Medgap cover policy

GUARDRISK TAILORED RISK SOLUTIONS

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			
Medical Aid 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	
Brokerage name		FSP number	
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.
9. I indemnify Guardrisk against any non-adherence to the legal requirements as detailed above.

Signature of Financial Adviser Date