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| **Sanlam Umbrella Fund** |  |
| **Sanlam Unity Umbrella Fund** |  |

# Request to amend Contracted Benefit Consultant/Contracted Financial Adviser information

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| Contracted Benefit Consultant | Contracted Financial Adviser |
| **Please indicate the Participating Employer(s) this amendment request will be applicable to:** | |
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| **1 Contracted Benefit Consultant (CBC)/Contracted Financial Adviser (CFA) information** | | | | | | | | |
| 1.1 | First name & surname  (*as registered with FSB*) | |  | | | | | |
| 1.2 | ID Number of CBC/CFA | |  | | | | | |
| 1.3 | E-mail address of CBC/CFA | |  | | | | | |
| 1.4 | Brokerage name | |  | | | | | |
| 1.5 | Physical Address | |  | | | | | |
|  | Postal Code: | | | | | | | |
| *If postal address is different from physical address, please complete postal address.* | | | | | | | | |
| 1.6 | Postal address | |  | | | | | |
|  | Postal code: | | | | | | | |
| 1.7 | Office tel number | |  | | Fax number | |  | |
| 1.8 | Sanlam commission code *(if applicable)* | |  | | Cell number | |  | |
| 1.9 | Consultancy fee split payable: | | % | | | | | |
| 1.10 | Consultancy fees to be paid via: | | 1.  Sanlam code 2.  Business account | | | | | |
|  | *Complete banking details if option 2 selected (verification of CBC’s/CFA’s bank details are required by way of bank statement header or cancelled cheque)* | | | | | | | |
| 1.11 | Name of bank |  | | | | | | |
| 1.12 | Name of branch |  | | | | Branch code | |  |
| 1.13 | Account name |  | | | | | | |
| 1.14 | Bank account number |  | | | | | | |
| 1.15 | Contact person at CBC/CFA office *(who will be dealing with day to day admin matters)* | | |  | | | | |
| 1.16 | E-mail address of contact person | | |  | | | | |
| 1.17 | Telephone number of contact person | | |  | | | | |
| 1.18 | ID Number of contact person | | |  | | | | |
| 1.19 | Type of access role required for RFW | | | Viewer  Administrator: Processor | | | | |
| 1.20 | Contact person at CBC/CFA office ( who will be dealing with consultancy fee statements) | | |  | | | | |
| 1.21 | E-mail address of contact person | | |  | | | | |
| 1.22 | ID number of the contact person | | |  | | | | |
| 1.23 | **Medical Correspondence Contact Person** | | | | | | | |
| 1.24 | Full name and Surname | | |  | | | | |
| 1.25 | Email Address | | |  | | | | |
| 1.26 | Telephone Number | | |  | | | | |
| 1.27 | Identity umber | | |  | | | | |

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| **2** | **Contracted Benefit Consultant (CBC)/Contracted Financial Adviser (CFA)** | | | | |
| I the undersigned, hereby declare that all information supplied on this application is accurate and correct. | | | | | |
| **Signature of Contracted Benefit Consultant (CBC) / Contracted Financial Adviser (CFA)** | | | |  | |
| **Print Name** | | | |  | |
| **FAIS License Number:** | | | |  | |
| **Signed on this:** | | (day) | of       (month) | | (year) |

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| **3** | **Participating Employer (signature required in the event of a change in brokerage)** | | | | |
| I the undersigned, hereby declare that all information supplied on this application is accurate and correct. | | | | | |
| **Signature of Participating Employer** | | | |  | |
| **Print Name** | | | |  | |
| **Signed on this:** | | (day) | of       (month) | | (year) |

Please e-mail the completed form to: [Acceptances4UmbrellaFunds@sanlam.co.za](mailto:Acceptances4UmbrellaFunds@sanlam.co.za)

***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*](https://www.sanlam.com/legal/pages/sanlams-privacy-policy.aspx)*; it can be sent to you on request.*