**FUNDS PROTECT POLICY RENEWAL NOTIFICATION**

**Policy Number:**

**Renewal date:**

**Current premium:**

**Renewal premium:**

**Effective date:**

Dear

Thank you for choosing Funds Protect to insure your funds against transactional fraud. Please note that your cover is due for renewal. Attached please find the terms of renewal as well as your associated policy documents. Please take note of the following:

* The increase in monthly premium is effective as of 1 March 2019.
* There are no material changes to the policy terms and conditions as contained in the policy wording.
* Your schedule is attached for your records – please check your personal details we have on record for your policy and notify your intermediary of any details that need to be updated or send us an email to info@phishield.com should you have any queries.

We would like to thank you for your continued support with regards to our unique cover. Please take note that there are various cover limits available to ensure that your money is protected against transactional fraud – you may speak to your intermediary to ensure that you are adequately covered according to you financial needs.

Should you have any questions related to your policy and cover limits, please do not hesitate to contact your intermediary as follows:

**FSP Name:**

**Intermediary Name:**

**Contact number:**

**Email Address:**

Regards

The Phishield Team