

**CLIENT ADVICE RECORD**  
**FUNERAL INSURANCE**  
**EMPLOYEE BENEFIT**

<b>Client's Name</b>			
<b>Policy number</b>		<b>Date</b>	
<b>Advisor Name</b>		<b>Code</b>	

In terms of the Financial Advisory and Intermediary Services Act we are required to provide you the client with a **Record of Advice**. This document is intended as a confirmation of the advisory process that you recently undertook with your advisor. If you have any questions in respect of the content please contact your advisor. **You are entitled to a copy of this document for your own records.**

**SECTION A: SUMMARY OF INFORMATION OBTAINED FROM THE CLIENT**

<b>Clients Objectives:</b> What does the client wish to achieve by purchasing this financial product?	Employee wanted funeral insurance as it provides for payment on death of an insured person.			
<b>Current Product Experience:</b> Describe in summary clients' level of knowledge and experience of the product purchased.	I held a presentation explaining the product in the client's language which they understood. Brochure provided.			
<b>Financial Situation:</b> Set out in summary clients' current financial position.	<b>Employer</b>			
	<b>Affordability</b>	<b>Income</b>	<b>Expenses</b>	<b>Available income</b>
	<b>Comments</b>			
	<b>Dependants</b>	<b>Yes</b>	<b>No</b>	<b>How many?</b>

**SECTION B: NEEDS & GOALS IDENTIFIED**

Financial Planning Need	Needs Quantified	Indicate if Need fully addressed (Yes/No/Partially/Later)	Shortfall	Review Date if need addressed partially or to be addressed later
<b>Funeral cover</b>	<b>No needs quantified- once off need</b>	Partially	Not applicable as no needs were quantified.	<b>Client to advice on review date in one year's time.</b>

**SECTION C: PRODUCTS CONSIDERED**

Company / Product	Benefit considered
Affordable Funeral investments (Pty) Ltd employee benefits underwritten by Safrican.	R 10 000, R 20 000 and R 30 000 benefits were considered. Benefit selected due to due to affordability of both employers and employees.

**SECTION D: INITIAL RECOMMENDATION / ADVICE & MOTIVATION**

<b>Product Recommended and/or selected by client.</b>	Motivation for Recommendations – State why the product purchased will suit client or why client selected the product.							
AFI employee product underwritten by Safrican	To be underwritten by Safrican as opposed to employer self-funding.							
<b>Plan</b>	<b>Family plan</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>Benefit chosen</b>	<b>A (R 10 000)</b>	<b>B (R 20 000)</b>	<b>C (R 30 000)</b>
Benefit selected due to due to affordability of both employers and employees.								
Client's signature								

## SECTION E: CLIENT DECLARATIONS

*(Please note that it is of utmost importance that you read this section carefully and understand it fully. All blocks should be **initialled** by the client to indicate understanding and acceptance)*

