

## FUTURE CONTACT

Would you like to be contacted by Eliteinsure 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 ( Fact Find, Statement of Advice, and Scope of Engagement), by:

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

## REGISTERED FINANCIAL ADVISOR ATTESTATION

I, the Registered Financial Advisor, have carried out a Fact Find and have dutifully recorded the information as given to me by the Applicant/Insured. I have provided the Applicant/Insured with a Disclosure Statement, Fact Find, Scope of Engagement and a Statement of Advice as required.

NAME OF THE REGISTERED FINANCIAL ADVISOR:

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 a Disclosure Statement, Fact Find, Scope of Engagement and a Statement of Advice.

(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 Fact Find document, including the Health Questions, to the best of my knowledge.

(d) I understand Eliteinsure will subject my application to underwriting with the respective insurance company you have chosen to apply policy coverage with as stated in the statement of advice. Any incorrect or inaccurate information by me, may affect or result in cancellation of policy coverage.