

LETTER OF AUTHORITY & INDEMNITY

The following information is required for each client under current FAIS and FICA legislation.

MEMBER DETAILS

Title: _____ Surname: _____
Initials: _____ Full Name(s): _____
ID Number:
Cell Number: _____

SPOUSE/PARTNER DETAILS

Title: _____ Surname: _____
Initials: _____ Full Name(s): _____
ID Number:
Cell Number: _____

I/We acknowledge the following:

Sound and proper financial advice can only be provided with full disclosure of relevant information relating to appropriate personal, including 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;

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/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:

Alexander Forbes Financial Planning Consultants (Pty) LTD (hereby also referred to as FPC), which includes the Consultant, Planner and Administrator/s handling my portfolio/investments to obtain any and all such information via The Financial Services Exchange (Pty) Ltd, trading as Astute, or any other authorised financial services provider providing a mechanism for the transmission of such information.

I/we herewith give consent for the long-term insurer, short term insurer, unit trust manager or other financial institution possessing such Information to release such information to FPC, or any other direct means of communication.

I/we hereby instruct all parties described herein to provide the information as requested to Alexander Forbes Financial Planning Consultants, notwithstanding the date upon which this letter of authority has been signed. This letter of authority is valid for as long as I/we are the client of Alexander Forbes, alternatively, this consent shall remain for a period of _____ from the date of my/our signature.

Either party may terminate this agreement at any time by giving twenty-four (24) hours written notice to the other party. Alexander Forbes agrees to take all reasonable precautions to protect the confidentiality of information and to prevent disclosure of any information to any third party.

Company/Long/Short term Assurer	Investment / Life policy / Unit Trust

Indemnity

Please tick the applicable box below:

I/we, the undersigned, hereby confirm that I/we do ☐ do not ☐ wish _____ of Alexander Forbes FPC to obtain or include any other personal financial details in advising me/us on the investment under discussion. I/we have been made aware that under the FAIS legislation, financial advisors require full details of my/our financial affairs in order to provide holistic and appropriate financial advice.

Member Signature

Date

Spouse's Signature

Date

Financial Planning Consultant

E-mail: _____

Tel (W): _____