

# DYNAMIC RISK ASSESSMENT

Business Unit Risk	Medium	Date	20 March 2023		
Client Name	Client99	Client ID	271129591		
Completed By:	Armughan Ahmad	Completed By: Role/Designation	Admin		
Overall Dynamic Risk:	High				

		Score	Weight	Risk Factor
<b>A. Client Risk</b>		29		
Client Type	Individual			
Occupation	Minor/Scholar	1	1	1
Country of Birth	Pakistan	2	3	6
Country of Residence	Pakistan	2	3	6
Nationality	Pakistan	2	3	6
Is nationality different to current jurisdiction?	Yes			
Country of tax residence	Pakistan	2	3	6
Industry	Health care and medical	2	1	2
Source of Funds	Maintainance(Formal agreement)	1	1	1
Relationship to client	Premium Payer	1	1	1
<b>B. Product/Service Risk</b>				
Product/Service Risk	Advisory or intermediary services only with commission based inflow	3	2	3
Product/Service Category	New			
<b>C. Transaction Risk</b>		22		
Transaction Flow	Inflow			
Method of Transaction	Cash	3	2	6
Reason of Transaction	Commission/Service fee	1	1	1
Has this Reason for Transaction been considered as a High Risk in any Typology report/guidance?	Yes	3	2	6

Frequency of Transaction	Ad hoc	3	1	3
Value of Transaction:	100000	Currency:	ZAR	
Transaction Geography	Cross Border	2	1	2
Jurisdiction of funds	Pakistan	2	3	6
Delivery channel	Intermediaries(Advisors)	3	1	3
Linked Party acting on behalf of Client?	Not Applicable	1	1	1
Linked Party paying / receiving funds	Not applicable	0	1	0
<b>D. Reputation Risk</b>	High	3		
Client is a true match on:	Enforcement,SIP,SIE	3	1	3
Are there Linked Parties / Beneficiaries to Client?	Yes			
Linked Party 1	<b>Medium</b>	<b>Adjust Risk</b>	Medium	
Name and surname	a			
Relationship to client	Individual exercising control other than owner			
ID/Passport Number/Tax Number	123987			
Linked Party is a true match on	Adverse Media	2	1	2
Is this a RCA (relative / close associate) to Client?	No	0	1	0
Country of Birth	Pakistan	2	3	6
Country of Residence	Pakistan	2	3	6
Nationality	Pakistan	2	3	6
<b>Action</b>	Conduct Enhanced Due Diligence			

## RECORD OF ADVICE

<b>Client Name:</b>	Client99	<b>ID number:</b>	271129591
<b>Address</b>	344, Block M, Johar Town, Lahore		
<b>Email:</b>	client99@gmail.com	<b>Phone:</b>	03121234567
<b>Financial Advisor:</b>	Armughan Ahmad	<b>Date:</b>	23 Mar 2023

In terms of the Financial Advisory and Intermediary Services Act (FAIS Act), we must provide you (the client) with a record of advice. This document is a summary that intends to confirm the advisory process you recently undertook with your advisor. If you have any questions concerning the content, please contact your advisor. You are entitled to a copy of this document for your records. You consent to Succession Financial Planning (SFP) processing your personal information per the Protection of Personal Information Act (POPIA). You have given consent to SFP retaining your personal information to recommend the best-suited financial solutions for your financial needs and maintenance. You consent to be contacted from time to time for maintenance, news, correspondence, and storage of your personal information relating to your financial matters. Ts&Cs on <https://www.sfpadvice.co.za>

SECTION A:

1. Compulsory Disclosures

Client was provided with a copy of the Letter of Introduction. ☐ Yes ☒ No

no idea,no idea,no idea,no idea,no idea,  
no idea,no idea,no idea,no idea,no idea,no idea,no idea,no idea,no idea,no idea,  
no idea,no idea,no idea,no idea,no idea,no idea,no idea,no idea,no idea,no idea,  
no idea,

Client has provided authority to access information. ☒ Yes ☐ No

hmmmm, hmmmm, hmmmm, hmmmm, hmmmm, hmmmm,  
hmmmmsomething is here, something is there, hmmmm,  
hmmmm, hmmmm, hmmmm, hmmmm, hmmmm, hmmmm,

2. Financial Intelligence Centre Act (FICA)

Client has provided a clear copy of his/her identity document. ☐ Yes ☒ No

abc,  
abc, abc,

SECTION B:

Background information

Your personal circumstances that formed the basis for my recommendation

something is here, something is there  
something is here, something is there  
something is here, something is there  
something is here, something is there  
something is here, something is there

Risk

Financial Needs Analysis Summary

Financial Planning Need/Objective	Total need identified	Existing provisions	Shortfall/ Surplus	Cover taken up now
Death Cover:				
Death Cover:Lump sum	R 1000	R 2500	R 1200	R 1230
Death Cover: Income (p.m.)	R 3294	R 4938	R 3489	R 2983
Funeral Benefit (p.m.)	R 312	R 321	R 123	R 312
Other: Financial	R 1	R 2	R 3	R 4
Comments	Something here, something there			

