INDEMNITY FORM FOR MINOR

I, _____(**parent/guardian full name as per identity document**), identity number,_____being a major person who is mentally sound is the biological parent (or guardian) of _____(**full name of minor/s**), identity number _____, the beneficiary of the Funeral / Life Assurance Policy number _____(**Please insert Policy Number**) entered into with Lion Life Assurance Company Limited, Registration Number 1942/015587/06, FSP Number 15283 ("**LionLife**"), by_____(name of person) on _____(date that the policy/agreement was entered into).

I, on behalf of myself, my executors, heirs, and dependents hereby indemnify and hold harmless LionLife against any and all liabilities, claims, causes of action, and potential causes of action to _____**(name of the minor/s**), myself, and my dependents. I also regard LionLife's obligations under the policy as fulfilled towards the beneficiary.

This indemnity form is governed by the laws of the Republic of South Africa.

Signed at _____ on _____ 20____

(On behalf of minor/s)

WITNESS 1 _____

NAME AND SURNAME

WITNESS 2 _____

NAME AND SURNAME

Signed at _____ on _____ 20 ____

(**On behalf of Lionlife**)

WITNESS 1 _____

NAME AND SURNAME

WITNESS 2 _____

NAME AND SURNAME