



AUTHORISATION TO APPOINT FINANCIAL ADVISER

The Professional Provident Society Holdings Trust No IT 312/2011(PPS Holdings Trust) is a Registered South African Trust
Professional Provident Society Insurance Company Limited Reg No. 2001/017730/06 ("PPS Insurance")
PPS Insurance is an Authorised Financial Services Provider – Licence No. 1044

PART A DETAILS OF POLICYHOLDER (Please complete and mark (x) where applicable – please use black pen)

Surname: _____ Initials: _____ First names: _____

Membership number: _____ Policy number: _____

Co/CC/Trust name: _____ Co/CC/Trust Reg no: _____

Date of Birth: _____ ID no: _____

Telephone(W): _____ Cell phone: _____

Email address: _____

I, the abovementioned policyholder, hereby appoint the financial adviser reflected below as my financial adviser for all my insurance policies issued by PPS Insurance. I request PPS Insurance to amend their records accordingly. I understand and accept that by this appointment all previous financial advisers with whom business was effected, will no longer represent me in relation to my insurance policies issued by PPS Insurance.

PPS Insurance will not act in terms of this appointment if the financial adviser appointed on this form is not accredited by PPS Insurance to sell the relevant PPS Insurance products and appropriately licensed by the relevant authority.

I, the above mentioned policyholder, acknowledge that:

1. Appropriate financial advice can only be furnished after full and proper disclosure of relevant personal and private information about me.
2. Such information is required to –
 - a. determine my financial situation, financial product experience and financial needs and objectives;
 - b. acquire, maintain and service any financial product or to render related intermediary services.
3. Such information includes any information relating to my PPS Insurance policies.
4. My interests will be best served for the stated purpose if any and all information regarding my PPS Insurance policies is supplied to the financial adviser appointed hereunder.

I accept that I am hereby curtailing my right of privacy only for the stated purpose, but to enable the financial adviser appointed in terms of this instruction to provide appropriate financial advice to me, I hereby authorise PPS Insurance to provide confidential information regarding my PPS Insurance Policies to the financial adviser appointed on this form. All information so obtained must be treated as confidential by the financial adviser and may not be made public in any way without my written consent.

Signed at _____ on the _____ day of _____ 20__

PPS Member signature

PART B FINANCIAL ADVISER DETAILS

Surname: _____ Initials: _____ First names: _____

ID no: _____ Telephone(W): _____

Email address: _____ Cell phone: _____

PPS stakeholder number: _____ FSP number: _____

FSP registered name: _____ Effective date of change: _____

Signed at _____ on the _____ day of _____ 20__

Financial Adviser signature