechanism that deals with disputes involving car insurance, household insurance, cell phone insurance, travel insurance, gap cover etc.

Share Call : 0860 726 890
Phone : 011 726 8900
Fax : 011 726 5501
Email : info@osti.co.za
Website : <https://www.osti.co.za>

In respect of complaints, the amount in dispute may not exceed R3.5 million and in the case of home-owners or building policies, the amount in dispute may not exceed R6.5 million.

If the complainant is a business (commercial policy), the annual turnover limit for the business must not exceed R35 million. Please check your policy wording for any applicable time barring clauses.

COUNCIL FOR MEDICAL SCHEMES (CMS)

If your Medical Aid Scheme is not able to resolve your complaint, you can also approach the Council for Medical Schemes which receives complaints about medical schemes' services and products.

Phone : 0861 123 267 or (086) 673 2466
Email : complaints@medicalschemes.com
Website : www.medicalschemes.com

Please check your policy wording for any applicable time barring clauses.

PENSION FUNDS ADJUDICATOR (PFA)

If you have a complaint in respect of a private sector pension fund, provident fund and/or retirement annuity, you can approach the Pension Funds Adjudicator which will investigate and determine accusations of abuse of power, maladministration, disputes of fact or law and employer dereliction of duty in respect of pension funds.

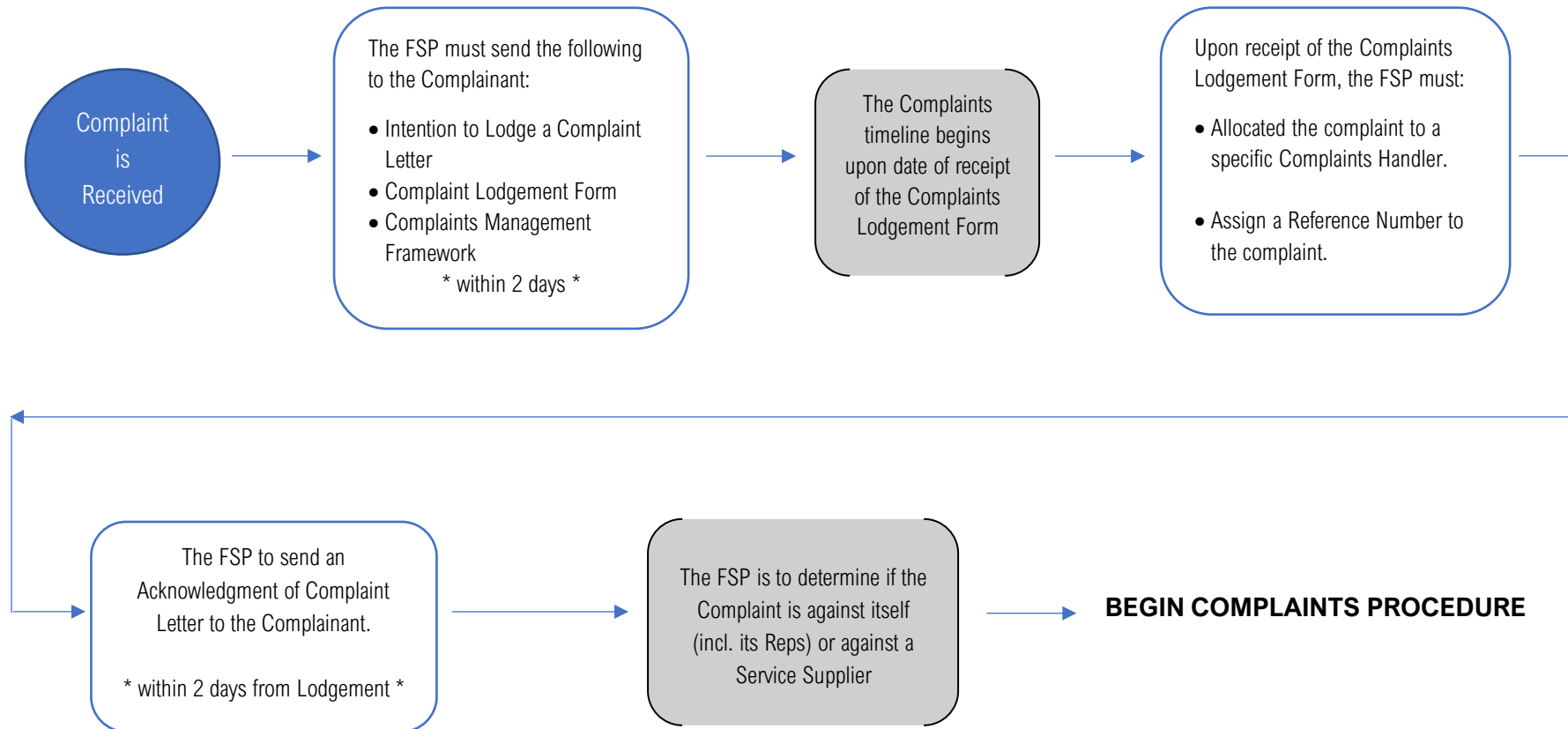
Phone : 012 346 1738 or 012 748 4000
Fax : 086 693 7472
Email : Enquiries@pfa.org.za
Website : www.pfa.org.za

Please check your Pension Fund documents for any applicable time barring clauses.

