



HI RIXAKA A HI KHOMISANENI

Licensed Financial Services Provider (FSP No. 26415) | Underwritten by Sanlam Developing Markets Limited (FSP 11230)

CLIENT MANDATE (BROKER APPOINTMENT)

The client hereby appoints: **Rixaka Funerals (Pty) Ltd** represented by: _____
(Advisor name) as his, her or its broker agent and that such appointment is to remain in force until cancelled by the client or the provider in writing.

FINANCIAL SERVICES

The client hereby confirms that the provider is authorised to render financial services on his, her or its behalf.
Such authorisation includes any instruction to facilitate the buying, selling, termination or the replacement of any existing financial product. It also includes any instruction to vary any term or condition applying to a financial product, the managing, administering, maintaining or servicing of a financial product, and the submittal or processing of any claims associated with a financial product.
Product suppliers are requested to kindly give effect to any instructions communicated by the provider.

CLIENT INFORMATION

The provider acknowledges that in the course of rendering financial services, it shall come into possession of information of a confidential nature. The provider shall not during the duration of this appointment, or any time thereafter, use or disclose any client information except to the extent required by law or permitted by the client in writing.

COMMISSION

The client agrees to transfer any new commission which may become due during the appointment period to the provider.
Product suppliers are requested to kindly transfer any insurance portfolios to the provider's broker code.

CLIENT DETAILS

Client Name	
ID Number	
Email Address	
Contact Number	

Client Signature & Date

Advisor Signature & Date

Rixaka Funerals (Proprietary) Limited | Registration No. 2007/002538/07

Physical Address: Rixaka Complex | Stand No. 6 | Section D2 | GIYANI | 0826

Telephone: 0861 RIXAKA (0861 749 252) | Tel: 015 812 2823 | Website: www.rixaka.co.za | Email Address: info@rixaka.co.za

Directors: Dr. T.E Mabunda | Mr. V.A Mabunda | Ms. N.G Matobela

Dear Mr / Ms Client

LETTER OF INTRODUCTION & DISCLOSURES

In complying with the FAIS legislation, I would like to bring the following information to your attention:

My name is _____. I am employed by Rixaka Funerals (Pty) Ltd, an authorised financial services provider, which accepts responsibility for my activities and is, licensed to render financial services.

I am a ☐ Representative ☐ Representative under Supervision as defined in the Fit and Proper regulations.

I have been providing financial advice and intermediary services since _____ in the following areas of financial planning: [Funeral benefits]

I am authorised to provide advice and intermediary services in the following categories:

Category 1

☐ 1.1 Long-Term Insurance: Category A ☐ 1.3 Long-Term Insurance: Category B1 ☐ 1.22 Long-Term Insurance: Category B1-A

A copy of the licence is available for inspection on request.

Rixaka Funerals (Pty) Ltd has written authority to market the products of the following product suppliers and I am accredited to market their products: Sanlam Developing Markets Limited (FSP 11230). Their address is 11 West St, Houghton Estate Johannesburg 2191. Their contact numbers are 0860 726 526 | 011 359 7700.

I **do not** hold more than 10% of the shares issued by any product supplier.

I am remunerated for my services by being paid a commission from Rixaka Funerals (Pty) Ltd.

Rixaka Funerals (Pty) Ltd holds **professional indemnity insurance**.

Compliance with the FAIS Act is monitored by Moonstone Compliance (Pty) Ltd, a compliance practice approved by the Financial Sector Conduct Authority. Their postal address 25 Quantum Street, Technopark, Stellenbosch, 7600. Their contact numbers are 021 883 8000 (t) and 021 883 8005 (f). Services offered by Moonstone Compliance (Pty) Ltd include compliance, practice management and technology support. This support helps me to provide you with a more professional service. The compliance service enables my practice to be compliant with FAIS legislative requirements. Through the practice management support Rixaka Funerals (Pty) Ltd is able to run a more professional business and therefore able to provide you with an improved service and enhanced support.

Please note that in accordance with legislation Rixaka Funerals (Pty) Ltd keep an updated disclosure register and a Conflict of Interest management Policy. This register informs you, our client of all financial and ownership interests that I/ we may become entitled to and lists the business relationships that I/we have with the product suppliers. This document ensures transparency in my/our dealings with our customers and is available for inspection.

I wish to advise that all information obtained or acquired about you shall remain confidential unless you provide written consent, or unless I am required by any law to disclose such information.

In the event that you are dissatisfied with any aspect of my service, you should address your complaint in writing to me at the above address. A copy of my Complaints Resolution Policy is available on request.

The contact details for FAIS Ombud are: Postal address P.O. Box 74571, Lynwood Ridge, 0040. Their contact numbers are 012 762 5000 / 012 470 9080 (t) and 086 764 1422 / 012 348 3447 (f).

Yours faithfully

Signature of client's receipt

Representative's signature

Date disclosures made to the client

CLIENT DUE DILIGENCE FORM – NATURAL PERSON CLIENT							
TIER 1 RISK RATING		Single Transaction		New Relationship		Existing Relationship	
Large / Complex Transaction?	No ☐	Enhanced CDD	Yes ☐	Enhanced CDD	Yes ☐	Standard CDD	Yes ☐
Acting Suspiciously?	No ☐	Enhanced CDD	Yes ☐	Enhanced CDD	Yes ☐	Enhanced CDD	Yes ☐
Client indicated on FIC TFS List?	No ☐	Enhanced CDD	Yes ☐	Enhanced CDD	Yes ☐		
Client a DPEP / FPEP / PIP?	No ☐	Enhanced CDD	Yes ☐	Enhanced CDD	Yes ☐		
Associate of DPEP / FPEP / PIP?	No ☐	Enhanced CDD	Yes ☐	Enhanced CDD	Yes ☐		
Family of DPEP / FPEP / PIP?	No ☐	Enhanced CDD	Yes ☐	Enhanced CDD	Yes ☐		
Transaction less than R5000?	No ☐	Quick CDD	Yes ☐				
CLIENT RISK INDICATORS						YES	NO
Legal Person, Trust or Partnership?							
Complex or multi layered structure of ownership or control?							
Is the ultimate beneficial owner difficult to identify?							
Is the client's source of funds and wealth difficult to verify?							
Has the client been in a business relationship with the institution for a period of less than one year?							
Has the institution previously observed suspicious or unusual activities or transactions on the part of the client?							
Is the beneficiary of the client unknown to the institution?							
Is the client a DPEP; FPEP, PIP; family or close associate of DPEP, FPEP or PIP? (Refer to above)							
Is there adverse information about the client available from public or commercial sources?							
High Risk Business Activity of Occupation?							
TOTAL							
LOW (Quick)		MEDIUM (Standard)		HIGH (Enhanced)			
0-1		2-5		6-10			
TIER 2 RISK RATING		Single Transaction		New Relationship		Existing Relationship	
Low Product / Service Risk		Standard CDD	Yes ☐	Standard CDD	Yes ☐	Quick CDD	Yes ☐
Moderate Product / Service Risk		Standard CDD	Yes ☐	Standard CDD	Yes ☐	Quick CDD	Yes ☐
High Product / Service Risk		Enhanced CDD	Yes ☐	Enhanced CDD	Yes ☐	Standard CDD	Yes ☐
CLIENT INFORMATION							
Quick	Nationality	South African ☐ Foreign National ☐					
	Full Names						
	ID / Passport Number						
	Telephone Number						
Standard	Residential Address						
	Postal Address						
	Email Address						
Enhanced	Date of Birth						
	Place of Birth						
	Place of Employment						
	Hair Colour	Blond ☐ Red ☐ Brown ☐ Black ☐ Other ☐					
	Eye Colour	Blue ☐ Amber ☐ Brown ☐ Green ☐ Other ☐					
VERIFICATION METHODOLOGY					Standard CDD	Enhanced CDD	
Full Names by way of any document that can reasonably achieve verification					●	●	
ID / Passport Number by way of any document that can reasonably achieve verification					●	●	
Residential Address by way of any document that can reasonably achieve verification						●	
Telephone Number by way of calling the client						●	
Client required to sign Source of Funds Declaration						●	
TRANSACTION INFORMATION (Only complete this section where the client is establishing a New Business Relationship, or in all instances where the client is a DPEP / FPEP / PIP or an Associate / Family Member of a DPEP / FPEP / PIP)							
Nature of Relationship	EXISTING RELATIONSHIP – CLIENT WANTS A REPLACEMENT POLICY						
Purpose of Relationship	REPLACING CURRENT POLICY WITH A NEW ONE						
Source of Funds	Salary ☐ Business Income ☐ Dividend ☐ Interest ☐ Gift ☐ Savings ☐ Other ☐						
SIGNED ON BEHALF OF THE ORGANISATION							
Name & Surname							
Signature					Date		

SWITCH CAMPAIGN RBS APPLICATION FORM

FOR OFFICE USE ONLY

REP CODE:		POLICY NO.		BRANCH																
APPLICATION DATE	Y	Y	C	C	M	M	D	D	POLICY START DATE	Y	Y	C	C	M	M	D	D	AGE AT ENTRY		
BENEFIT SELECTED	RBS Basic		RBS Basic +		RBS Life		RBS Core		RBS Standard		RBS Essential		RBS Premium							
BENEFIT TYPE	Member +5		Member + 9		Member + 11		Member + 13		Member + 14											
Benefit Premium - R		Extended Member Benefit Premium – R						TOTAL PREMIUM		R										
DEBIT ORDER	PAYAT (ANNUAL)		EXISTING		CONTINUATION		POLICY NO.													

1. POLICY HOLDER'S DETAILS

SURNAME:										FIRST NAMES:													
Date of birth:								Identity no./Passport no.:										Gender:		Marital status:			
Y	Y	C	C	M	M	D	D											M	F	S	M	D	W
Postal address:												Residential address:											
Code:												Code:											
Cell phone no.:												Alternative Cell phone no./Telephone no.:											
Email address:																							

2. DEPENDANT'S DETAILS – MEMBER PLUS 5, 9, 11,13 & 14 BENEFIT

Surname and names	I.D. no./ Passport no.:	Relationship
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		

Policy Holder's Signature

Date

Representative's Signature

Date

3. EXTENDED FAMILY MEMBER BENEFIT (ONLY APPLICABLE ON THE NEW GENERATION RBS PRODUCT)

Surname and names		I.D. no./ Passport no.:												Relationship	
1.															
2.															
3.															
4.															
5.															

1	Benefit Selected	2	Benefit Selected	3	Benefit Selected	4	Benefit Selected	5	Benefit Selected
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4. BENEFICIARY TO BE PAID THE BENEFIT IN THE EVENT OF THE POLICY HOLDERS' DEATH

Name of person nominated																																			
I.D. no.:																				Contact no.:															
Relationship to Policy Holder																																			

I nominate the above-mentioned person to be the recipient of the benefit under my Policy in case of death.

I consent that should I not nominate anyone as my beneficiary Rixaka Funerals (Pty) Ltd will have discretion to either;

- Pay the benefit to any of my dependants who can prove that they rely on me for funeral and other related expenses, or
- Pay the benefit as per the direction under my last will and testament (copy to be provided), or
- Pay the benefit as per an instruction from the Master of the High court (copy to be provided).

I understand that Rixaka Funerals (Pty) Ltd shall process my personal information for purposes of underwriting and administration of my policy. Rixaka Funerals (Pty) Ltd shall ensure that all processing of my personal information is done in a responsible manner and in compliance with all regulatory requirements. I understand that if I do not give such consent Rixaka Funerals (Pty) Ltd cannot accept my application.

TERMS AND CONDITIONS

- Policy Holder:** any individual who is 18 years and not older than 84 years old upon entry on the New Generation RBS product and no age limit for clients who are already on the Old RBS, The Joy, Ubuntu and MBS products, who are allowed to participate in the policy;
- Dependants:** Spouse, children, grandchildren, parents, uncles, aunts, brothers, sisters, nephews, nieces, grandparents, in-laws (only in case of marriage) who are not older than 74 years old on the New Generation RBS product and no age limit for clients who are already on the Old RBS, The Joy, Ubuntu and MBS products, upon entry to the policy. Only a maximum of five (5), nine (9), eleven (11), thirteen (13) and fourteen (14) dependants may be covered based on the benefit plan selected. Dependants older than 74 years would need to be covered on policies already for them to be allowed entry to the policies;
- Extended family member:** Spouse, Children, grandchildren, parents, uncles, aunts, brothers, sisters, nephews, nieces, grandparents and in-laws (only in case of marriage) with a maximum entry age of 84 years. Only a maximum of ten (10) Extended family members may be covered at the quoted monthly rate per covered extended family member;
- Cash payout:** Amount family has access to which can be paid out to them as cash or be used to purchase benefits available at Rixaka onto an individual's package to the value stated per policy;
- Top-up value:** Amount family has access to per policy and value stated (only on the New Generation RBS product) which is available for the family to use to purchase benefits available at Rixaka onto an individual's package to the value stated per policy. The top-up value cannot be paid out to the family;

