

## Disclosure & Advice Record: Rixaka Funerals (Pty) Ltd

### Section 1: FSP & Product Supplier details

I, \_\_\_\_\_, am a representative at **Rixaka Funerals (Pty) Ltd (2007/002538/07)** which holds a Category I Financial Services Providers License (**No. 26415**). I am / am not working under supervision. The licence authorises me to provide financial services with respect to Long Term Insurance Category A funeral policies and friendly society benefits. Our business address is Rixaka Complex, Stand no. 6, Section D2, Giyani, 0826. The contact person is Ms Nomvula Matobela, Telephone number: 015 812 2823, Postal address: PO Box 424, Giyani, 0826, Email: [nomvula@rixaka.co.za](mailto:nomvula@rixaka.co.za).

Rixaka Funerals (Pty) Ltd is underwritten by and has a contract with BrightRock Life Ltd, a Licensed Financial Services Provider and Insurer, Company registration no: 1996/014618/06, FSP 11643. Physical address: 165 West Street, Sandown, Sandton, 2031

Postal: Postnet Suite 280, Private Bag X30500, Houghton, Gauteng, 2041. Tel: 0860 00 77 44. Email address: [service@brighrock.co.za](mailto:service@brighrock.co.za).

The business has not earned more than 10% commission from the underwriter in this area of its business in the past 12 months, and also does not hold more than 10% shares in any specific product provider. Rixaka Funerals (Pty) Ltd does hold professional indemnity cover. We have a complaints resolution system and a conflict of interest management policy and gift register which you will find at our business address. If you have any queries or concerns, please do not hesitate to contact us on 015 812 2823. If you do not receive acceptable assistance, you can direct your complaint to the Ombud for FAIS, PO Box 74571, Lynwoodridge, 0040, Tel no: 012 470 9080/ 0860 324 766

### Section 2: Compliance officer

Richter van Tonder: Moonstone Compliance (Pty) Ltd; 25 Quantum Street, Technopark, Stellenbosch. Tel: (021) 883 8000. Fax: (021) 883 8005 or (021) 883 2590. PO Box 12662, Die Boord, 7613, Stellenbosch. E-mail :rvantonder@moonstonecompliance.co.za

### Section 3: General client details

Name and Surname																			
Marital status						Gender	M	F											
Physical address																			
Postal address																			
Phone (W)	(		)	-	Mobile														
E-mail address																			
ID No.											Date of birth	D	D	M	M	Y	Y	Y	Y

### Section 4: Financial information

Any other funeral cover	Yes	No	If yes, from what date?			Amount of cover		
Income per month	<input type="checkbox"/> R0 – R3000			<input type="checkbox"/> R3 001 – R6000			<input type="checkbox"/> > R6 001	
Expenditure per month								

### Section 5: General questions

Spouse	Yes	No	Number of children			Number of adult dependants		
Risk profile	LOW		MEDIUM		HIGH			
Type of cover needed	FUNERAL COVER							

### Section 6: Advice Record

Monthly contribution available for funeral cover			Type of cover needed	FUNERAL COVER	
Needs and objectives	<input type="checkbox"/> Need cover for myself		<input type="checkbox"/> Need cover for my immediate dependents		<input type="checkbox"/> Need cover for my extended dependents
	Other: _____				
Product / action recommended	Name: _____		Reason for recommendation		
	Cost p/m: _____				
	Amount to insurer: _____				

### Section 7: Replacement (if applicable)

Have you cancelled any policies in the last four months or will you cancel an existing policy as a result of this sale:

☐ Yes ☐ No If "yes", please take note that the adviser will complete and request you to sign a replacement policy advice record.

### Section 8: Declaration by the advisor

I declare that the Advice Record is an accurate and complete record of the recommendations and advice that I provided the client with based upon the information provided by the client.

Full names and signature of advisor \_\_\_\_\_

Date: \_\_\_\_\_

### Section 9: Declaration by the client

I elect to-

☐ Follow the advice in 6; OR ☐ Did not follow the advice in 6. I choose a different product instead, i.e. \_\_\_\_\_ and confirm that I have been duly and properly advised of the full implications of my actions and, having considered same, I fully understand the course of action that I am about to undertake. I declare that I am aware of the fact that I must carefully consider whether the product selected is appropriate considering my objectives, circumstances and needs. The advisor gave me the relevant product disclosures in which comprehensive disclosures are made including the benefits and contributions payable, as well as his/her certification from the key individual of the Financial Services Provider.

**Signature of client**

**Date:**