

Broker Service Fee (BSF) Consent Form



FSP Name: _____ FSP No: _____

Policyholder Name: _____ Policy Number: _____

_____ (FSP name) provides advice and intermediary services in relation to your non-life insurance policy and for acting as an intermediary. _____ (FSP name) is remunerated by way of commission for providing advice and intermediary services, by the Insurer. Commission paid is regulated in terms of applicable legislation and is disclosed to you on your policy schedule. Broker fees are charged to you for providing additional services for your benefit. The Insurer will collect the broker fee agreed to by you and pay over this amount together with statutory commission earned. You may withdraw consent from us to charge the fee if you don't want to make use of the various services provided.

Note: A list of Intermediary Services remunerated as commission by Old Mutual Insure, to the FSP, may be provided to you on request. Below are some of the additional services in terms of our value proposition to you.

LIST OF BROKER SERVICES

- 1. Access to personal assistance with emergencies relating to home and motor perils after normal working hours
- 2. Facilitating of non-insurance value added products (Excess Reducer, Road Side Assistance, Top Up cover) Inventory Tools for Buildings and Contents Insurance
- 3. Short-term Ombud escalation and technical support
- 4. Arrange and assist with valuations with the relevant professionals
- 5. Onsite visits with the assessors when required or deemed necessary
- 6. Assist in obtaining quotes for claim processing
- 7. Risk Management advice (policyholder risk identification/profiling, evaluation and mitigation exercises), including the review of uninsured risks
- 8. Additional services : _____

BROKER FEE AMOUNT

For the additional services set out above _____ (FSP name) charges an amount of [R _____] per month inclusive of VAT and will be reviewed at policy renewal stage.

POLICY HOLDER CONSENT

I (client name and surname): _____ ID Number: _____

herewith confirm that I was fully informed of the reasons for the payment of a broker service fee additional to _____ (FSP name) commission and further that I understand my rights in this regard. I herewith consent to the continued deduction of [R _____] per month from my bank account until revoked by me.

Name: _____ Designation: _____

Signature: _____ Date: _____

Underwritten by:



Old Mutual Insure Limited is a licensed FSP and Non-Life Insurer.