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6. The Switch products are only available to Old RBS, The Joy, Ubuntu and MBS clients from 01 August 2025 subject to completion of application forms **only** for existing clients, continuation of cover and re-instatement of covers;
7. The **Value-added benefits** are funeral benefits clients receive with their funeral package;
8. **Rewards benefits** are included in the Switch products;
9. Details of each Policy Holder taking out cover should be provided to Rixaka Funerals (Rixaka) at the inception of cover including details of dependants and copies of identity and birth certificate documents for all covered;
10. Should Dependants details not be submitted upon joining, an update form including copies of identity document or birth certificates needs to be completed and a waiting period will apply from the time the form is completed;
11. Cover starts on the first day of the month following receipt of a fully completed application form and receipt of the first premium by Rixaka Funerals (15th of each month);
12. Members and dependants will be admitted on the New RBS product regardless of their current age with no waiting period and no new members above the age of 74 years will be allowed to be added;
13. 6 months waiting period will apply for death due to natural causes for all persons below 84 years of age should you switch from the old burial products to the New Generation RBS product as the cover amount would be increasing.
 - In case of death due to natural causes during the 6 months waiting period:
 - A funeral will be conducted on the RBS product the member is coming from; or
 - The member's family will receive the cash equivalent of the cover from the old burial product, provided all other terms and conditions are met;
14. Additional members on the New RBS product and New Generation RBS product (members not on the policy upon switching) will be subjected to six (6) months waiting period for claims due to natural causes;
15. Suicide will not be covered during the first 12 months of membership for any insured person;
16. Exclusions: No benefit will be paid if death is directly or indirectly caused by or attributable to criminal activities, terrorism, riots or war (whether declared or not) and radioactive contamination;
17. A one-month grace period is allowed should a premium be missed once the policy is in force. If the missed premium is not paid together with the following month's premium the cover will cease without further notice (policy will lapse) and should the waiting period not be complete, a new waiting period will be applied should the policy be re-instated. Where any premium payment is missed and subsequently paid, the part of the waiting period not completed at the point when the premium was not paid, will apply from the date the premium is paid (should one premium be missed within the first six (6) months, the waiting period will be seven (7) months instead of six (6) months);
18. A person can only be covered as a Policy Holder once on Rixaka Burial Scheme policies;
19. There is no cover for stillborn children;
20. Divorced spouses will not be covered. They can be covered as Dependants or Extended family members (at an additional cost);
21. Policy Members who are pregnant and require cover for children should move to a product plan that accommodates children as soon as possible, bearing in mind that waiting periods applicable to the Main Member are also applicable to children. The Insurer will however, in good faith, cover newborn children born to the Main Member for the first 3 (three) months from the date of birth;
22. The maximum payout for children below 6 years is R 20 000 regardless of the policy holders cover amount;
23. Participants (Policy Holder, Spouse and Dependants/Extended Family Members) are allowed to be duplicated on Rixaka Funerals as dependants provided their cover does not exceed R100000 aggregate and for Children – R20 000 for children below 6 years and R50 000 for Children below 14 years across all policies underwritten by Rixaka Funerals' underwriters;
24. Should the funeral not be conducted by Rixaka, the cash equivalent of the benefit will be paid out provided all other terms and conditions are met;
25. Should a removal be carried out from Rixaka Funerals, the costs incurred already by Rixaka Funerals will be calculated and deducted from the benefit amount and only the remaining amount will be paid out or the Family will be liable for payment if such costs are more than the benefit amount;

