**BROKER DISCLOSURE**

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

I, Jacolien Smit, (Under supervision of Mariette vd Westhuizen for the following Categories) hereby declare that I am an approved, authorized financial planner. I hereby disclose that I am in services of *Smit Advisors CC,* who take full responsibility for the services that I offer and is also licensed to offer financial services. A copy of the license, which contains information about the services I am authorized to offer as well as any exemptions, is available for inspection on request.

I have offered financial advice and intermediary services since 2021 in the following areas of financial planning. I am authorized to provide the following advice & intermediary services under the category 1 FSP license of *Smit Advisors CC.*

Not under supervision

|  |  |  |
| --- | --- | --- |
| \* Retirement planning | \* Death & Disability planning | \* Wills |
| \* Investment planning | \* Pension funds & Provident funds |  |
| \* Business insurance | \* Estate planning & analysis |  |

Under supervision

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| * Health Service Benefits | * Gap Cover | | * Shares | |
| * Participatory interests in a collective investment scheme | |  |  | |
|  |  | | |  |

**QUALIFICATIONS:**

GR 12, RE 5.

**CATEGORY 1**

* Long-term insurance: Category 1.1 (A), 1.20 (B2), 1.3 (B1), 1.4 (C), 1.21 (B2-A), 1.22(B1-A)
* Pension funds benefits (1.5) (1.7)
* Participatory benefits in collective investment schemes (1.14)
* Health Service Benefits (1.16)
* Short-term Insurance Personal Lines 1.2, (1.23)A1
* Shares (1.8)

As representative of *Smit Advisors CC,* I have authority and access to market relevant products from the following product suppliers:

|  |  |  |
| --- | --- | --- |
| \* Momentum | \* Sanlam | \* Old Mutual |
|  |  |  |

I don’t own more than 10% of shares, directly or indirectly in any insurers or financial service providers*.* I am not an affiliated company to any long-term insurer or product supplier. As broker I am compensated for my services by the receipt of a commission payment from the product supplier. I hereby acknowledge that I did not receive more than 30% of my commission from a specific product supplier the past twelve months.

I earn my income from commission that the product suppliers pay to me in relation to financial services offered, with reference to the products being offered by these product suppliers.

Through *Smit Advisors CC* I have professional indemnity insurance in place to the value of R5 000 000, arranged through Marsh Africa (Pty) Ltd. Our compliance to the FAIS act is being monitored by *Masthead (Pty) Ltd* and represented by Heidi de Lange. Masthead is available at: Physical address: 1st Floor, Park Terraces, Golf Park, Mowbray, 7405: 021 686 6588. If a complaint arises or if you feel that your rights have been taken away or were disadvantaged, the following procedure must be followed. Complaints must be submitted in writing. A complaints procedure is available on request.

Note that, in compliance with legislation we keep an updated disclosure register. This register informs you as the client of all the interests on ownership which I may obtain and which I am authorized to obtain, and indicates all the business relationships which I have entered into with different product suppliers. This document ensures transparency in our trade with our clients and is available for inspection on request.

As an authorized financial services provider; we or I may not deprive our clients’ rights or benefits by any means or motivate the client or to encourage it down according to the General code of conduct. I / We may not react on a client’s instruction, acknowledge or receive to discourage such rights down.

I am in possession of a personal conflict of interest code which can be inspected on request. I may from time to time receive cash incentives or gifts from product suppliers as well as indirect considerations from other entities. I will provide full information on request.

See quote or attachment for any information on product suppliers: Name, Physical address, postal address, telephone numbers and also for their compliance departments. I will visit you on a regular basis in the future and offer the necessary financial services as required by yourself. I declare that I have read the content of this document.

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| Authorized FSP: | *Smit Advisors CC* |
| FSP No: | 44595 |
| Representative: | Jacolien Smit (Under supervision of Mariette vd Westhuizen) |

Client Names and Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client signature on receipt of Disclosure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Broker signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_