#### Disability Cover:

Lump sum	R 4	R 3	R 2	R 1
Permanent Income (p.m.)	R 5	R 6	R 7	R 8
Temporary Income (p.m.)	R 12	R 11	R 10	R 9
Sickness Benefit	R 13	R 14	R 15	R 16
Other: DiC 2	R 21	R 22	R 23	R 24
Comments	something is fishy here			

#### Dread Cover:

Dread Disease:Lump Sum	R 1	R 2	R 3	R 4
Dread Disease:Income(p.m)	R 5	R 6	R 7	R 8
Other: DrC 2	R 13	R 14	R 15	R 16
Comments	fishy stuff			

## SECTION C:

#### Financial Solutions:

Summary of recommendations to address your identified needs

No cash values are payable/accessible unless a specified event has occurred, i.e., the life event for which cover is taken; in which case the proceeds are payable tax-free. The premiums are not tax-deductible according to current legislation and loans against the policy are not permitted.

Should the policy have an accelerator benefit attached, it means that upon a claim of that benefit the life cover amount will reduce by the claim amount. Standalone benefits are independent of the life cover, and you may claim without affecting the life cover amounts.

#### Life Cover:

Policies payable to the estate will attract executors' fees at a maximum of 3.99% + VAT. Where there is a beneficiary the executors fees will not be levied. Executors' fees are applicable to all assets in the estate of a client and the exemption only applies to policies with beneficiaries.

Death benefits will not be paid where the life insured commits suicide within 2 years of commencement or reinstatement of the cover.

Life coverage is a type of insurance that provides financial support to your loved ones in the event of your death. It can help cover expenses such as funeral costs and lost income. It's important to consider life coverage as part of your overall financial plan to protect your family and provide them with peace of mind in case of unexpected events.

#### Disability Cover:

Disability cover is a type of insurance that provides financial support if you become disabled and are unable to work. It can help cover expenses such as medical bills and lost income. It's important to consider disability cover as part of your overall financial plan to protect yourself and your family in case of unexpected events.

#### Dread Disease Cover:

Dread Disease cover is a type of insurance that provides financial support if you are diagnosed with a serious illness such as cancer or heart disease. It can help cover expenses such as medical bills and lost income. It's important to consider Dread Disease cover as part of your overall financial plan to protect yourself and your family in case of unexpected events.

## SECTION D:

#### Alternative Solutions Considered

The following solutions were presented to you for consideration but were not selected for the following reasons:

Dread Disease cover is a type of insurance that provides financial support if you are diagnosed with a serious illness such as cancer or heart disease. It can help cover expenses such as medical bills and lost income. It's important to consider Dread Disease cover as part of your overall financial plan to protect yourself and your family in case of unexpected events.

Life coverage is a type of insurance that provides financial support to your loved ones in the event of your death. It can help cover expenses such as funeral costs and lost income. It's important to consider life coverage as part of your overall financial plan to protect your family and provide them with peace of mind in case of unexpected events.

Disability cover is a type of insurance that provides financial support if you become disabled and are unable to work. It can help cover expenses such as medical bills and lost income. It's important to consider disability cover as part of your overall financial plan to protect yourself and your family in case of unexpected events.

SECTION E:

Product Taken

Products accepted by you to meet your requirements

Product:	TFSA		
Product Provider:	SFP	Policy Number:	123456789
Product Name:	TFSA	Frequency:	10000 Monthly
Premium Pattern:	Monthly	Escalation in cover/premium:	100
Contracting Party:	SFP	Life/Lives covered:	5
Beneficial/Cessionary:	Wife	Premium payer(s):	Husband
1st year commission:	R 500	2nd year commission:	R 10000
Ongoing fees:	R 500	Frequency:	R 1 Monthly
Total fees and commission:	R 1000		
Benefit description: life cover, disability etc:		Cover amount	
A		R 1	
B		R 2	
D		R 4	
G		R 9	

The following are reasons why the above-mentioned product best suits your needs and objectives

Why should I do that?

The details of the material aspects of the selected product that were discussed with you are outlined below:

somewhat to product 1 from product 2

10% sales tax

executor fee was R 500 and it does offer liquidity

Wife, Children and Parents

N.A.

# INVESTMENT AND SAVINGS

## Source of Funds

Identify the source of funds being invested

Salary

Business

## Analysis of Client's Circumstances

The analysis of your personal circumstances as described above.

### Investment Requirements

### Need

2.1 Investment term

5 Years

duration was set to 5 years as per mutual agreement.  
duration was set to 5 years as per mutual agreement.  
duration was set to 5 years as per mutual agreement.  
duration was set to 5 years as per mutual agreement. duration was set to 5 years as per mutual agreement. duration was set to 5 years as per mutual agreement. duration was set to 5 years as per mutual agreement. duration was set to 5 years as per mutual agreement.

