

Letter of authorisation

To whom it may concern

1. Authorisation to request information

I, the undersigned _____

Identity number _____

Telephone number _____

hereby authorise _____

or any/the following member of his/her staff _____

to obtain any information on my behalf regarding my assurance - and/ or investment portfolio, and any of my employee benefits, from any life office, retirement fund or other financial institution directly, or by using the services of The Financial Services Exchange (Pty.) Ltd., trading as Astute.

I hereby give consent to any financial institution or employer in possession of information regarding my insurance -, investment- and employee benefits portfolio to release that information upon request directly to the person who is in terms of this document authorised to request it, or to the authorised person via Astute. For this purpose I confirm that the authorised person is acting on my behalf and/ or in my interest.

It was explained to me, and I understand, that this consent may possibly have a restricting influence on my constitutional right to privacy.

This authorisation shall remain valid for 6 months (180 days) from date of my signature.

Client signature _____

Date _____ / _____ / _____ (dd/mm/ccyy)

2. Appointment of new official care intermediary

I further request the financial institutions with whom _____

has a sales agreement, to indicate him/her on their records as my official care intermediary. I have been properly counselled on the consequences of this letter of appointment. This appointment may be revoked by me in writing at any time.

Client signature _____

Date _____ / _____ / _____ (dd/mm/ccyy)

Intermediary information

Name _____

Code _____

Telephone number _____

Fax number _____

e-mail _____

Note: Any changes must please be initialed by the client.