



FSP NO: 31610

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BROKERS AUTHORITY

I, the undersigned hereby authorize Grant Schaefer of Schaefer Asset Management to obtain policy information on the following: Risk / Estate Planning, Retirement Planning, Investment, Savings, Medical, Short Term Domestic Insurance. Short Term Commercial Insurance The broker assistants/administrators are Charni Schaefer, Henriette Bowles, Elzaan du Randt.

I authorize the brokerage to make use of the Internet or other electronic facilities for purposes of requesting information regarding my portfolio. I agree that any information obtained through a call centre or through a secure website or other electronic facility of any institution, is provided for information purposes only and does not vary the terms and conditions of any policy contract or other contract in terms of which investments are/were made. I confirm that I have been shown and understand the contents of the broker's disclosure. I understand that I am in entitled to a copy of the abovementioned documents, should I request such a copy. I further confirm that I have been informed about FICA. The above agreement shall remain in force until cancelled in writing by myself.

Signature Life Assured/Owner Date

Full name of signatory :

ID Number : Date of Birth:

Tel: (w) (h) (Cell)

Postal Address: Code:

Physical Address: Code:

Life insurance policies & RA's / Medical aid / Short term insurance (with investment numbers, if possible) currently held with the following companies:

Life insurance policies & RA's:

Medical Aid:

Short Term Insurance:

The consequences of the change in servicing intermediary have been explained in full. During the course of rendering services to the client I, as the broker, will come into possession of confidential information. It is my undertaking that I will not impart this information to any third parties, unless with specific permission of the client or if required to do so by law.

Broker Signature Date