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26. For oversize caskets – a fee will be charged as an oversize casket will need to be custom made;
27. Premiums in arrears would have to be paid before a claim is honoured (policy needs to be paid up to date);
28. Pick-ups can only be done within 100km radius, pick-ups done outside of this radius will be at an additional cost to the family;
29. Funeral services will only be conducted within the provinces of Limpopo, Gauteng and certain parts of Mpumalanga and Northwest (see policy document). Funeral services done beyond these borders will be at an additional cost to the family;
30. Premium payment method: Debit Order (form to be completed and proof of account not older than three (3) months needed), PERSAL Debit Order (form needs to be completed), annual payments for PayAt (PayAt outlets/Apps) and Point of Sale (card machine);
31. If the family wishes to conduct the funeral on Saturday of the same week the death occurred, funeral arrangements need to be done by Wednesday (12h00 noon), however Rixaka Funerals reserves the right to offer alternative dates based on availability of resources;
32. Should death occur; a valid claim needs to be submitted with all necessary documents to validate a claim (see claims procedure document);
33. The occurrence of the Insured Event must be reported in writing within 6 (six) months of such occurrence. If for any reason whatsoever notice of claim following the occurrence of the Insured Event under this Policy is not given within the period of 6 (six) months, all Policy benefits under this Policy in respect of such claim shall be forfeited and the claim shall not be honoured;
34. Rixaka Funerals (Pty) Ltd reserves the right to amend, revoke, vary or alter any of the terms and conditions of this policy provided that the Policyholder is given at least 31 (thirty-one) days' written notice of its intention to do so;
35. Premiums are payable for the duration of the Policy and are not refundable;
36. Premiums are subject to increase by 5% annually on the policy anniversary for the Policy Holder and Extended Family;
37. This policy has no surrender value and may not be ceded or pledged in any way. No loans will be granted against this policy; and
38. The terms and conditions on the application form are non-exhaustive and the policyholder is entitled to be provided, on request, with a copy of the Policy Document, which will take precedence and be applied should there be a discrepancy.

PROTECTION OF YOUR PERSONAL INFORMATION

- We will keep any information – including personal information relating to you, your dependants, lives insured, and beneficiaries – supplied to us when applying for your policy, reinstatement or any amendment ("your personal information"), confidential.
- When providing us with your personal information, and information on your dependants, lives insured, and beneficiaries, you must make sure that they have provided you with the appropriate permission to disclose their personal information to us for the purposed set out below and any other related purposes.
- We may collect, collate, process, store, and disclose your personal information for the purpose of:
 1. Administering this policy and for the assessment of any claims.
 2. Providing relevant information, including your personal information, to contracted third parties who need the information to offer you a service in relation to this policy provided that the contracted third party agrees to keep the information confidential.
- We will not share or use any personal information collected from this form for any other purpose other than to process your policy application, administer your policy and to consider claims (the permitted purpose). You give us consent to record, keep, and share your information for these purposes. We must comply with all industry regulations and legislation applicable to Rixaka Funerals' business and products. We will at all times comply with industry regulations in the way we receive, store and share your information.
- Please note:
 - We may change this notice from time to time. In this regard, please visit our website at www.rixaka.co.za
 - You have the right to object to the processing of your personal information.

- If you believe that we have used your personal information contrary to applicable law, you must first raise any concerns with us. If you are not satisfied with our process, you have the right to lodge a complaint with Information Regulator at infoereg@justice.gov.za

DECLARATION:

I declare to the best of my knowledge and belief that the information given above is true and correct. I understand and agree that any unlawful misrepresentation in this application form will invalidate any benefit under this policy. I declare that I have read and understood the terms and conditions attached to this policy, and understand their meaning and effect, and undertake to abide and to be bound by the terms and conditions of the policy. Rixaka Funerals (Pty) Ltd shall not be held liable for any amount until it has accepted this application and this policy is in force. If any person is over the age limit when joining, the claim will be repudiated, and premiums refunded.