2.2 Liquidity/Access required during term

☒ Yes ☐ No

liquidity was not mentioned, liquidity was not mentioned, liquidity was not mentioned, liquidity was not mentioned  
liquidity was not mentioned, liquidity was not mentioned, liquidity was not mentioned, liquidity was not mentioned  
liquidity was not mentioned, liquidity was not mentioned, liquidity was not mentioned, liquidity was not mentioned

2.3 Voluntary or compulsory investment

☐ Voluntary ☒ Compulsory

it was voluntary

2.4 Lump sum or recurring premium

☒ Lump Sum ☐ Recurring

lump sum of R 10000

2.5 Income Required

☐ Yes ☒ No

No, it is not required

2.6 Investment Strategy

Capital Reservation

hmmmmm  
hmmmmm v2  
asdasa  
as  
da  
d  
sads  
as  
dasd  
ads

yes

kind of

SECTION C:

Financial Solutions:

Summary of recommendations to address your identified needs

FNA was discussed and qualification was covered to. it does meet the client needs

SECTION D:

Alternative Solutions Considered

The following solutions were presented to you for consideration but were not selected for the following reasons:

Dread Disease cover is a type of insurance that provides financial support if you are diagnosed with a serious illness such as cancer or heart disease. It can help cover expenses such as medical bills and lost income. It's important to consider Dread Disease cover as part of your overall financial plan to protect yourself and your family in case of unexpected events.

Life coverage is a type of insurance that provides financial support to your loved ones in the event of your death. It can help cover expenses such as funeral costs and lost income. It's important to consider life coverage as part of your overall financial plan to protect your family and provide them with peace of mind in case of unexpected events.

Disability cover is a type of insurance that provides financial support if you become disabled and are unable to work. It can help cover expenses such as medical bills and lost income. It's important to consider disability cover as part of your overall financial plan to protect yourself and your family in case of unexpected events.

SECTION D:

Product Taken

Products accepted by you to meet your requirements

Product:	TSFA		
Product Provider:	SFP	Policy Number:	123123123
Product Name:	5 Years Plan	Frequency:	10000 Monthly
Escalation:	N.A.	Total estimated annual cost (EAC):	N.A.
Contracting Party:	Client	Life/Lives Assured:	5
Premium Layer:	1	Beneficial/Cessionary:	Wife
Initial Commission:	R 500 (5%)	Ongoing Commission:	R 100 (1%)

Were the SFP Solution Funds (multi-managed wrap funds) considered? ☐ Yes ☒ No

Why should I do that?

Investment portfolio

When a wrap fund or a selection of wrap funds is used, motivate, and explain.

Where you have constructed your own portfolio from a selection of funds contained in the SFP Approved Fund List, an analysis (ICE analysis or similar) must be provided:

illustrating the alignment of the risk profile of the constructed portfolio and that of the investor,

motivating the constructed portfolio with reference to the following aspects:

corre

#### Fund Fact Sheets to client

Funds	%	Provided	Discussed
Fund 1	10	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Fun7	10	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes

The following are reasons why the abovementioned product best suits your needs and objectives:

IP\_ItP\_FundsReasons

The details of the material aspects of the selected product that were discussed with you are outlined below.

## BUSINESS ASSURANCE

Trade name of Business: TriggerPorter

Registered name of Business: KCS

Authorised Person(s): Official Signatory

Financial Advisor: Armughan Ahmad

Address: Lahore

Email: armughan.ahmad@kasparholdings.com

Phone: 03121234567

Date: 24 Mar 2023

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### SECTION A:

#### 1. Compulsory Disclosures

Client was provided with a copy of the Letter of Introduction. ☐ Yes ☒ No

Point Authorised Person

Client has provided authority to access information. ☒ Yes ☐ No

Point Authority

#### 2. Financial Intelligence Centre Act (FICA)

Client has provided a clear copy of his/her identity document. ☐ Yes ☒ No



Point FICA

3. **Replacements**

Does/Do the product(s) taken replace an existing product(s)? ☒ Yes ☐ No

Point Replacement 1

If “Yes” (above), the Financial Adviser confirms that all disclosures on the Replacement Product Comparison document have been explained to the client. ☐ Yes ☒ No

Point Replacement 2

The client has confirmed that no financial products were canceled, Lapsed forfeited, surrendered, or partially surrendered in the 6 months preceding and does not intend to cancel a financial product in the next 6 months. ☒ Yes ☐ No

Point Replacement 3

**SECTION B:**

**Background information**

Provide a brief description of the business

just do it

**Business Needs Identified**

**PART I: RISK**

**2. Financial Needs Analysis Summary: Business Assurance**

**Business assurance needs identified**

- ☒ Funding of Buy-and-Sell Agreement
- ☐ Key Person Insurance
- ☒ Contingent liability
- ☐ Business Protection Overheads
- ☐ Credit Loan Account Redemption
- ☒ Debit Loan Redemption
- ☐ Funding Expenses of Future
- ☒ Funding of Deferred Gratuities

asdasd

Financial Planning Need/Objective	Total need identified	Existing provisions	Shortfall/ Surplus	Cover taken up now
<b>Buy and Sell:</b>				
Death	R 1	R 2	R 3	R 4
Disability	R 5	R 6	R 7	R 8
Other: bns	R 9	R 10	R 11	R 12
<b>Comments</b> asdadasdbashbdbhbabsbhasdhbasdhba				
<b>Key person:</b>				
Death	R 13	R 14	R 15	R 16

