

APPOINTMENT OF A NEW BROKER FORM

(To be completed by the policy owner)

Policy details

Policy no.	<input type="text"/>	ID no.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Policy owner	<input type="text"/>	Cell no.	<input type="text"/>
Email	<input type="text"/>		

Appointment details

I cancel the arrangement with my previous advisor and appoint the following brokerage

represented by financial advisor

as my new advisor.

I authorise them to perform all the necessary acts, including the acquisition of information from Hollard Life, to enable them to effectively provide me with further financial advice.

This authorisation is effective from

I further agree to the transfer of any commission payable during the period of this appointment to the brokerage nominated above in respect of the following policies:

Policy no.	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>

Signature (policy owner)

Date

Please note:

- > Hollard Life reserves the right to refuse the appointment of brokerages not licenced and representatives not registered.
- > Hollard Life can only action this form if the newly appointed brokerage has an intermediary agreement with Hollard Life.