	<b>Initial</b>								
1. I confirm that a <b>Disclosure letter</b> , setting out the Financial Advisor's full particulars, her experience and services offered, has been <b>provided to me</b> .									
2. I <b>understand</b> that a limited <b>Needs Analysis</b> was conducted as the product currently being offered to me and/or my dependants is for funeral expenses and there may be a shortfall of cover at our death. This was a once off need and advice was limited to funeral insurance only.									
3. I confirm that I was <b>provided</b> with a copy of <b>marketing brochures with rates and benefit sheets</b> for the product(s) selected. All material <b>terms and conditions</b> of the product(s) selected were <b>explained</b> to me <b>prior</b> to any <b>decision made</b> .									
4. I have been <b>informed of</b> and <b>understand</b> all <b>costs</b> , charges, penalties. I understand the <b>risks / guarantees (or absence thereof)</b> associated with the product. Advice and administration fees to be received by AFI is as follows:									
<table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <thead> <tr> <th style="padding: 2px;">Family plan</th> <th style="padding: 2px;">Benefit A</th> <th style="padding: 2px;">Benefit B</th> <th style="padding: 2px;">Benefit C</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">18 – 64 years</td> <td style="padding: 2px;">R 14.70</td> <td style="padding: 2px;">R 20.57</td> <td style="padding: 2px;">R 20.90</td> </tr> </tbody> </table>	Family plan	Benefit A	Benefit B	Benefit C	18 – 64 years	R 14.70	R 20.57	R 20.90	
Family plan	Benefit A	Benefit B	Benefit C						
18 – 64 years	R 14.70	R 20.57	R 20.90						
5. I confirm that all documents signed by me were <b>fully completed</b> prior to my signing them.									
6. I confirm that when I provided the Financial Advisor with the information required for any risk benefit application forms on my behalf, the Financial Advisor <b>warned me</b> of the <b>risks and consequences of non-disclosure and misrepresentation</b> of such information.									
7. <b>Notwithstanding</b> the information provided by the Advisor, I <b>acknowledge</b> that I have an <b>obligation</b> to familiarize myself with the terms and conditions of the product(s) that I have purchased.									
8. I <b>confirm</b> that the <b>rules</b> of the funeral policy <b>supersede</b> any information provided by the advice giver and I am <b>familiar</b> with the <b>rules</b> .									

## SECTION F: IMPORTANT INFORMATION HIGHLIGHTED TO CLIENT (e.g. risks, start and end of cover, waiting periods, grace periods, exclusions, etc)

Please refer to our brochure and terms and conditions on the application form for more details.

1. Immediate cover (the policy has no waiting period).
2. Cover starts on the first day of the month following receipt of a fully completed application form and receipt of the first premium by AFI. Cover ceases on withdrawal from the Plan or death of the Policy Holder, or cancellation of the Plan.
3. When children turn 22 years old they will have to have their own policies unless they are studying full-time (proof is required) in which case they can be covered until the end of their 25 <sup>th</sup> birthday.
4. Members must be actively at work at commencement of cover.
5. Adding of additional spouse or children is not allowed unless the Policy Holder has a life changing event (e.g. birth, legal adoption, and marriage).
6. Suicide will not be covered during the first twelve (12) months of membership.
7. A one month grace period is allowed should a premium be missed once the policy is in force. If the missed premium is not paid together with the following month's premium, the cover will cease without further notice. If the arrear premium and the premium due for that month is not paid by the end of the Grace period, the Plan will lapse and a 6 (six) month waiting period will apply on any reinstatement.
8. Exclusions: No benefit will be paid if death is directly or indirectly caused by or attributable to: Terrorism, riots or war (whether declared or not) and Radioactive contamination.
9. Participants (Policy Holder, Spouse and Children) are allowed to be duplicated on AFI as Dependants provided their cover does not exceed R60 000 aggregate across all Safrican plans.
10. Divorced spouses at inception of the policy are not covered, and cover for spouses who divorce during the term of the policy will cease immediately on divorce.
11. Cessation age is 65 years.
12. On dissolution of the Plan, all AFI's liabilities towards the existing and any former Policy Holders and Dependants will cease as from the day of the last premium received or the date of dissolution, whichever is the later.
13. Continuation plan: Should a Policy Holder cease to be a member of an existing fund, of which he/she has been a member for at least 12 consecutive months, he/she has the option of applying to AFI for a similar individual funeral policy. This option must be exercised within 1 (one) month of ceasing to be a member prior to Cessation Age.
14. This policy has no surrender value and may not be ceded or pledged in any way. No loans will be granted against this policy.
15. The terms and conditions on the application form are non-exhaustive and the policyholder is entitled to be provided, on request, with a copy of the Policy Document, which will take precedence and be applied should there be a discrepancy.

### Additional Comments:

The above Declarations apply to the purchase of the AFI employee product.

<b>Client's Name:</b>		<b>Financial Advisor's Name:</b>	
<b>Client's Signature:</b>		<b>Financial Advisor's Signature:</b>	
<b>Date:</b>		<b>Date:</b>	