Policy Holder's Signature

Date

Representative's Signature

Date

REPLACEMENT ADVICE RECORD (INDIVIDUAL RISK POLICIES)

PART 1: GENERAL INFORMATION

Full names of policyholder	
ID number of policyholder	
Full names of financial adviser ¹	
ID number of financial adviser	
Name of financial services provider of the replaced policy/cies	Sanlam Developing Markets
FSP number	11230
Name of financial services provider recommending the replacement	Rixaka Funerals (Pty) Ltd
FSP number	26415
Date of inception of the policy being replaced	

PART 2: POLICY DETAILS

New policy / policies		
Policy / Application no.	Product name	Insurer
1.		Sanlam Developing Markets
2.		
3.		

Policy / policies being replaced		
Policy no.	Product name	Insurer
1.		Sanlam Developing Markets
2.		
3.		

PART 3: REASONS FOR RECOMMENDING THE REPLACEMENT POLICY/IES

3.1. List the main reasons why the new policy/ies is / are considered more suitable to the policyholder's needs and objectives than keeping or altering / changing the replaced policy/ies? (If there is more than one reason, please number them).

The new policy has increased benefits, increased cash payout should funeral not be conducted by Rixaka Funerals and Loyalty benefit – New RBS product.

The new policy has increased benefits, increased benefit amount and Loyalty benefit – New Generation RBS product.

3.2 Could the replaced policy/ies have been altered / changed to better meet the policyholder's needs and objectives? (If not, explain why).

No, it could not have as the product benefits/offering are standard in the replaced policy.

3.3 If the replaced policy/ies could have been altered / changed, explain why a replacement is recommended instead of making such change.

The policy could not be altered/changed.

¹ For purposes of this form "financial adviser" means an "intermediary", as defined in the Policyholder Protection Rules made under section 62 of the Long-term Insurance Act, 1998 (Act No. 52 of 1998), – i.e. the representative of the FSP concerned or sole proprietor, as the case may be, who has provided advice to the policyholder regarding the replacement. The financial adviser must complete this replacement advice record.

PART 4: DIFFERENCE BETWEEN NEW AND REPLACED POLICIES

Detail	Description of the difference between the new policy and the replaced policy
A. SPECIFIC POLICY BENEFITS (including costs, exclusions and restrictions for each benefit type)	
4.1 Death benefits	
(a) Cover amount	R _____ cash and burial benefits (R _____ benefit amount) vs R _____ cash & burial benefits (R _____ benefit amount)
(b) Benefit premium	R _____ vs R _____
(c) Standard exclusions (including suicide exclusions)	12 months waiting period - suicide
(d) Waiting period(s)	
(e) Benefit term / expiry age	120 years
4.2 Any other policy benefits / special features / differences	
(a) Type and value of benefits / features	
(b) Cost of benefits / features	
(c) Other	N/A
B. GENERAL POLICY FEATURES	
4.3 Premiums and charges	
(a) Total premium (including for loyalty / add-on benefits)	
(b) Premium pattern	Fixed premium pattern – 5% annual increase
(c) Basis of contractual premium increases, if applicable	To keep up with inflation
(d) Basis of contractual benefit increases, if applicable	N/A
(e) Period for which the premium is guaranteed (fixed) and date of next premium review	12 months
(f) Policy administration fees	
(g) Any other fees (e.g. claims administrations fees; other transaction fees)	N/A
(h) Age of life insured when replaced policy was entered into; and effect of increased age or any health changes on the new policy premium	Age – There is no effect to increased age or health changes
4.4 Exclusions and restrictions	
(a) Specific exclusions or premium loadings applicable to the policyholder / life insured	There are no specific exclusions or premium loadings applied
(b) Any other exclusions, restrictions, special terms and conditions or circumstances in which benefits will not be provided	No benefit will be paid if death is directly or indirectly caused by or attributable to criminal activities, terrorism, riots or war (whether declared or not) and radioactive contamination
4.5 Tax treatment and implications	
(a) Tax treatment and tax implications	N/A
4.6 Other material differences	
(a) List any other differences (not covered elsewhere) considered material to the replacement decision	R _____ cash payout on the old policy vs R _____ cash payout on the replacement policy should funeral not be conducted by Rixaka. Rewards benefit on the replacement policy.
(b) Provide details of any vested rights,	No guarantees or advantages will be lost.

guaranteed benefits or other guarantees or advantages that will be lost as a result of the replacement, or any other potential disadvantages of the replacements not covered elsewhere

Funeral service will be rendered on the old RBS product should it happen during the 6-month waiting period – New Generation RBS product
Funeral benefit will be rendered on the old RBS product should it happen during the 6-month waiting period

Note: Where it is not possible to provide any of the information required in Section 4 above, please list the relevant item/s below and explain why the information could not be provided. N/A

Policyholder confirmation regarding Part 4: Description of the difference between the new policy and the replaced policy

I have noted the differences between the new policy and the replaced policy as described in Part 4 above.