Disability	R 17	R 18	R 19	R 20
Temporary Income (p.m.)	R 21	R 22	R 23	R 24
Permanent Income (p.m.)	R 25	R 26	R 27	R 28
Other: kyep	R 29	R 30	R 31	R 32
Comments	asdjahsdgy721341892398ui			

#### Suretyship and Liability:

Death	R 33	R 34	R 35	R 36
Disability	R 37	R 38	R 39	R 40
Comments	123123123121213			

#### Business Overheads Protection:

Temporary Income(p.m.)	R 41	R 42	R 43	R 44
Permanant Income(p.m.)	R 45	R 46	R 47	R 48
Comments	1920398193u1weqsjhandh			

#### Credit Loan Account Redemption:

Temporary Income (p.m.)	R 49	R 50	R 51	R 52
Permanant Income (p.m.)	R 53	R 54	R 55	R 56
Other: other 1	R 57	R 58	R 59	R 60

#### Debit Loan Account Redemption:

Temporary Income (p.m.)	R 61	R 62	R 63	R 64
Permanant Income (p.m.)	R 66	R 66	R 67	R 68
Other: other 2	R 69	R 70	R 71	R 72

## SECTION B:

### Financial Solutions

Summary of recommendations to address the business's needs identified.

Life Cover

no, I won't

Disability Cover

sure, something here. something there

SECTION C:

Alternative Solutions Considered

The following solutions were presented to you for consideration but were not selected for the following reasons:

Solution 1

Solution 3

SECTION E:

Product Taken

Products accepted by you to meet your requirements

Product Provider:	TFSA	Policy Number:	987654321
Product Name:	TFSA	Frequency:	300 Monthly
Premium Pattern:	monthly i guess	Escalation in cover/premium:	n.a.
Contracting Party:	sfp	Life/Lives covered:	3
Premium Payer:	client		
1st year commission:	R 50	2nd year commission:	R 25
Benefit description: life cover, disability etc:		Cover amount	
hmmmm v1		R 30	
hmmm v2		R 12	
hmm v3		R 10	

The following are reasons why the abovementioned product best suits the business’s needs and objectives:

hmmmmm

The details of the material aspects of the selected product that were discussed with you are outlined below:

hmmmmm

hmmmmm

hmmmmm

hmmmmm

assurance investment

# INVESTMENT & SAVINGS

## SECTION B:

### Analysis of Business's Circumstances

The analysis of your personal circumstances as described above

#### Investment requirements

Investment term

#### Need

5 Years

analysis of your personal circumstances as described above

Lump sum or recurring premium.



Lump Sum



Recurring

Lump sum or recurring premium

Investment Strategy

Capital Preservation

tan tan tan

Return Required

Guaranteed Return

return hi return hae

Risk Profile

Ultra Conservative

not required I guess

Funding of future expenses and/or deferred gratuities

Financial Planning Need/Objective	Total need identified	Existing provisions	Shortfall/ Surplus	Cover taken up now
Payment of trade restraint agreements	R 1	R 2	R 3	R 4
Replacement of assets	R 5	R 6	R 7	R 8
Compulsory refurbishing of franchises	R 1	R 2	R 3	R 4
Other: other 1	R 5	R 6	R 7	R 8

## SECTION C:

### Financial Solutions:

Summary of recommendations to address the business's needs identified

why should I discuss this?

## SECTION D:

### Alternative Solutions Considered

The following solutions were presented to you for consideration but were not selected for the following reasons:

Alternative Solutions Considered 1

Alternative Solutions Considered 2

Alternative Solutions Considered 3

SECTION E:  
Product Taken (Each additional need must be accompanied by its own product annexure.)

Products accepted by you to meet your requirements to meet the business’s requirements

Product Provider:	SFP	Policy Number:	
Product Name:	TFSA	Frequency:	10000 Monthly
Premium Pattern:	Escalation in cover/premium:	N.A.	
Contracting Party:	SFP	Life/Lives covered:	2
Beneficial/Cessionary:	Wife	Premium payer(s):	Client
Intial commission:	R 100 (5%)	Ongoing commission:	R 25 (2.5%)

Investment Portfolio

jajajajaja  
asjdajndanjdjndanja  
djasdsajajnsdjndsaj

Fund Fact Sheets to client			
Funds	%	Provided	Discussed
fund 1	1	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes
fund 2	2	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
fund 3	0	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes
fund 7	10	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes

Source of Funds

Identify the source of funds being invested

Salary

business

The following are reasons why the abovementioned product best suits the business’s needs and objectives:  
why

The details of the material aspects of the selected product that were discussed with you are outlined below.  
not

aaaaaaa

huh?

Employee Benefits

<b>Client Name:</b>	Client99	<b>ID number:</b>	123123123
<b>Address</b>	Lahore		
<b>Phone (Tel):</b>	04231234567	<b>Phone (Cell):</b>	03121234567
<b>Email:</b>	client99@gmail.com	<b>Date:</b>	24 Mar 2023
<b>Financial Advisor:</b>	Armughan Ahmad	<b>Details of fee:</b>	N.A.

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### Section A: Employer Information:

Section A: Employer Information.

Name of business entity:	SFP		
Physical Business Address:	Lahore, Punjab, Pakistan		
Employer contact person:	Client98		
Office Tel No:	0427867861	Cell Phone:	03007867861
Email Address:	client99@gmail.com		
Nature of business & Type of industry:	Software House		
Do the employees belong to Trade Union/ Bargaining Council?:	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
Details:	N.A.		
Total number of employees:	10		
Total number of eligible employees:	5		
Specify and explain categories of members excluded:	5		

### Section B: Take-over of existing fund

<b>Name of existing fund &amp; PF Reg no:</b>	hmmmm
<b>Name of previous Insurer/ Administrator:</b>	naaah
<b>Current total fund value:</b>	1000
<b>Number of current active members:</b>	10
<b>Number of fully paid-up members:</b>	5
<b>Reason for change:</b>	5

### Section C: Clients Needs and Requirements

Retirement Benefits ☐ Yes ☐ No ☒ Undecided

hmamdmaskmasdasdklaklskdldkl  
dasokaskjasdjasdjadsjkdajk

Section D: Investment Indicator

Are some of the employees within five years of retirement?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	50 %
Indicate the percentage of employees that are financially illiterate?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	25 %
Indicate the percentage of employees that are financially sophisticated	<input checked="" type="radio"/> Yes	<input type="radio"/> No	12.5 %
Is there a high staff turnover?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	6.25 %
Is individual member investment choice required?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	2.125 %
Is a Default Investment Portfolio required?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	1.0625 %
Additional Comments	asdasdasd		

Section E: Risk Benefits

Categories (description)	cat 1	cat 2	cat 3	cat 4	
Member Contributions	R 10	R 50	R 100	R 20	
Employer contributions	R 20	R 10	R 40	R 20	
Normal Retirement age	60	60	60	60	
Death Benefits					
Flexible group life	5 (Multiple of Salary)				
Approved					
<input type="radio"/> Yes	<input checked="" type="radio"/> No	1	2	3	4
Unapproved					
<input checked="" type="radio"/> Yes	<input type="radio"/> No	5	6	7	8
Will the new fund be taking over the life cover of existing disability claims?					
<input type="radio"/> Yes					<input checked="" type="radio"/> No
Spouse life cover	R 9	R 8	R 7	R 6	
Notes on Spouse cover	asdasdasd				
Trauma Benefits					
Multiple of Salary	R 2	R 3	R 4	R 5	
Funeral Benefits					





v

w  
x  
y  
z

## Section F: Recommendations

Submit a copy of the accepted proposal with all details of new fund/scheme and benefits with this document.

Product provider/ Administrator:	SFP
Product name:	TFSA
Type of fund:	Individual
Motivation for recommendations of fund/scheme and type:	hm mmm
Is a Default Investment Portfolio required?	<input checked="" type="radio"/> Yes <input type="radio"/> No
The client has accepted the recommendations	<input checked="" type="radio"/> Yes <input type="radio"/> No
If the client has decided to conclude a transaction that differs from the recommended solution, has the employer been informed of the risks? What risks have been pointed out?	No.

## Section G: Fund Replacement

Name of fund replaced:	N.A.
Reg No:	123
Type of fund replaced:	N.A.
Detail (as applicable) of the actual and potential financial implications, costs & consequences of the replacement as disclosed to the client.	<input checked="" type="radio"/> Yes <input type="radio"/> No
Fees and charges in respect of the replacement fund:	1 2
Special terms and conditions, exclusions of liability, waiting periods, loadings, penalties, excesses, pre-existing conditions, restrictions or circumstances in which benefits will not be provided, which may be applicable to the replacement product:	2 4

In the case of risk benefits, the impact of age and health changes on the premium payable:	3	6
Differences between the tax implications of the replacement fund and the terminated fund:	4	8
Material differences between the investment risk of the replacement fund and the terminated fund:	5	10
Penalties or un-recouped expenses deductible or payable due to termination of the terminated fund:	6	12
The extent to which the replacement fund is readily realisable or the relevant funds accessible, compared to the terminated fund:	6	14
The extent to which the replacement fund is readily realisable or the relevant funds accessible, compared to the terminated fund:	6	14
Comparison of Benefits	Proposed	Existing Fund
Eligible groups	1	1
Member contribution % / rate	2	2
Employer contribution % / rate		
Is the employer contribution % inclusive or exclusive of risk and administration fees?	4	5
Benefit payable on death	6	7
Benefit payable on disability (if admitted by underwriter)	8	9
Benefit payable on withdrawal	10	11
Benefit payable on retirement	12	13