APPEAL

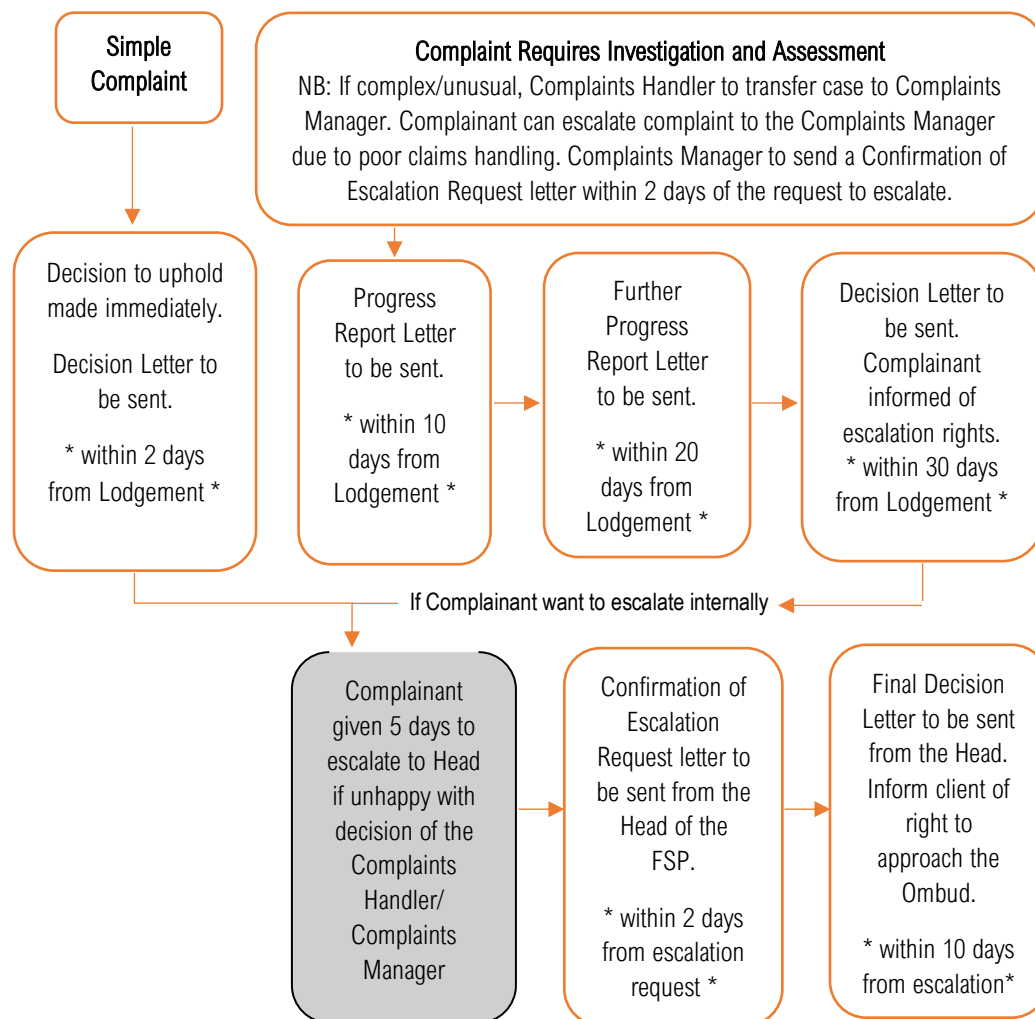
A party against whom the FAIS Ombud has made a determination may apply to the FAIS Ombud for leave to appeal against the determination. Such application must be in writing, must be submitted to the FAIS Ombud within one month of the date of the determination, and must set out the grounds on which the application is made. The applicant may apply to the Financial Services Tribunal ("the Tribunal") to have a decision to refuse leave to appeal reconsidered. An application for appeal must be submitted to the secretary of the Tribunal and must be made within thirty (30) days of receiving reasons for the FAIS Ombud's decision, if such reasons were requested; or in all other cases, be made within sixty (60) days of being notified of the FAIS Ombud's decision; and be made in writing.

