



Authority to Proceed

CUSTOMER COPY

FUTURE CONTACT

Would you like to be contacted by JD Life for your annual review?

☐ YES ☐ NO Initial: _____

Do you authorise us to show your name for marketing purposes?

☐ YES ☐ NO Initial: _____

ACCOUNT NO:

EXISTING CUSTOMER
ACCOUNT NO:

METHOD TO RECIEVE DOCUMENTATION

I have given permission and chosen to receive my documents (Insurance Planner, Scope of Engagement, Insurance Plan and/or Limited Advice attestation), by:

- ☐ Electronic Version (Portable Flash Drive) ☐ Email (own): _____
☐ Printed Copies ☐ Email (third-party): _____

REGISTERED FINANCIAL ADVISER ATTESTATION

I, the Registered Financial Adviser, have carried out a Fact Find in the Insurance Planner and have dutifully recorded the information as given to me by the Applicant/Insured. I have provided the Applicant/Insured with a Disclosure Statement, Insurance Planner, Scope of Engagement, Insurance Plan and/or a Limited Advice attestation.

NAME OF THE REGISTERED FINANCIAL ADVISER:

SIGNATURE

DATE

My signature validates the Authority to Proceed.

APPLICANT/INSURED AUTHORISATION

NAME OF THE APPLICANT/INSURED (1)

SIGNATURE

DATE

NAME OF THE APPLICANT/INSURED (2)

SIGNATURE

DATE

I, the Applicant/Insured, understand and affirm that:

(a) I have been provided with an Disclosure Statement, Insurance Planner, Scope of Engagement, Insurance Plan and/or Limited Advice Attestation.

(b) I agree to the collection, use and disclosure of my personal information as outlined in the Privacy Statement.

(c) I am aware of my Duty of Disclosure and have answered the questions in the Insurance Planner document, including the health questions, to the best of my knowledge. If the limited process is followed, I still understand the need for full disclosure and truth answering any health questions that may impact the application process.

(d) I understand JD Life will subject my application to underwriting with the respective insurance company you have chosen to apply policy coverage with as stated in the Insurance Plan or as advised in the Limited Advice Attestation. Any incorrect or inaccurate information by me, may affect or result in cancellation of policy coverage.