Normal retirement age

Conversion option available and for which benefits?	16	17
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Are housing loans provided?	18	19
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What is the cost of administration and related costs (e.g. commission) as a % of employer's contributionEB_BusFReplace_AdminC	20	21
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What are the investments fees?	22	23
--------------------------------	----	----

What is the cost of risk cover as a % of the employer's contribution?	24	25
---	----	----

Are any other benefits available to members on old fund/scheme that are not under the new fund/scheme (e.g. funeral or monthly disability benefits)?	26	27
--	----	----

Is there investment choice and if so who qualifies?	28	29
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## Section H: Clients Declarations

(Please note that it is of utmost importance that you read this section carefully and understand it fully).

1. I confirm that a Contact Stage Disclosure letter, setting out the financial adviser's full particulars, experience and services offered has been provided to me.
2. I confirm that I required the financial adviser to render the financial services set out in the Service Level Agreement, a copy of which has been provided to me
3. I understand that the accuracy of a needs analysis is dependent upon the information provided to or obtained by the financial adviser. The advice furnished and product recommendations made by the financial adviser are based largely on the information I provided to the financial adviser. I understand that material non-disclosures and misrepresentations could result in inappropriate product(s) being recommended and purchased by me
4. I confirm that I was provided with copies of quotations, fund fact sheet(s), marketing brochures and rates and benefit sheets for the product(s) selected. All material terms and conditions of the product(s) selected were explained to me prior to any decision made.
5. I have been informed of and understand all costs, charges, penalties, liquidity limitations and tax implications where applicable. I understand the risks / guarantees (or absence thereof) associated with the product(s) and /or underlying fund(s) selected.
6. I confirm that all documents signed by me were fully completed prior to my signing them.
7. I confirm that the financial adviser has made enquiries to ascertain whether the product(s) selected are intended to replace any existing financial products held by me and where applicable, has informed me of the financial implications, costs and consequences of replacement.
8. Notwithstanding the information provided by the Advisor, I acknowledge that I have an obligation to familiarize myself with the terms and conditions of the product(s) that I have purchased.

## SHORT-TERM INSURANCE: COMMERCIAL

Quotation Number:	SFP-03-22-001	Underwritten by:	Armughan Ahmad
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Branch Name:	Remote	Branch Number:	SFP001
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Inception Date:	27 Mar 2023	Renewal Date: (If any):	31 Aug 2023
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(\* Select if applicable)

Payment method: Annual ☒ Yes

Payment method: Monthly ☐ Yes

\*Sasria: Annual ☐ Yes

\*Sasria: Monthly ☒ Yes

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## A. DETAILS OF CLIENT

Full name of business/Applicant/Owner:

Client identity number:

Company registration number:

VAT number:

Postal Address:

Risk Address:

Name and surname of contact person:

Telephone Number:

Fax Number:

Cellphone Number:

Email Address:

Description of business activities:

It is important for the purpose of disclosure that the insurer is aware of the full business description which encompasses all the activities that the business is involved. This impacts the validity of the cover and potential future claims, and you are requested to inform us whenever there may be change in the business description.

**Client Preference:**

(Mark the applicable option. Client must initial in the space provided.)

Lower premium (Possible lower cover/reduced benefits) ☒ Yes

aaasaaaaaa

Most comprehensive cover (Possible higher premium) ☐ Yes

## B. General

1. Has any short-term insurer ever turned down your application for insurance, cancelled any policy (or part thereof) imposed any special conditions, refused to renew any policy, or part thereof, or refused to continue any part of your insurance? ☐ Yes ☒ No

2. History of previous losses/claims. Provide details regarding any losses you might have sustained during the past five years, including all claims that were paid out or not paid out

TYPE OF LOSS	YEAR	AMOUNT (R)	INSURER
Loss	2023	R 1000	Client 99

## C. REPLACEMENT OF INSURANCE

Does the advice given to the client include replacement of an existing financial product? ☒ Yes ☐ No

If yes,answer the following:

What is the purpose of this replacement?

asdasdasdas  
ad  
asd  
a  
sd

Reasons why replacement is considered more suitable than retaining or modifying the terminated product:

hmmm, this seems good  
I think

Suppliers of the product(s) to be replaced:

not really needed

Comparison between the product to be replaced (old product) and the recommended product (new product):  
**Read the detail required carefully and complete the comparison below. Use 'Not applicable' where an aspect does not apply and explain why not applicable.**

Financial Implications of Replacement	Existing Products	Replacement Product
Difference in fees and charges	A	N.A.
Special terms and conditions, e.g., tracker, endorsements, alarm	N.A.	B
Impact on premium	C	N.A.
Excesses	N.A.	D