COMPLAINT REGISTRATION

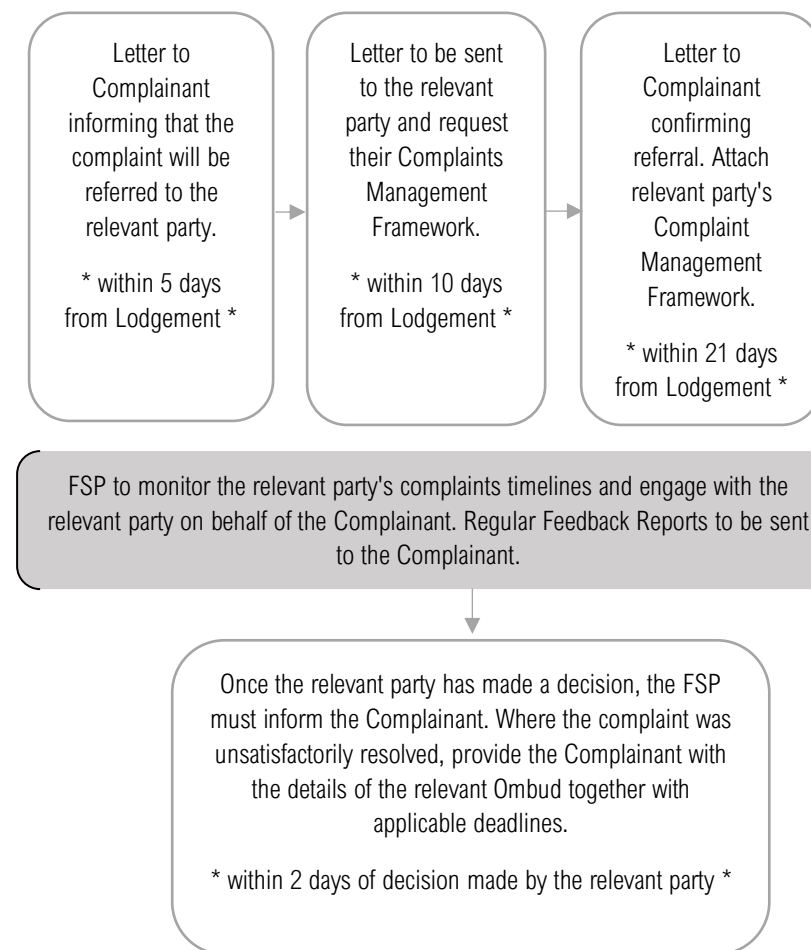


COMPLAINTS HANDLING PROCEDURE

Complaint is against our FSP



Complaint is NOT against our FSP



COMPLAINT LODGEMENT FORM

Please provide your details:

Full Name : _____
 ID Number : _____
 Cellphone Number : _____
 Email Address : _____

How will you like for us to communicate with you regarding this Complaint?

☐ SMS ☐ E-mail ☐ Phone Call ☐ Other, if so state the method: _____

Do you have preferred times for us to contact you? If so, state the preferred days and time:

Which of the following describes you in relation to this Complaint?

- ☐ I am the Client
- ☐ I am the Successor in Title or the Beneficiary of the Client
- ☐ I am the Policyholder
- ☐ I am the Successor in Title of the Policyholder
- ☐ I am the Insured
- ☐ I am the Payer of the premium or the investment amount
- ☐ I am the Member
- ☐ I am none of the above but my dissatisfaction relates to the approach, solicitation marketing or advertising material or an advertisement in respect of a financial product, financial service or related service of the provider (ie. our brokerage)
- ☐ I am acting on behalf of one of the person's mentioned above, if so provide the full details of the Complainant and their preferred method of communication:

Full Name _____
 ID Number _____
 Cellphone Number _____
 Email Address _____
 Preferred Method of Communication: ☐ SMS ☐ E-mail ☐ Phone Call ☐ Other _____

Tell us who the Complaint is against

Our Brokerage ☐ State the name of your Advisor: _____

A Service Supplier ☐ State the name of the Service Supplier: _____

Note: A Service Supplier means any person, other than a representative, with whom a provider (ie. our FSP) has an arrangement relating to the marketing, distribution, administration or provision of financial products, financial services or related services (example: insurance companies, underwriters, administrators, collection agencies, advertising agents etc)

What does the Complaint relate to?

- ☐ The design of a financial product, financial service or related service, including fees, premiums or other charges related to that financial product or financial service.
- ☐ Information provided to clients;
- ☐ Advice provided by the sales representatives;
- ☐ Financial Product or Financial Service performance;
- ☐ Service to clients, including complaints relating to premium or investment contribution collection or lapsing of a financial product;
- ☐ Financial product accessibility, changes or switches, including redemptions of investments;
- ☐ Complaints handling process or procedure;
- ☐ Insurance risk claims, including non-payment of claims; and
- ☐ Other _____

How will you like for us to resolve the Complaint?

- ☐ Uphold the Complaint wholly
- ☐ Uphold the Complaint partially
- ☐ Receive a Compensation Payment (this payment is based on a proven or estimated financial loss and will be made only where we accept liability)
- ☐ Goodwill Payment (this payment is made in good faith however we do not accept liability)
- ☐ Payment Contractually due (This payment is due contractually in terms of the financial product or financial service concerned)
- ☐ Refund (This payment is the refund of an amount paid by or on behalf of the Complainant to the provider where such payment was not contractually due.)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Previous Complaint on the same issue

Please indicate whether this is the first complaint of this nature or whether you have complained regarding this matter to any other party previously and if so, provide full details of the outcome thereof:

Declaration and Signature

I confirm that all the information and details pertaining to my Complaint is true and correct.

Signature of Complainant

Date

Please submit this document via the following methods:

Email to: _____

Post to: _____

Hand Deliver to: _____

