



RECORD OF ADVICE

Important notice to the client/broker:

Please read this document carefully. It confirms that you have received the advice described herein from the advisor. It is in your interest that you receive comprehensive advice. The Financial Advisory and Intermediary Services Act aims to regulate advice you receive in respect of financial products. It also requires Financial Services Providers to keep records of such advice.

CONFIRMATION BY CLIENT:

The proposed solution to my needs have been explained to me in a manner that I understand. The following is a summary of recommendations made by the advisor and the reason for the advice. I confirm that this fulfils my financial requirements as per mandate agreed to.

Information: The information which is obtained during the financial planning process is utilised for the purposes of providing with effective financial planning, and recommending risk mitigation and other solutions. This information is required to be retained by financial services providers for a period of 5 years after the termination of the relationship (whether by death or other). I am aware of and consent to ensuring that the information on record is correct and up to date. I will contact the intermediary to update/ query any information may be on record.

PERSONAL DETAILS:

Client's initials and surname:

Client's ID number:

Advisor's initials and surname:

TYPE OF PRODUCT

PRODUCT SUPPLIER:

We elected to place the business through (product provider) because of:

- Their good service
- Their most affordable premiums
- Their most comprehensive cover
- Their ability to provide specialist cover
- Your personal preference

THE CLIENTS FINANCIAL SITUATION AND EXPERIENCE REGARDING THIS PRODUCT:

INEXPERIENCED: YES
FAIR: YES KNOWLEDGEABLE: YES

1. Information regarding a client's financial situation:

2. What is the client's need:

3. Priority: cover / premium:



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4. Prefer us as intermediary ... why?	
5. Recommended solution/ provider	
6. Reason why recommendation will satisfy need	
7. Recommendation not followed: (please note your risk here and ensure you are selective in terms of your product/ solution) It is important that where we were unable to provide a full needs analysis, that you make sure that the product you select is appropriate for your needs	
8. Reasons for replacement:	
<p><i>The recommendations are provided by the advisor in respect of an existing policy / replacement policy. (A replacement constitutes any replacement of an intermediary for four months before, and four months after accepting a new policy. The change is as a result of the new policy. Should there be a replacement, I am aware of all the implications and have read, understood, signed and received a fully completed replacement for. I have provided a copy of my schedule for advice purposes to obtain advice. Should I not provide details of my existing cover or my needs for the purpose of advice in respect of replacement, I accept that I may be at risk and will take particular care in selecting any product.</i></p>	
I did / did not provide a copy of my old schedule: YES / NO	Replacement: YES / NO
If YES compare products in terms of: (waiting periods, exclusions, conditions, non-payment, termination etc)	
OLD:	NEW:



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ADVICE & COMPLIANCE:

As a prospective policyholder/broker you have the right to the following information disclosures:

INTRODUCTION STAGE:

1. Has the intermediary explained the purpose of his/her presentation? Y/N
2. Has the intermediary provided disclosed / shown his / her full name with title and designation, office detail, telephone and electronic contact details and relevant mandate to you either by means of a business card or any other means? Y/N
3. Has the intermediary informed you whether or not a fee is payable for the financial advice provided by him / her? Y/N

APPLICATION STAGE:

1. Has the intermediary disclosed the name and class and type of policy, premium, type and extent of benefits, claims, notification procedures, commission and remuneration payable to the intermediary and costs, cancellation clause, full registered name and address of insurer and the name and details of compliance officer of insurer? Y/N
2. Has the intermediary provided you with a quotation or other documents containing disclosures in respect of the policy? Y/N
3. Have you accepted a signed the quotation and the fully completed application form? Y/N
4. If no, are you fully aware of the implications of not accepting this proposal for your insurance needs?

CONFIRMATION OF COMPLIANCE WITH REQUIREMENTS OF THE FAIS CODE OF CONDUCT:

The following documents have been given to me. I have read them and understand their contents:

- | | |
|-----------------------------------|-----|
| 1. Statutory notice | Y/N |
| 2. Product disclosure | Y/N |
| 3. Product brochure / information | Y/N |
| 4. Other _____ | Y/N |

I hereby declare that the above information is correct and accurately reflects the full content of the financial advice provided

Y/N

I understand that whatever advice implemented here may impact on my broader financial objectives, financial situation and particular situation. Where an analysis has not been performed due to information or time constraints. I understand there may be limitations on the appropriateness of advice given and shall take care in product selection. I am aware that the accuracy and completeness of the information provided remains my responsibility and am aware that material non-disclosure could result in claims repudiation and loss of benefits. Prior to providing or effecting the required insurance policy I was given the notice of freedom of choice entitlements and I have exercised that freedom of choice and I have not been coerced or induced in any way in the exercising of my freedom of choice or any other right.

I CONFIRM THAT I HAVE RECEIVED A COPY OF THIS RECORD OF ADVICE: YES / NO

NAME:

SIGNATURE OF CLIENT:

DATE: