

### REQUEST TO APPOINT A FINANCIAL ADVISER

#### Important notes

- Complete this form to change your financial adviser.
- Requests must be received before the 10th of every month for the change to be effective on the first of the following month and cannot be backdated.
- If an employer is appointing a new financial adviser, section 5 may only be signed by the authorised person.
- Please submit the completed and signed form to your Adviser or email it to info@medgaponline.co.za

#### 1. POLICYHOLDER DETAILS

Policy Number	0	0								I.D. Number												
First Name										Surname												
Medical Aid										Email Address												
M/A Option										Mobile Number												
M/A Number																						

#### 2. EMPLOYER DETAILS (if applicable)

Employer name																						
Group number																						

#### 3. NEW FINANCIAL ADVISER'S DETAILS

Surname										Name												
Brokerage name												FSP number										
Adviser's name										Mobile no												
Email address																						

<b>Signature of Principal Member</b>	<input style="width: 95%;" type="text"/>	<b>Date</b>	<input style="width: 95%;" type="text"/>
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#### 4. INTERMEDIARY DECLARATION

I hereby confirm that:

1. I am mandated by an authorised Financial Services Provider (FSP), as set out above, to act on behalf of that FSP as a representative.
2. I am an accredited financial adviser in terms of the FAIS Act at the date of signing this application form.
3. I accept my appointment by the applicant to provide advice and ongoing intermediary services in respect of this policy.
4. I have made the client aware of the commission payable by Guardrisk in respect of this policy.
5. I have conducted a financial needs analysis in respect of the applicant and this insurance product is suitable to meet his/her insurance needs.
6. I have explained the insurance product to the applicant and am comfortable that he/she understands how the product works, what is covered and what is not covered, as well as how to claim from the policy.
7. I am responsible for providing the applicant with my contact details and I am accountable for any advice given to the applicant about completion of this application form.
8. The applicant has signed this application form in person.
9. I indemnify Guardrisk against any non-adherence to the legal requirements as detailed above.

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Signature of Financial Adviser

\_\_\_\_\_  
Date