PRODUCT COMPARISON AND REPLACEMENT

				Existing Product SFP	Replacement Product SFP		
				SFP	SFP		
				Sep1	TSFA		
Cover	Recommended	Accepted	Cover amount	Premium	Excess	Premium	Excess
Fire	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	R 1	R 2	R 3	R 4	R 5
Buildings combined	<input type="checkbox"/>	<input checked="" type="checkbox"/>	R 6	R 7	R 8	R 9	R 10
Buildings combined	<input type="checkbox"/>	<input checked="" type="checkbox"/>	R 6	R 7	R 8	R 9	R 10
Office contents	<input checked="" type="checkbox"/>	<input type="checkbox"/>	R	R	R	R	R
Business Interruption	<input type="checkbox"/>	<input checked="" type="checkbox"/>	R	R	R	R	R

Machinery Breakdown	<input type="checkbox"/>	<input type="checkbox"/>	R	R	R	R	R
- Machinery breakdown: loss of profits	<input type="checkbox"/>	<input type="checkbox"/>	R	R	R	R	R
- Deterioration of stock	<input type="checkbox"/>	<input type="checkbox"/>	R	R	R	R	R
Accounts receivable	<input type="checkbox"/>	<input type="checkbox"/>	R	R	R	R	R
Theft	<input type="checkbox"/>	<input type="checkbox"/>	R	R	R	R	R
Money	<input type="checkbox"/>	<input type="checkbox"/>	R	R	R	R	R
Glass	<input type="checkbox"/>	<input type="checkbox"/>	R	R	R	R	R
Fidelity guarantee	<input type="checkbox"/>	<input type="checkbox"/>	R	R	R	R	R
Goods in transit	<input type="checkbox"/>	<input type="checkbox"/>	R	R	R	R	R
Business all risks	<input type="checkbox"/>	<input type="checkbox"/>	R	R	R	R	R
Accidental damage	<input type="checkbox"/>	<input type="checkbox"/>	R	R	R	R	R
Public liability	<input type="checkbox"/>	<input type="checkbox"/>	R	R	R	R	R

## Fiduciary

Is there a valid Will in place?

☐ Yes ☒ No

Date last updated?

29 Mar 2023

Where is the will kept?

In Client's house

Details of Executor?

Agent of SFP

Client instruction in terms of drafting a Will?

Nothing

Has the consequences of not having a will being explained and discussed?

Yes

## Medical

### MEDICAL SCHEMES ANALYSIS

Client name:

Client99

ID Number:

271129591

Address:

Lahore

<b>Address:</b>	client99@gmail.com
<b>Phone:</b>	03121234567
<b>Financial advisor:</b>	03121234567
<b>Date:</b>	22 Mar 2023

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## SECTION A: MEDICAL SCHEMES ANALYSIS

Name and surname:	Client 99	
Marital status:	Married	
Gender:	Male	
Occupation:	Businessman	
Income per month(if income plan is selected):	R 100000	
Subsidy:	R 50	
Number of Dependants:	5	
Spouse:	Mrs. Client 99	
Other Adult Dependents (Parents, Guardians, Legal dependents):	4	
Chronic conditions(Member):	0	
Chronic conditions(Spouse):	0	
Chronic conditions(Adult Dependents):	0	
Chronic conditions(Children):	0	
Other medical pre existing conditions:	1	
Period that you have been part of your previous Medical Aid:	From: 01 Mar 2023	To: 30 Mar 2023

## SECTION B: BACKGROUND INFORMATION

Your personal circumstances that formed the basis for my recommendation

asd  
as  
das

asd  
as  
asd  
ads  
ads

## SUMMARY NEEDS ANALYSIS

Need	Need Identified		Comments
Hospital cover	<input type="radio"/> Yes	<input checked="" type="radio"/> No	HC
Day to Day Benefits	<input checked="" type="radio"/> Yes	<input type="radio"/> No	D2DB
Threshold Benefits	<input type="radio"/> Yes	<input checked="" type="radio"/> No	TB
Chronic Benefits	<input checked="" type="radio"/> Yes	<input type="radio"/> No	CB
Savings Account	<input type="radio"/> Yes	<input checked="" type="radio"/> No	SA
Affordable Premium	<input checked="" type="radio"/> Yes	<input type="radio"/> No	AP
Hospital Preference	<input type="radio"/> Yes	<input checked="" type="radio"/> No	HP
PMB	<input checked="" type="radio"/> Yes	<input type="radio"/> No	PMB
Doctor/Specialist/Hospital network	<input type="radio"/> Yes	<input checked="" type="radio"/> No	D/S/H
Other	<input type="radio"/> Yes	<input checked="" type="radio"/> No	other

## SECTION C:

### SUMMARY: COMPARISON OF MEDICAL AID BENEFITS

(Indicate whether a new medical scheme(s) is recommended or an existing scheme is to be replaced)

