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| **Sanlam Easy Retirement Plan** |  |
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Request to amend Contracted Financial Adviser information

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| **Please indicate the Participating Employer(s) this amendment request will be applicable to:** |
|       |

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| **1 Financial Adviser (FA) information**  |
| 1.1 | First name & surname(*as registered with FSCA*) |       |
| 1.2 | ID Number of CFA |       |
| 1.3 | E-mail address of 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 fees to be paid via: | 1. [ ]  Sanlam code 2. [ ]  Business account |
|  | *Complete banking details if option 2 selected (verification of CFA’s bank details are required by way of bank statement header or cancelled cheque)* |
| 1.10 | Name of bank |       |
| 1.11 | Name of branch |       | Branch code |       |
| 1.12 | Account name |       |
| 1.13 | Bank account number |       |
| 1.14 | Contact person at CFA office *(who will be dealing with day-to-day admin matters)* |       |
| 1.15 | E-mail address of contact person |       |
| 1.16 | Telephone number of contact person |       |
| 1.17 | ID Number of contact person |       |
| 1.18 | Contact person at CFA office (who will be dealing with consultancy fee statements) |       |
| 1.19 | E-mail address of contact person |       |
| 1.20 | ID number of the contact person |       |

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| **2** | **Contracted Financial Adviser (CFA)** |
| I the undersigned, hereby declare that all information supplied on this application is accurate and correct. |
| **Signature of 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: easyretirement@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.*