

COMPLAINTS RESOLUTION POLICY AND PROCEDURE

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1. Introduction

Aspire Financial Services (Pty) Ltd (“Aspire”) is a licensed Financial Services Provider (FSP 43456) with the authority to provide financial advice and intermediary services in terms of the Financial Advisory and Intermediary Services Act . As such we have certain specific duties to you, our clients.

One of these duties is to offer you a formal complaints resolution policy, which will enable you to exercise your rights as provided for in the Financial Advisory and Intermediary Services Act, All six Treating the Customer Fairly (TCF) outcomes as well as the Policyholder Protection Rules(PPR)

The purpose of this policy is to outline how Aspire manages customer complaints. This policy will cover the managing and redress of both dissatisfaction complaints and legislative complaints.

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**;

3. Definition of Complaint

Formal Complaint

A formal complaint is defined as:

Aspire or any of its representatives providing financial advice or any other intermediary service, for example claims processing, debit order collection etc., and the client feels that Aspire or our representatives did not comply with the Financial Advisory and Intermediary Services Act, in terms of advice and the legislation governing Life Insurance Products, namely TCF and PPR and that a client may have suffered financial prejudice as a result.

Insurance Specific

Complaint means an expression of dissatisfaction by a person to an insurer or, to the knowledge of the insurer, to the insurer's service provider relating to a policy or service provided or offered by that insurer which indicates, regardless of whether such an expression of dissatisfaction is submitted together with or in relation to a policyholder query, that –

- a) the insurer or its service provider has contravened or failed to comply with an agreement, a law, a rule, or a code of conduct which is binding on the insurer or to which it subscribes;
- b) the insurer or its service provider's maladministration or willful or negligent action or failure to act, has caused the person harm, prejudice, distress or substantial inconvenience; or
- c) the insurer or its service provider has treated the person unfairly.
- d) The insurer or their service provider's maladministration or willful / negligent action or omission, caused the person **harm, prejudice, distress or substantial inconvenience**;

To lodge a complaint please write a letter to:

Aspire Complaints Officer, P O Box 4771, Rivonia, 2128, or
send us an e-mail to contact@aspirefinsg.com, or
contact us on (011) 883-1225 and include the following information:

- Your name, surname and contact details
- A complete description of your complaint
- The name of the person who provided you with financial advice or an intermediary service (insurance)
- The date on which the matter complained about occurred
- All documentation relating to your complaint (where email or post is selected)
- How you would prefer to receive communication from us regarding your complaint i.e. by e-mail, telephone or post and please provide us with the e-mail address, telephone number or address where you would prefer to receive such communication.

Dissatisfaction Complaint

A dissatisfaction complaint is a complaint that is dealt with during the course of a normal business process. i.e. a client is unhappy with the time taken to respond to an email, the consultant takes the client through the process in order for them to understand the turnaround times. This type of complaint is also referred to as a non- material complaint.

4. Process and Procedures upon receipt of a complaint

Formal Complaint

As soon as we receive your complaint, we will send you an acknowledgement of receipt. Please take into consideration that the method of communication chosen by you will determine how quickly we will receive and respond to your complaint.

We will investigate and attempt to resolve your complaint to your satisfaction within 6 weeks of receipt of your complaint for advice (FAIS) related complaints and within 15 days for Insurance related claims.

If we are unable to resolve your complaint within 6 weeks, or are unable to resolve the complaint to your satisfaction, you have the right to refer your complaint to the Ombud appointed specifically for this purpose.

Dissatisfaction complaints

Dealt with within Aspire's **ordinary processes** for handling policyholder queries i.e.

24 hour – Acknowledgement

48 Hour- Investigation

24 Hour - Advise of resolution

Complaint Outcomes

Rejected: means that a **complaint was not upheld** – Aspire regards the complaint as **finalised** after advising the complainant that it **does not intend to take any further action to resolve the complaint, this includes** complaints regarded as **unjustified or invalid** and/or 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 **Aspire's wrongdoing - Aspire accepts liability** for having caused the loss concerned, the following is excluded and therefore does not constitute the following:

- a) **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 and Aspire does **not accept liability** for any financial loss to the complainant.
- b) payment **contractually due** in terms of a policy

Complaint Finalisation

Aspire will consider a claim finalised under the following circumstances:

- a) Submitted to or brought to their attention in such a manner that Aspire does **not have a reasonable opportunity to record** such details of the complaint.
- b) **Upheld**: that a complaint has been finalised **wholly or partially in favour of the complainant** ;or
- c) The complainant has **explicitly accepted that the matter is fully resolved**; or
- d) It is reasonable for the insurer to **assume that the complainant has so accepted**; and

All **undertakings made by the insurer/Aspire** to resolve the complaint have been met or the **complainant has explicitly indicated its satisfaction** with any arrangements.

5. Referral to the Ombudsman

Where a complainant is still not satisfied with the outcome, they have the option of contacting the relevant Ombudsman.

