



CLIENT CONSENT TO OBTAIN INFORMATION

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The Willows, Gauteng, 0081

I, _____ [Please include Maiden name- if married],
with the following Identity Number _____ in my personal capacity or, where applicable, in a
representative capacity for and on behalf of _____ [State if not applicable],
acknowledge the following:

Sound and proper financial advice can only be provided with full disclosure of relevant Information relating to appropriate personal, including private, information for the purposes of determining and advising on my/our 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 long-term insurance, unit trust or any other financial products or services, with any long-term insurer, unit trust manager or other financial institution;

My/our interests shall be best served if said Information is made available to authorised financial service providers with a legitimate interest in receiving such information for those purposes.

I/we hereby confirm, for the purposes of providing the said sound and proper financial advice to me/us, that full permission and authority is granted to:

_____, or administrator **Chanté Holmes, Chene Booyesen, Tessa van der Poll, Collen Mbombi** on behalf of Aluma Capital (Pty) Ltd or any other duly appointed Authorised User of Aluma Capital (Pty) Ltd.

To obtain any and all such Information via The Financial Services Exchange (Pty) Ltd, trading as Astute, or any other institution providing a mechanism for the transmission of such information. This includes the following Institution's:

<input type="checkbox"/> ABSA	<input type="checkbox"/> Discovery Life	<input type="checkbox"/> Metropolitan Life	<input type="checkbox"/> Old Mutual	<input type="checkbox"/> Sage
<input type="checkbox"/> Altrisk	<input type="checkbox"/> Fedsure Life	<input type="checkbox"/> Metropolitan Odyssey	<input type="checkbox"/> One Life Direct	<input type="checkbox"/> Sanlam
<input type="checkbox"/> Brightrock	<input type="checkbox"/> FNB	<input type="checkbox"/> Momentum	<input type="checkbox"/> Platinum Life	<input type="checkbox"/> Southern Life
<input type="checkbox"/> Capital Alliance	<input type="checkbox"/> Hollard	<input type="checkbox"/> Nedbank	<input type="checkbox"/> PPS	<input type="checkbox"/> Standard Bank
<input type="checkbox"/> Charter Life	<input type="checkbox"/> Liberty Life			

INVESTMENT

<input type="checkbox"/> Allan Gray	<input type="checkbox"/> Coronation	<input type="checkbox"/> Investec	<input type="checkbox"/> Nedbank	<input type="checkbox"/> Satrix
<input type="checkbox"/> Cadiz	<input type="checkbox"/> Discovery Invest	<input type="checkbox"/> Momentum Wealth	<input type="checkbox"/> Oasis	<input type="checkbox"/> Stanlib
<input type="checkbox"/> Group Benefits	<input type="checkbox"/> Insure	<input type="checkbox"/> Medical Aid		
<input type="checkbox"/> All of the above	<input type="checkbox"/> Any other not listed			

I/we herewith give consent for the long-term insurer, unit trust manager or other financial institution possessing such Information to release such Information to the said Authorised User via Astute, or any other institution providing a mechanism for the transmission of such information (as mentioned above) and I/we confirm that such Authorised User shall be acting on my/our behalf or in my/our interest and I/we waive any right to privacy, only for the purposes stated above.

I/we further acknowledge that this consent to obtain information, on my behalf will remain effective accordingly and depending on the validity periods of each Financial Service Provider indicated below:

Discovery Limited: This consent form is only valid for 6 months; from the date of acceptance.

Other Providers (Old Mutual, Liberty etc.): This consent form is only valid for 3 months; from the date of acceptance.

PPS: This consent form is only valid for 1 month; from the date of acceptance.

Thus done and signed at _____ on this _____ day of _____, 20____

Client Signature

Client Contact Number

Smoker Status ☐ Yes ☐ No

Lead Type ☐ Own/P&A

Education ☐ No Matric
☐ Matric
☐ Tertiary / Professional