



WEALTH & LEGACY GROUP

COMPLAINTS RESOLUTION FRAMEWORK

YOUR RIGHT TO COMPLAIN		
<p>A consumer of a financial service always has the right to complain regarding claims, services, products, claims, unfair treatment, etc. If you are aggrieved by us, the underwriter of your policy or any person or company performing an administration service on your policy, you may lodge a complaint as set out hereunder. Complaints resolution by us or by an Ombud carries no charge to the consumer.</p>		
IMPORTANT INFORMATION		
Complaints officer	Angélique Krügel	
E-mail address	compliance@wealthandlegacy.co.za	
Phone number	082 565 3565	
Compliance officer: Syncerus Business Solutions / Johann Boshoff (johann@syncerus.co.za // 082 307 2287)		
The complete Complaints Policy may be requested from the Complaints Officer		
INFORMAL COMPLAINTS RESOLUTION		
<p>In pursuance of our ethical obligations to our clients, we are completely committed to rapid and transparent complaints resolution. We have a first call/contact complaint resolution policy, which means that the person working with you (adviser, administration staff member or claims handler) will attempt to address your issue or complaint. You may send an electronic mail or call the adviser/administrator to inform him/her of your complaint, detailing the issue that led to your dissatisfaction. This person will attend to your complaint and will attempt to resolve it to your satisfaction. We find that most complaints can be resolved during this stage.</p>		
PHASE 1: LODGING A FORMAL COMPLAINT		
<p>If the complaint cannot be resolved informally, you have the right to escalate the matter and formally lodge a complaint. You can either complete and submit the Complaints Form (available on the website) or send a mail to the Complaints Officer. You must fully detail your complaint, and as far as possible, provide documentation to enable the Complaints Officer to consider your complaint and allocate it to the person best equipped to deal therewith.</p>		
PHASE 2: COMPLAINTS RESOLUTION		
<p>The following process will apply once the Complaints Officer receives your complaint:</p> <ul style="list-style-type: none"> - The complaint will be allocated to a specific complaint handling staff member. - The complaint handler will acknowledge receipt of your complaint within 2 business days. - You will be provided with the details of the complaint handler and details of any outstanding requirements relating to your complaint. - You will be notified of whether the complaint should be levelled against the insurer or whether the complaint relates to our business and will be resolved internally. - If the complaint relates to a claim that is still in process of being finalised, the claim will be escalated to the key individual. - The complaint handler will attempt to resolve your complaint within 5 business days of lodgement as per Phase 1 requirement. 		
PHASE 3: INTERNAL COMPLAINTS ESCALATION		
<p>If you are dissatisfied with the outcome of your complaint or claim dispute as per Phase 2, you may raise an objection, and the matter will then follow our escalation process:</p> <ul style="list-style-type: none"> • The relevant manager will acknowledge receipt of your escalated complaint within 2 business days. • We will treat the matter as a possible Ombud complaint and attempt to resolve the matter within 4 weeks of you escalating the complaint. • You will be kept informed of the progress of the complaint throughout the process (but not less than weekly). • if the complaint is against an insurer or a party other than us, you will be assisted to complain to the insurer or such a party (may directly escalate to Phase 4). <p>If your complaint is unresolved at the end of the period provided for in Phase 3, you will be advised to follow the Phase 4 process (the relevant Ombud office as per the below contact details).</p>		
PHASE 3: ESCALATING CLAIMS-RELATED COMPLAINTS TO A LIFE- OR NON-LIFE INSURER		
<ul style="list-style-type: none"> • If a decision on a claim has been made the insurer must notify you in writing of the outcome of your claim. • Should you dispute the outcome of a claim you may also raise an objection in writing to the insurer within a period of 90 days from the day that you first received written notification of the outcome of the claim. • The insurer must consider your dispute and provide you with a response within a maximum of 45 business days from the date of receipt of your claim dispute. 		
PHASE 4: ESCALATION TO AN OMBUD		
BROKER ADVICE OR SERVICE ISSUES	INSURER ISSUES	PENSION FUNDS-RELATED ISSUES
In the event that internal complaint processes are exhausted, it may be referred to the Financial Advisory and Intermediary Services (FAIS) Ombud for free resolution.	In the event that we cannot assist with resolution of an insurer-related complaint, it may be referred to the National Financial Ombud (NFO). We can assist with submitting your complaint.	If any pension fund or provident fund issue cannot be resolved by us, such dispute may be referred to the Pension Funds Adjudicator (PFA).
Physical Address: Kasteel Park Office Park, Orange Building, 2nd Floor Cnr Nossob & Jochemus Streets Erasmuskloof, Pretoria, 0181. Telephone: 012 762 5000 / 012 470 9080 Fax: 012 348 3447 / 012 470 9097 Website: www.faisombud.co.za E-mail address: enquiries@faisombud.co.za	Johannesburg: 110 Oxford Road, Houghton Estate, Johannesburg, Gauteng, 2198. Cape Town: 6 th Floor, Claremont Central Building, 6 Vineyard Road, Claremont, 7700. Toll free: 0860-800-900 Website: www.nfosa.co.za E-mail address: info@nfosa.co.za	Physical Address: Block A, Riverwalk Office Park, 41 Matroosberg Road, Ashlea Gardens, Pretoria, 0181 Telephone: 012 748 4000 012 346 1738 Website: www.pfa.org.za E-mail: enquiries@pfa.org.za