



An Authorised Financial Services Provider FSP 34853

## Client Authority / Advisor Appointment

Kindly note that –

Advisor: \_\_\_\_\_ Fax no./ E-mail: \_\_\_\_\_

- has been authorised to obtain policy- / investment- / unit trust information on my/our behalf;
- has been appointed as my/our financial broker and that I/we, at my/our own discretion, have instructed him/her to do financial planning for me/us and to recommend financial products which I/we may accept or reject with no further obligation
- has also been appointed to service my existing policies and where applicable earn future commission on these.

I, \_\_\_\_\_ (Full names of client)

acknowledge the following:

Sound and proper financial advice can only be provided with full disclosure of relevant information relating to appropriate personal and private information for the purposes of determining and advising on my/ our financial situation and financial product experience and objectives, in the process of acquiring, servicing or maintaining any financial products, including but not limited to any information relating to or interest in any long-term insurance, unit trust or any other financial products or services, with any long-term insurer, unit trust manager or other financial institution; and

- My / our interests shall be best served if that information is made available to authorised financial service providers with a legitimate interest in receiving such information for those purposes.

I acknowledge that the financial planner can only furnish appropriate advice after full and proper disclosure of my relevant personal information. This information is required to determine my financial situation financial product experience and to evaluate my financial objectives. It enables the financial planner to maintain and service the products in my financial plan and to render related intermediary services.

The information that is requested relates to long- and short-term insurance, health benefits, collective investment schemes, pension funds and any other financial products or services which is relevant to sound financial planning. To this end and to best serve my interests, I consent to the release of my information to the financial planner named below through a registered financial institution, an authorised Financial Services Provider, the Financial Services Exchange (Pty) Ltd (trading as Astute), or an institution providing a similar service. The financial planner may request information on my behalf and I waive my right to privacy **only** for the purposes stated in this document. The financial planner has undertaken to treat all my information confidential. This information may not be made public in any way without my written consent.

I/we accordingly confirm, for the purposes of providing the said sound and proper financial advice to me/us, that full permission and authority is granted to the **abovementioned Advisor** to obtain any all such information via Astute (The Financial Services Exchange, trading as Astute), or any other institution providing a mechanism for the transmission of such information.

I/we confirm that such Authorised User shall be acting on my behalf or in my interest: I / We herewith give consent for the long-term insurer, unit trust manager or other financial institution to release any such information to the said Authorised User via Astute, or any other institution.

**I/we further acknowledge that this consent to obtain information on my behalf, or the appointment of above advisor, will remain effective until cancelled by me / us in writing.**

	Client	Spouse
<b>Full names and Surname:</b>	_____	_____
<b>ID number or date of birth:</b>	_____	_____
<b>Telephone Number:</b>	_____	_____
<b>E mail address</b>	_____	_____
Companies where I/we have policies, investments and unit trusts: (Client – C1 and Spouse – S)		
<input type="checkbox"/> AIMS/ABSA	<input type="checkbox"/> FMI	<input type="checkbox"/> Medical Aid
<input type="checkbox"/> Alan Gray	<input type="checkbox"/> Hollard	<input type="checkbox"/> Metropolitan
<input type="checkbox"/> AltRisk	<input type="checkbox"/> Investec	<input type="checkbox"/> Momentum
<input type="checkbox"/> Discovery	<input type="checkbox"/> Liberty	<input type="checkbox"/> Old Mutual
<input type="checkbox"/> PPS		<input type="checkbox"/> Sanlam
		<input type="checkbox"/> Stanlib
Other:		

\_\_\_\_\_  
Client signature

\_\_\_\_\_  
Spouse signature

\_\_\_\_\_  
Date