

## Sanlam Umbrella Fund

**Appointment of financial adviser for the following members:  
Paid-up, Phased Retiree and Living Annuitant**

### SECTION A: Member's personal particulars

Title and initials:		ID number:	
First name and surname:		Membership number:	
Contact number(s):	Home:		Cell:
E-mail address:			

### SECTION B: Appointment/Fees

This document serves as confirmation that the under-mentioned person is appointed as financial adviser of the member.

The financial adviser undertakes to comply with all requirements and duties in terms of the Rules of the Fund.

The financial adviser further undertakes to comply with all requirements and his/her responsibilities in terms of the use of the Sanlam Corporate Portal.

Advice fees are only payable monthly in arrears at the negotiated percentage of member share as instructed by you subject to:

- an initial fee once-off of up to 0.50% (excluding VAT)  
**Initial fee:**  % of assets (excluding VAT)
- and an on-going fee of up to 0.75% per annum (excluding VAT)  
**Ongoing fee:**  % of assets (excluding VAT)

### SECTION C: Financial adviser details

Brokerage name:			
First name and surname:			
ID number:		Sanlam commission code: <i>(if applicable)</i> :	
VAT Reg. number:		FAIS number: <i>(compulsory)</i> :	
Office number:		Cell number:	Fax number:
Postal address:			
E-mail address:			
Consultancy fees paid via:	Sanlam code <input type="text"/>	Business account <input type="text"/>	
Name of account holder:		Name of bank:	
Account number:		Branch code:	
Additional contact person's name and contact details at financial adviser's office: (who will deal with admin matters and consultancy fee statements)			
E-mail address:			

## SECTION D: Declarations

### 1. Declaration by financial adviser:

I, the undersigned, confirm the following:

- I have made the disclosures required, in terms of the FAIS Act 37 of 2002, to the investor.
- I have explained all the fees that relate to this investment to the investor.

Signature of financial adviser: \_\_\_\_\_ Date: \_\_\_\_\_

### 2. Declaration by member:

- I have appointed a financial adviser and declare that the information given herein is true and correct.

Signature of member: \_\_\_\_\_ Date: \_\_\_\_\_

#### **Disclaimer:**

*Personal Information (PI) requested in this form is mandatory for operational and administrative processes, and to comply with regulatory requirements. If the mandatory information is incomplete, your request may not be processed. Sanlam Life Insurance Limited will take reasonable steps to ensure that the PI collected on this form is processed responsibly, kept safe and confidential, and does not unjustifiably infringe your privacy. You can read the Sanlam Privacy Notice on <https://www.sanlam.com/legal/pages/sanlams-privacy-policy.aspx> ; it can be sent to you on request. You can update your contact details by registering and logging onto our member portal here: <https://cp.sanlam.co.za> or email: [SCClientCare@sanlam.co.za](mailto:SCClientCare@sanlam.co.za) or call: 086 122 3646.*

Please e-mail the completed documentation to: [sanlamumbrellafund@sanlam.co.za](mailto:sanlamumbrellafund@sanlam.co.za) or fax to: 086 613 5040