Letter of Authority

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Effective date: _____

APPOINTMENT CONFIRMATION

I, the undersigned _____, hereby wish to confirm that with effect from the date of this letter, I have appointed **STERLING PRIVATE WEALTH (PTY) LTD AND/OR STERLING PRIVATE CLIENTS ASSET MANAGEMENT (PTY) LTD** as my advisor/s in accordance with their conditions as set out herein and I would appreciate it if you register them accordingly. I furthermore acknowledge the following:

- ☐ The FSP has been appointed to obtain policy information on my behalf.
- ☐ The FSP has been appointed as my advisor and I accordingly have instructed them to conduct investment planning and to recommend products which I/we may accept or reject with no further obligation.
- ☐ The FSP has also been appointed to service my existing investment policies and where applicable earn future commission on these.

CONSENT TO SHARE INFORMATION

Sound and proper financial advice can only be provided with full disclosure of relevant information relating to appropriate personal and private information for the purposes of determining and advising on my financial situation and financial product experience and objectives, in the process of acquiring, servicing or maintaining any financial products, including but not limited to any information relating to or interest in any short-term insurance; and my interests shall be best served if that information is made available to authorised financial service providers with a legitimate interest in receiving such information for those purposes.

I acknowledge that the advisor can only furnish appropriate advice after full and proper disclosure of my relevant personal information. This information is required to determine my financial situation, financial product experience and to evaluate my financial objectives. It enables the financial planner to maintain and service the products in my financial plan and to render related intermediary services.

The information that is requested relates to investments and short-term insurance or services which is relevant to sound financial planning. To this end and to best serve my interests, I consent to the release of my information to the advisor named below through a registered financial institution, an authorised Financial Services Provider, the Financial Services Exchange (Pty) Ltd (trading as Astute), or an institution providing a similar service. The advisor may request information on my behalf, and I waive my right to privacy only for the purposes stated in this document. The financial planner has undertaken to treat all my information confidential. This information may not be made public in any way without my written consent.

I accordingly confirm, for the purposes of providing the said sound and proper financial advice to me, that full permission and authority is granted to the abovementioned Advisor to obtain any all such information via Astute (The Financial Services

Exchange, trading as Astute), or any other institution providing a mechanism for the transmission of such information.

I confirm that such Authorised User shall be acting on my behalf or in my interest. I herewith give consent for the product providers and insurers to release any such information to the said Authorised User via Astute, or any other institution.

Kindly treat any request/information from **STERLING PRIVATE WEALTH (PTY) LTD AND/OR STERLING PRIVATE CLIENTS ASSET MANAGEMENT (PTY) LTD** as if these have come directly from myself and keep them informed of any options, payments, problems, etc. which may occur. This appointment is to remain in full force until cancelled by me in writing.

INVESTMENT INSTRUCTIONS

The above instructions relate to the following investments:

INSURER / ASSET MANAGER	POLICY / INVESTMENT NUMBER	INFORMATION ONLY (Y/N)	FULL APPOINTMENT (Y/N)
_____	_____	☐	☐
_____	_____	☐	☐
_____	_____	☐	☐
_____	_____	☐	☐

INFORMATION SHARING PERMISSIONS

I give permission to **STERLING PRIVATE WEALTH (PTY) LTD AND/OR STERLING PRIVATE CLIENTS ASSET MANAGEMENT (PTY) LTD** to make information available to any third party who I want to have access to my information, including my spouse, unless specified otherwise below. Other third parties may include my lawyer, tax consultant, au pair or personal assistant.

RELATIONSHIP	PERMISSION (YES/NO)	FULL NAMES AND SURNAME	IDENTITY NUMBER	CONTACT DETAILS (TEL EMAIL)
Spouse	☐	_____	_____	_____
Third party	☐	_____	_____	_____

SIGNATURES & DECLARATIONS

Signature not captured.

Client signature _____

_____

(Client full name)

Intermediary signature _____

STERLING PRIVATE WEALTH REPRESENTATIVE

(Intermediary full name)

I declare that I have informed the policyholder of the implications of this authority. The consequences of the change in servicing intermediary have been explained in full.