ambledown
FINANCIAL SERVICES (PTY) LTD

Ambledown is an Authorised Financial Services Provider, No. 10287

ORIGIN

Replacement of Policy Advice Record

To be completed by the Advisor in consultation with the policyholder for any Group Scheme replacements.

Company name (policyholder):	
Registration Number (policyholder):	
Name of advisor:	
Name of FSP:	

New Policy

Type of policy: Gap / Other *(if "other" give details)*	Policy number	Insurer

Inception date that cover must commence | D | D | M | M | Y | Y | Y | Y |

Details of Policy being replaced

Type of policy: Gap / Other *(if "other" give details)*	Policy number	Insurer

Policy Comparison

1. **List any notable differences in the benefits**

New Policy	Policy being replaced

2. **List any notable differences in contractual obligations, which include but not limited to premium payment obligations, waiting periods, exclusions and excesses.**

New Policy	Policy being replaced

Policy Comparison cont.

3. **Premiums payable**

New Policy	Policy being replaced

4. **Please provide details of any other factors that were taken into consideration when recommending the replacement.**

Copy of letter to members of the scheme attached: Yes: ☐ No: ☐

Advisor Declaration

I confirm that I have taken all reasonable steps to confirm that the information in the Replacement Policy Advice Record is true and correct. I confirm that in pursuance of my advice to the Policyholder/ Employer and members of the scheme to replace the policy(ies) mentioned in this Replacement Policy Advice Record, I have fully discharged my duties as set out in Section 8 of the General Code of Conduct for Authorised Financial Services Providers and Representatives and Rule 19 of the Policyholder Protection Rules. I further declare that all members of the scheme have been notified and differences between the product to be replaced and the replacement product explained.

SIGNATURE PRINTED NAME DATE D D M M Y Y Y Y

Employer / Responsible Person Declaration

I confirm that the Advisor has fully explained the consequences of the replacement of the policy (ies) mentioned in the Replacement Policy Advice Record and I understand the consequences of such replacement(s). I confirm all members of the scheme have been advised accordingly.

SIGNATURE PRINTED NAME DATE D D M M Y Y Y Y

Brokerage: FSP number:

Tel number: Email address:

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