[Policyholder signature]

PART 5: FINANCIAL ADVISER REMUNERATION

- (a) Provide the following details of any remuneration² or other financial interest to be earned by the financial adviser or the FSP concerned in relation to the replacement policy/ies:
- **Up-front commission:**
 - **Ongoing commission:**
 - **Any other direct or indirect remuneration or other financial interest:** N/A
- (b) Has the financial adviser or FSP earned any direct or indirect remuneration or other financial interest in relation to the replaced policy?
(Tick the appropriate box)
- | | | | |
|-----|--|----|--------------------------|
| Yes | ☒ | No | ☐ |
|-----|--|----|--------------------------|
- (c) If the answer to (b) is "Yes", provide the following details of any remuneration or other financial interest earned by the financial adviser or FSP in relation to the replaced policy/ies in the past five years:
- **Up-front commission:**
 - **Ongoing commission:**
 - **Any other direct or indirect remuneration or other financial interest:** N/A

Policyholder confirmation regarding financial adviser remuneration:

(Policyholder to initial next to either (1) or (2) dependent on applicable statement)

I am aware of the remuneration being earned by my financial adviser on the new policy/ies.

OR

I am aware that my financial adviser did not earn remuneration on the replaced policy/ies.

Where applicable, I am aware that my financial adviser also earned remuneration on the replaced policy/ies.

[Policyholder signature]

² According to the General Code of Conduct for Authorised Financial Services Providers and Representatives made under section 15 of the Financial Advisory and Intermediary Services Act, 2004 (Act No. 37 of 2002), details of remuneration must be reflected in specific monetary terms, provided that where an amount is not pre-determinable the remuneration basis must be explained.

PART 6: DECLARATIONS

6.1. Financial adviser (intermediary) declaration:

I, _____ [Insert full name of Financial Adviser], hereby confirm that –

- I have taken all reasonable steps to confirm that the information in this Replacement Advice Record is correct and complete; and

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- I have explained the implications of the policy replacement – including but not limited to the information provided in this Replacement Advice Record - to the policyholder in sufficient detail and in an appropriate manner, taking into account what I know or reasonably assume to be the policyholder's level of knowledge, to enable the policyholder to make an informed decision about the replacement.

Initial

- The outcome of the advice to the policyholder is as follows -

(a) The policyholder has elected to proceed with the replacement contrary to my recommendation that the replacement might not be in the policyholder's best interests, and I have alerted the policyholder to the associated risks and have advised the policyholder to take particular care to consider whether the replacement is appropriate to the policyholder's needs, objectives and circumstances.

Initial

OR

(b) I believe that the replacement is in the policyholder's best interests, that the policyholder has the ability to financially bear any costs or risks associated with the replacement and that the new policy/ies is/are more suitable to the policyholder's needs and objectives than the policy/ies being replaced.

Initial

(Financial adviser to initial next to either (a) or (b) dependent on applicable advice given)

Signature of Financial Adviser _____ **Date** _____

6.2. Policyholder declaration:

I, _____ [full name of Policyholder], hereby confirm that –

- The financial adviser who provided me with this Replacement Advice Record has explained all the information provided in it to me in a way that I understand; and
- I have carefully considered this information.
- The financial adviser has alerted me to risks associated with the replacement and has advised me to take particular care to consider whether the replacement is appropriate to my needs, objectives and circumstances and -

Initial

Initial

(a) Despite the financial adviser's advice indicating that the replacement might not be in my best interest, I nevertheless wish to proceed with the replacement; OR

Initial

(b) Based on this information, I agree that the replacement is in my best

Initial

I am aware that this Replacement Advice Record is not a cancellation instruction and that I still have to inform the insurer(s) to cancel my policy/ies.

Signature of policyholder _____ **Date** _____