**BROKER DISCLOSURE**

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

I, **BROKER** **FULL NAMES AND SURNAME (ID: XXXXXXXXXX ) under supervision of Jacobus Smit (Koos),** hereby declare that I am an approved, authorized financial planner. I hereby disclose that I am in services of *Smit Adviseurs 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 **YEAR,** in the following areas of financial planning and holds the professional title of FSA®(Financial Services Adviser) and is a member of the FPI(Financial Planning Institute):

I am authorized to provide the following advice & intermediary services under the category 1 FSP license of *Smit Advisors CC*.

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

**QUALIFICATIONS:**

**CATEGORY 1**

* Long-term insurance: Category 1.1 (A), 1.2 (B2) , 1.3 (B3), 1.4 (C),
* Pension funds benefits (1.5) (1.7)
* Participatory benefits in collective investment schemes (1.14)
* Healthcare benefits (1.16)
* Securities and shares (1.8)

As representative of *Smit Adviseurs CC* I have authorization, access to and am accredited to market products from the following product suppliers:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| * Momentum
 | * Discovery
 | * Old Mutual
 | * Fed Health
 | * Medshield
 |
| * Sanlam
 | * Medihelp
 | * Key Health
 | * Discovery Health
 | * Momentum Health
 |

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 Adviseurs 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 Ignatius Jacobs. 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.

You will be provided with a Disclosure Notice as required by legislation. This is on the reverse end of your Quotation and Policy Schedule.

You understand that I/we may come into possession of personal and/or confidential information whilst acting as your Long - Term

Insurance Adviser, and that such information will not be disclosed to any third party, unless the Information constitutes a

material fact which should be communicated to any existing or prospective Underwriter, or where such disclosure is required by law or in order to provide effective Financial Services. You consent to such personal information being used by any necessary

third party, such as the Insurer, and you are aware that such Personal Information will be dealt with in accordance with the Personal Protection of Information Act (‘POPI’) as well as the Company’s POPI Policy which is available on our website. Certain personal information may be required for marketing purposes and you consent to the use thereof but reserve the right to request that such information not be used.

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.

|  |  |
| --- | --- |
| Authorized FSP: | *Smit Adviseurs CC* |
| FSB No: | 44595 |
| Representative | **Jacobus Smit (Koos)** |
| Authorised representative: | **BROKER NAME AND SURNAME under supervision of Jacobus Smit** |

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

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

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