

CLIENT AUTHORITY

INFORMATION & SERVICING / CLIENT ADVICE RECORD

JOHN ROE | BROKERS

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DIRECTORS - JONATHAN ROSEN



DETAILS

CLIENT NAME	
FINANCIAL ADVISOR	
DATE OF ADVICE	

IN TERMS OF THE FINANCIAL ADVISORY AND INTERMEDIARY SERVICES ACT WE ARE REQUIRED TO PROVIDE YOU THE CLIENT WITH A RECORD OF ADVICE. THIS DOCUMENT IS INTENDED AS OUR CONFIRMATION OF THE ADVISORY PROCESS THAT YOU RECENTLY UNDERTOOK WITH YOUR ADVISOR. THE DETAILED RECORD OF ADVICE WILL BE THE RECOMMENDATIONS DOCUMENT PROVIDED TO YOU BY YOUR ADVISOR. IF YOU HAVE ANY QUESTIONS IN RESPECT OF THE CONTENT PLEASE CONTACT YOUR ADVISOR. YOU ARE ENTITLED TO A COPY OF THIS DOCUMENT FOR YOUR OWN RECORDS.

SECTION A / REQUESTED SERVICING CHANGES

LEAVE BLANK IF THERE ARE NO SERVICING REQUIREMENTS

SECTION B / WORK TO DO

DESCRIPTION	

CLIENT SIGNATURE	CLIENT ID NUMBER
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SECTION C / FINANCIAL ADVISER'S DECLARATION

1. THE NEED FOR COMPREHENSIVE COVER FROM A LIFE COVER, DISABILITY, SEVERE ILLNESS & HEALTH CARE PERSPECTIVE HAS BEEN EXPLAINED TO THE CLIENT.
2. WHERE THE CLIENT HAS ELECTED NOT TO IMPLEMENT COMPREHENSIVE COVER OR ACCEPT ANY ADDITIONAL PRODUCT OR BENEFIT RECOMMENDATIONS IT IS DUE TO PERSONAL CHOICE AND/OR AFFORDABILITY.
3. THE REQUIREMENT FOR COMPREHENSIVE RETIREMENT PLANNING WHICH UTILISES (AT MINIMUM) THE 15% TAX DEDUCTIBLE PORTION OF THE CLIENT'S INCOME HAS BEEN FULLY EXPLAINED TO THE CLIENT.
4. WHERE THE CLIENT HAS ELECTED NOT TO IMPLEMENT COMPREHENSIVE RETIREMENT PLANNING THAT UTILISES THE MAXIMUM TAX DEDUCTIBLE CONTRIBUTIONS IT IS DUE TO PERSONAL CHOICE AND/OR AFFORDABILITY
5. THE CONSEQUENCES OF THE ABOVE STATEMENTS HAVE BEEN CLEARLY EXPLAINED TO THE CLIENT.

SECTION D / CLIENT DECLARATION

PLEASE NOTE THAT IT IS OF UTMOST IMPORTANCE THAT YOU READ THIS SECTION CAREFULLY AND UNDERSTAND IT FULLY.

1. I CONFIRM THAT A CONTACT STAGE DISCLOSURE LETTER, SETTING OUT THE FINANCIAL ADVISOR'S PARTICULARS, HAS BEEN MADE AVAILABLE TO ME.
2. I UNDERSTAND THAT THE OBJECTIVE OF A NEEDS ANALYSIS PROCESS IS TO PROVIDE ME WITH AN ANALYSIS OF MY FINANCIAL NEEDS, GOALS AND SITUATION AND TO DEVELOP STRATEGIES TO ADDRESS THESE NEEDS AND GOALS. WHERE THE FINANCIAL ADVISOR WAS UNABLE TO DO AN ANALYSIS IT WAS BECAUSE ALL THE INFORMATION WAS NOT PROVIDED, THERE WAS INSUFFICIENT TIME OR I THE CLIENT OPTED NOT TO HAVE A FULL FNA COMPLETED.
3. I CLEARLY UNDERSTAND THAT THERE MAY BE LIMITATIONS TO THE APPROPRIATENESS OF THE ADVICE PROVIDED, AND I WILL THUS TAKE PARTICULAR CARE TO DETERMINE WHETHER THE ADVICE IS APPROPRIATE CONSIDERING MY FINANCIAL OBJECTIVES AND CURRENT FINANCIAL POSITION.
4. I CONFIRM THAT ALL REQUIRED DOCUMENTS WERE FULLY COMPLETED PRIOR TO MY SIGNING THEM.
5. THE QUOTATION(S) FOR THE PRODUCT(S) SELECTED WAS SHOWN TO ME AND THE PRINCIPAL TERMS AND CONDITIONS EXPLAINED TO ME. I HAVE BEEN INFORMED OF AND UNDERSTAND ALL COSTS, CHARGES, PENALTIES, LIQUIDITY LIMITATIONS, ESTATE DUTY AND TAX IMPLICATIONS, WHERE APPLICABLE.
6. I UNDERSTAND THE RISKS / GUARANTEES (OR ABSENCE THEREOF) ASSOCIATED WITH THE PRODUCTS AND OR UNDERLYING FUNDS SELECTED.
7. I CONFIRM THAT THE FINANCIAL ADVISOR HAS MADE ENQUIRIES TO ASCERTAIN WHETHER THE PRODUCT(S) SELECTED ARE INTENDED TO REPLACE ANY EXISTING FINANCIAL PRODUCTS HELD BY ME AND WHERE APPLICABLE, HAS INFORMED ME OF THE FINANCIAL IMPLICATIONS, COSTS AND CONSEQUENCES OF REPLACEMENT. I HAVE BEEN MADE AWARE OF THE 2 YEAR SUICIDE CLAUSE ON A NEW POLICY AS WELL AS ANY EXCLUSIONS OR LOADINGS.
8. I UNDERSTAND THAT, WHERE CONDUCTED, THE ACCURACY OF A NEEDS ANALYSIS IS DEPENDENT ON THE INFORMATION OBTAINED BY OR PROVIDED TO THE FINANCIAL ADVISOR AND THAT REGARDLESS OF AN FNA BEING COMPLETED OR NOT, WHERE I THE CLIENT HAVE NOT IMPLEMENTED SUFFICIENT COVER OR BENEFITS IT WAS DUE TO MY OWN PERSONAL INFORMED DECISION.
9. THE ADVICE AND SUBSEQUENT PRODUCT RECOMMENDATION GIVEN IN THIS RECORD WAS LARGELY BASED ON INFORMATION RELATING TO MY FINANCIAL CIRCUMSTANCES GIVEN TO MY ADVISOR BY MYSELF. I UNDERSTAND THAT MATERIAL NON DISCLOSURE COULD RESULT IN INAPPROPRIATE PRODUCT(S) BEING RECOMMENDED TO ME.
10. NOTWITHSTANDING THE INFORMATION PROVIDED BY THE ADVISOR I ACKNOWLEDGE THAT I HAVE AN OBLIGATION TO FAMILIARIZE MYSELF WITH THE TERMS AND CONDITIONS OF THE PRODUCT(S) THAT I HAVE PURCHASED.

GENERAL COMMENTS

CLIENT NAME	FINANCIAL ADVISOR'S NAME
CLIENT SIGNATURE	DATE