



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		I.D Number							
First Name		Surname				•			
Medical Aid									
M/A Option	M/A Number								
Mobile Number		Email Address							
2. EMPLOYER DETAILS (if applicable)									
Employer name									
Group number									
3. NEW FINANCIAL ADVISER'S DETAILS									
Surname			Name				1		
Brokerage name				FSP num	ber				
Adviser's name			Mobile no						
Email address									
Signature of Principal Member		Date					_		
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.									
I indemnify Guardrisk against any non-adherence	to the le	egal requirements as d	etailed above.						
Signature of Financial Adviser						Date	_		