

REPLACEMENT POLICY ADVICE RECORD (RPAR)



To be completed in consultation with your adviser – please note that this does not serve as a cancellation of the replaced policy; you must advise the insurer in writing about the cancellation of a policy.

Name of Policyholder _____
 ID. Number of Policyholder _____ (or registration number in the case of non-natural persons)
 Name of Intermediary _____
 Name of FSP (Brokerage or Insurer) _____

New policy	Type of policy: Investment or risk	Policy number	Insurer

Policy being replaced	Type of policy: Investment or risk	Policy number	Insurer

QUESTION TO THE INTERMEDIARY: Does this proposal constitute replacement of an investment policy with a recurring premium investment policy that will lead or has led to the levying/deduction of a termination charge of more than 15% of the replaced policy's fund value? Refer to the definitions in Part 3 of the Regulations to the Long-Term Insurance Act, 1998 (commission regulations). Yes No

1. REASONS WHY REPLACEMENTS MAY NOT BE ADVISABLE

If you do replace any policy, we want to ensure that you make an informed choice. Please read the following information, carefully and discuss with your intermediary.

- You will **pay some charges and fees twice** (e.g. commission, underwriting expenses & other initial charges levied by the insurer) – initially on the existing policy and once again on the new policy.
- You may **pay higher premiums** for risk (or a bigger part of the premium) on the new policy because you are older now or your health situation might have changed.
- Your new policy may not have the same **life cover or premium guarantees** as the existing policy. Check the period for which the life cover or other cover amounts are guaranteed before the insurer is entitled to change your premiums or reduce or remove cover.
- Your new policy may not have the same **investment performance guarantees** as the existing policy (if applicable)
- Your new policy may have **more exclusions, restrictions or waiting periods** particularly if your health has deteriorated.
- The amount of money that you can withdraw under the new policy may be less (if applicable). A new policy will usually have more legal restrictions on access within the first 5 years.
- You may **lose the tax advantage** of your existing policy (if applicable).
- The surrender value or paid up value of your existing policy may be as low as 65% of the policy value before the change, and could even be less than premiums paid in since **unrecovered initial expenses** must first be deducted. Check what charges you will be paying on termination of the old policy and see whether the advantages of the new policy will make up for any such charges.
- The **investment risk** under the new policy may be higher. Remember that the past performance of a fund or asset manager is not necessarily an indication of future performance.

2. REASONS FOR THE CHANGE OF POLICY / POLICIES

Did you establish whether the existing / terminated policy could be amended to provide similar benefits to the replacement policy? If such amendment is / was possible, why do you regard it as appropriate that the terminated policy be replaced by the replacement policy?

3. DECLARATION (COMPULSORY)

INTERMEDIARY

I confirm that I have taken all reasonable steps to confirm that the information in this Replacement Policy Advice Records (RPAR) is true and correct. I confirm that in pursuance of my advice to the policyholder to replace the policy(ies) mentioned in this RPAR. I have fully discharged my duties as set out in section 8 (d) of the General Code of Conduct for Authorised Financial Services Providers and their Representatives (the Code) and have retained a record of such advice as required by section 3 of the said Code.

Signature: _____
 Name: _____
 Date: _____

POLICYHOLDER

I confirm that the adviser has fully explained the consequences of the replacement of the policy(ies) mentioned in this Replacement Policy Advice Record and I understand the consequences of such replacement(s).

Signature: _____
 Name: _____
 Date: _____

Contact telephone and / or e-mail address: _____

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.**

