

CLIENT DECLARATION

POLICY NUMBER _____

This declaration contains the guarantees and undertakings that you, as the policyholder, the life assured and the payer agree to. You agree that the following information will apply to all policies entered into with us (meaning Liberty Group Limited as well as all of its current or future subsidiaries):

You confirm that you understand the product and policy

- You confirm that you understand the nature of the product and that it meets the identified financial planning need and that your financial adviser has explained the product rules, terms and conditions, and relevant marketing material.

You guarantee that you are giving all information correctly

- Where any material information is not fully disclosed or is found to be untrue, we may decide to cancel the policy and/or not to pay any claims or benefits.
- You agree to notify us of any changes in information affecting your insurability, including Health, Occupation and Avocation, that may occur since the date of submission of application and the date of issue of underwriting terms. Any such changes may require reassessment of the risk and failure to notify us of such change may invalidate the policy.

You authorise us to collect and share your information

- We may be required to collect and share certain personal information from you to help us service, assess risks and consider claims for benefits under this policy. This information may also be used for any other proposal for insurance or any change in any insurance you make.
- We are limited by law to only collect, share and process information that specifically relates and is relevant to your policy.
- We undertake to keep it confidential, secure and only for as long as we need it.

You authorise our staff, representatives and certain subcontractors:

- To collect and process** certain personal, medical or financial information from you and to conduct any necessary medical and blood testing or examination, if relevant to your policy.
- To collect, process and share** information through the Financial Services Exchange (Pty) Ltd, trading as Astute, and through certain registers and databases maintained by or on behalf of the Life Offices Association.
- To share your information** with any appointed financial adviser, or other insurer, either directly through us or through Astute.

Please note: this authorisation is irrevocable and extends beyond your death. It applies only for the purposes above and therefore may partially limit your right to privacy. You are entitled at any time to request access to the information we have collected, processed or shared.

You authorise us to debit your bank account to collect premiums:

If the bank account details are changed at any time, you undertake to notify us of such change and warrant that you will have the necessary authority to do so.

Please tick the following box if you agree:

You confirm that we may send you marketing material from time to time.

Signature of Policyholder	/ / Date
Signature of first life assured (principal life assured)	/ / Date
Signature of second life assured (spouse life assured)	/ / Date
Signature of payer	/ / Date

Please note that in the event of any modification or variation of this standard form Liberty Life will regard this form as being invalid and of no force and effect. **Do not sign blank or incomplete forms.**

