

Liberty Medical Scheme

Change of Financial Adviser Form



Intermediary: Aon South Africa (Pty) Ltd
Intermediary Code: 200279

LIFE INVESTMENTS HEALTH CORPORATE PROPERTIES ADVICE

Liberty Medical Scheme
Private Bag X3, Century City, 7446
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w www.libmed.co.za

Rules:

- This form must be completed in full.
- This form may only be signed by authorised signatories.
- **Individuals:**
 - In the case of individual members, only the principal member may act as the authorised person.
- **Employer groups:**
 - This form must be accompanied by a letter on the letterhead of the employer to confirm this Financial Adviser appointment, and that all affected members are informed and are in agreement with the appointment.
 - Please attach a list with details of affected members (including membership number/ID number and member initials and last name).

1. DETAILS OF NEWLY APPOINTED FINANCIAL ADVISER

Name of Business/Brokerage	Financial Adviser Main code
Aon South Africa (Pty) Ltd	200279
Name of Financial Adviser	Financial Adviser Commission code
Aon South Africa (Pty) Ltd	

2. DETAILS OF EMPLOYER GROUP (NOT FOR INDIVIDUAL MEMBERS)

Name of Employer Group	Employer Group code(s)
Name of Signatory	Designation

3. DETAILS OF MEMBERS (ONLY FOR INDIVIDUALS)

Membership number	Initials	Last name	Identity number

Important:

1. With receipt of this appointment form, commission payment to the current Financial Adviser will be suspended according to regulation 28(7) of the Medical Schemes Act.
2. The appointment will be effective from the 1st day of the month if received before or on the 15th of that month. If not received by the 15th, it will be implemented on the 1st day of the following month.
3. The Financial Adviser appointment cannot be backdated.
4. This appointment cancels all previous Financial Advisers appointments.

AUTHORISATION

Individuals

I/We, _____ am/are fully authorised to appoint the abovementioned Financial Adviser to act on my/our behalf in all my/our negotiations with Liberty Medical Scheme.

I/We authorise the Scheme to share all membership information pertaining to myself and my registered dependants with the newly appointed Financial Adviser so that he/she may render advice and intermediary services to me/us.

Please advise if all membership information should:
(Please tick applicable box)

Include Claims Information

Exclude Claims Information

Employer Groups

I/We, _____ am/are fully authorised to appoint the above mentioned Financial Adviser to act on behalf of the Employer Group in all the negotiations with Liberty Medical Scheme.

I/We, authorise the appointed Financial Adviser so that he/she may render advice and broker services to the members of the Employer Group.

Signed at _____ on this _____ day of _____ 20 _____

Signature of Authorised
Signatory

The completed form can be sent to Vcommissions via Fax 021 914 3524 or Email commissions@uniquepay.co.za.