

Client Authority to Attain Portfolio Information

| | Client Information | Client Information (Spouse MUST sign if applicable) |
|--------------------|--------------------|--|
| Full Names | | |
| ID Number | | |
| Email | | |
| Cell Number | | |
| Date | | |
| Signature | | |

Kindly note that **Lee-Ann Ernstzen (Advisor)**, have been authorised to obtain policy, investment and unit trust information on my behalf.

I / we _____

(full names – client and/or spouse), acknowledge the following:

Client Full Names _____ and Client (if applicable) _____

Sound and proper financial advice can only be provided with full disclosure of relevant information for the purposes of determining and advising me on my financial situation, including but not limited to: -

- Financial products experience and objectives;
- Information relating to long-term insurance, unit trusts, short term insurance or any other financial products held by any financial institution to best serve my interests for financial planning purposes.

I hereby give full permission and authority to **Lee-Ann Ernstzen (Advisor)** and/or the authorised Personal Assistant/s mentioned above, to obtain any / or all information via Astute (The Financial Services Exchange), or any other institution consented to herein, and in possession of my information for sound financial planning purposes.

The authorised consent includes the authorised user/s to act on my behalf and will include consent for any long-term insurer, unit trust manager or any other financial institution to release any such information to the authorised user/s, either from Astute or directly from any other financial institution so authorised. The authorization will be limited to the purpose for which the information is requested in line with the financial services providers' collection of personal information policy and/or the client/s mandate.

This consent / authorisation will remain effective for a period of **3 Months or until cancellation of the financial advisor's mandate**, whichever event shall occur first.

ADVISOR APPOINTMENT (Companies please change the broker codes)

I/We hereby appoint the above-mentioned advisor (service and commission/fees) as advisor on my portfolio. I/We understand and accept that by this appointment all previous advisors through whom I effected business no longer represent me with regards to the mandate for which the said advisor has been appointed.

Signed at _____ this _____ day of _____ 20 _____

CLIENT SIGNATURE: _____ **ADVISOR:** _____

| I have policies, investments, membership and/or unit trusts with the following companies including subsidiaries | | | | | | | |
|---|--|--|------------|---------|-------------|--------------|---------|
| ABSA | | | BrightRock | | | Liberty | |
| Allan Gray | | | Discovery | | | Metropolitan | |
| Altrisk | | | Fedgroup | | | Momentum | |
| Employee Benefits – Insurer | | | | HR Name | | | Contact |
| Other | | | | | Medical Aid | | |

ALL OF THE ABOVE