Details	Current Medical Scheme / Proposed Medical Scheme What are we expecting to be answered here	Replaced Medical Scheme / Proposed Medical Scheme
Name:	Client 99	Client 99: Nothing
Contribution/Premium:	Client 99: Nothing	Client 99: Nothing
Benefits:	Client 99: Nothing	Client 99: Nothing
Savings Account:	Client 99: Nothing	Client 99: Nothing
Chronic Benefits:	Client 99: Nothing	Client 99: Nothing
Hospital Cover:	Client 99: Nothing	Client 99: Nothing
Limits on cover:	Client 99: Nothing	Client 99: Nothing
General Waiting Period:	Client 99: Nothing	Client 99: Nothing
Condition Specific Waiting Period:	Client 99: Nothing	Client 99: Nothing
Legislated Prescribed Minimum Benefits:	Client 99: Nothing	Client 99: Nothing
Later Joiner Penalty:	Client 99: Nothing	Client 99: Nothing



## SECTION D: INITIAL RECOMMENDATION/ADVICE & MOTIVATION

Scheme and Fund recommended and/or selected by you:

Pmb  
pMb  
pmB  
PmB  
pMB  
PMB

## SECTION E: IMPORTANT INFORMATION HIGHLIGHTED TO YOU

Pmb  
pMb  
pmB  
PmB  
pMB  
PMB

## SECTION F: FINANCIAL ADVISER'S DECLARATION

You have elected not to accept the following product recommendations: why

For the following reasons: would I

The consequences thereof have been clearly explained to you: ☐ Yes ☒ No

Fees and/or commission: take

fee?

Sign Here

Date: 24 Mar 2023

Client 99

## GAP COVER

<b>Client Name:</b>	Client 99	<b>ID number:</b>	271129591
<b>Address</b>	Lahore		
<b>Email:</b>	client99@gmail.com	<b>Phone:</b>	03121234567
<b>Medical Aid:</b>	Primary	<b>Inception Date:</b>	27 Mar 2023
<b>Financial Advisor:</b>	N.A.	<b>Date:</b>	27 Mar 2023

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SECTION A:  
NEED

Gap cover benefits are only available as an add-on to the members belonging to a registered medical aid.  
Details:

why  
would  
i  
do  
it?

SECTION B:  
DEPENDENTS COVERED

Gap cover benefits are only available as an add-on to the members belonging to a registered medical aid.

Details:

☐ Yes ☒ No

Member Name	Relationship to main Member	Medical Aid Plan
Client 99 Wife	Wife	Normal
Sis	N.A.	normal
son	son	N.A.
Client 99 Brother	Brother	Normal

SECTION C:  
SOLUTION

Provider:	SFP
Option:	N.A.
Motivation:	nothing
Total Premium:	120
Broker Fee:	R 5
Commission:	R 5

SECTION D:  
BENEFITS

In the event of a replacement complete both current and new product

	Current Product	New Product
Gap Cover rate	a	b
Overall annual limit	c	d
Co-payment benefit	e	f
Sub-limit benefit	g	h
Cancer benefit	i	j
Cancer diagnose benefit	k	l
Other benefit	N.A.	N.A.

Casualty benefit(In case of accident)	<input type="radio"/>	<input type="radio"/>
Trauma counselling benefit	<input type="radio"/>	<input type="radio"/>
Gap Cover premium waiver benefit	<input type="radio"/>	<input type="radio"/>
Medical scheme waiver benefit	<input type="radio"/>	<input type="radio"/>
Accidental death cover benefit	<input type="radio"/>	<input type="radio"/>

## SECTION E: WAITING PERIODS

General Waiting period	<input type="radio"/>	<input type="radio"/>
Waiting period for pre-existing condition	<input type="radio"/>	<input type="radio"/>
Specific waiting periods	<input type="radio"/>	<input type="radio"/>

## SECTION F: EXCLUSIONS

Are claims whereby the medical aid requires a co-payment for not using a specific medical service provider excluded? ☒ Yes ☐ No

### Other Exclusions

no  
non  
noopnoasnsad  
dasnkaknaksdaskd

### General Exclusions

qwiqwjkx  
aashjkl'asxcjnnca'a  
c  
aca  
pcajpasjasc

### Notes

You will always be responsible towards the provider of medical services. Gap cover often requires a subsequent claim process to be followed, once the medical aid company has made their payment. You are then required to submit a claim to the Gap cover provider for settlement of the remainder, up to the limit of the option selected.

Most Medical Aid companies have introduced co-payments and sub-limits for certain in hospital treatment and procedures. If you elect not to take this cover you will be responsible for these.

Please be aware that No benefits are payable which should be provided by the Medical Aid scheme (such as Prescribed Minimum Benefits), this exception includes ward fees, theatre fees, medicines and other hospital expenses.

Please make sure you have read through your policy schedule/s Terms and Conditions thoroughly once your policy/s has been accepted.

Gap Cover applies to In-Hospital accounts and must not be confused with the Threshold Gap that applies for Out-Of-Hospital claims.

## SECTION G: FINANCIAL ADVISER'S DECLARATION

You have elected not to accept the following product recommendations:	<input type="radio"/> N.A.
For the following reasons	<input type="radio"/> N.A.
The consequences thereof have been clearly explained to you.	<input type="radio"/> Yes <input checked="" type="radio"/> No
Fee and/or commission	10

Sign Here

Date: 27 Mar 2023