The contact details of the relevant Ombud are as follows:

Advice and Investment related complaint

FAIS Ombud
PO Box 74571
Lynwood Ridge
0040
Telephone number (012) 470 9080
Fax number (012) 470 348 3447
E-mail info@faisombud.co.za

Insurance Related Complaint

Life Ombud Complaints : krawitzr@guardrisk.co.za
Repudiation requests : LifeClaims@guardrisk.co.za
Repudiation requests : claimsrejection@guardrisk.co.za

Insurance Ombudsman

- Private Bag X45, Claremont, 7735
- ShareCall: 0860 10 32 36
- Telephone: +27 21 657 5000
- Fax: +27 21 674 0951
- E-mail: info@ombud.co.za

All complaints must be referred to the Ombud **within 6 months** from the date of the notice after we have informed the client that we cannot resolve the complaint to their satisfaction.

6. Ombudsman complaint handling process

What kind of complaints are considered by the Ombud?

The formal complaint must relate to financial advice or intermediary service rendered and must have the following content:

- The financial services provider contravened the Financial Advisory and Intermediary Services Act which resulted / may result in the complainant suffering financial damage
- The financial services provider negligently or intentionally provided advice or an intermediary service that caused/ may cause prejudice or damage to the complainant
- The complainant was treated unfairly.

The complaint must not be about the investment performance of the financial product, unless:

- Financial performance was guaranteed or
- The financial performance was so deficient that it creates the presumption that there has been misrepresentation, negligence or mal-administration on the part of the person complained against.

Conditions applicable to complaints

- The act or omission complained of must have occurred on or after 30 September 2004.
- The complaint must be received by the Ombud within 3 years of the act or omission that resulted in the complaint – if the complainant was not aware of the act or omission, the 3 years starts running from the date on which the complainant became aware, or from the date on which the reasonable person in his circumstances would have become aware, whichever date is the earliest.
- If the complainant already instituted action in a court of law relating to the matter forming the subject of the complaint submitted to the Ombud, the Ombud will not consider the complaint.
- The financial services provider must have been given the opportunity to resolve the complaint first. Only if he or she failed to resolve the complaint to the satisfaction of the complainant within 6 weeks of receipt, may the complainant take the matter to the Ombud.
- The complainant has 6 months after he / she received a final response from the person complained against, to go to the Ombud.
- Complaints must be in writing and must be accompanied by relevant documentation.
- The Ombud may refuse to consider a complaint if he believes that the complaint should be dealt with in court.

Process followed of complaints escalated to the ombudsman

Ombud will:

- Officially receives the complaint.
- The running of prescription (under the Prescription Act) is suspended from the date on which the official receipt of complaint is received by the complainant until:
 - The complaint is withdrawn
 - A determination is made by the Ombud or by the Board of Appeal.
- The Ombud does not start the investigation of the complaint before:
 - He has informed all interested parties of the complaint and of all particulars necessary to enable them to respond to the complaint

- Gave all parties opportunity to respond.
- The Ombud will first attempt to resolve the complaint through conciliated settlement acceptable to all parties.
- The Ombud may make a recommendation to the parties to resolve the complaint.

Determinations by Ombud and its legal status

- If the complaint was not resolved through conciliated settlement, the Ombud will make a determination which has the legal status of a civil judgement of court.
- The determination can be a monetary award (not exceeding R800 000, unless the person complained against agrees to it), or any other order that can be made by a court.
- An award of costs may be made against the person complained against.
- An award of costs may be made against a complainant if the conduct of the complainant was improper or unreasonable, or if the complainant caused an unreasonable delay in the finalisation of the investigation.

Appeals to Board of appeal

- It is possible to appeal to the Board of Appeal, only if the Ombud gives leave to appeal. If the Ombud refuses, the chairperson of the Board of Appeal can be requested for permission to appeal.
- Application for leave to appeal must be made to the Ombud within 1 month of the Ombud's determination.
- If the Ombud refuses leave to appeal, application for leave to appeal may be made to the Chairperson of the Board of Appeal, within 1 month of the Ombud's refusal – the applicant must inform the Ombud of his application.
- A determination by the Board of Appeal has the same status as a judgement of a civil Court.

7. Redress

All complaints will be redressed in accordance with the nature of the complaint. The Aspire Error Handling Policy deals with redress for any financial errors whether the client is aware of the error or not.

8. Classification of complaints

All complaints are classified as follows:

- Incorrect Premium;
- Debit Order Error;
- Capturing Error;
- Inappropriate Advice;
- policy performance;
- policy accessibility, changes or switches;
- complaints handling;
- complaints relating to insurance risk claims, including non-payment of claims; and
- other complaints.

9. Roles and Reporting

- All complaints are received by the administration team
- Each administrator is responsible for running with the complaint/s assigned to them
- Bi-weekly feedback is provided to the client
- Weekly Feedback in team meeting is required by the administration team leader
- All staff are trained on both the complaint handling process as well as changes and introductions to processes to address the cause of the complaint.

Complaints are reported to Guardrisk(Insurer) monthly in the required format(see attached)
All errors reports are presented on a weekly basis and relevant trends are identified in order to address any gaps where necessary

This policy is reviewed and updated on an annual basis annual or in the event of legislative changes.

Next Review – November 2019

Reviewed by: Administration Manager

Approved by: Chief Operating Officer