

PREFUNDING FOR POST RETIREMENT SHORT TERM INSURANCE COSTS

Employer's Mandate



Broker's own PRI/Bibliffe Reference No.:

Please complete in capitals and tick (✓) where applicable

Proposed Owner: **National Retirement Annuity Fund** Number of lives to be insured:

Was the original application faxed to Liberty Active? No Yes

1. Communication details of the Premium Payer

Name of company:	<input type="text"/>																																								
Name of contact person:	<input type="text"/>																																								
Language Preference:	E	A	E-mail:	<input type="text"/>																																					
P.O. Box/ Street:	<input type="text"/>																																								
Suburb/ Town:	<input type="text"/>																																								
Telephone Number (W):	C	O	D	E	<input type="text"/>																Fax Number (W):	C	O	D	E	<input type="text"/>															

2. Direct debit mandate

Current Account: Transmission Account: Savings Account: Master Card: Diners Club: Visa:

Bank Name: Branch Name:

Acc. Holder's Name:

I.D. Number/ Registration Number:

Account Number:

Branch Code: 8-digit number in top right hand corner of cheque Debit Date:

I hereby grant Liberty Active Limited (Liberty Active) permission to debit my selected account in accordance with the Liberty Active Debit Order System for the amounts due in terms of these policies. My attention has been drawn to the Information for Policyholder.

Signed at on this date

Capacity of Authorised Signatory:

Authorised Signatory:

3. Intermediary Details

- In terms of the Life Offices Association Intermediaries Register Agreement, are you registered to market life insurance and are you fully conversant with and do you accept the "S" Referencing System and the consequences thereof? No Yes
- I hereby declare that I have explained the meaning and implications of the Replacement of existing insurance to the proposer/s and that I am fully aware of the possible detrimental consequences of the replacement of an insurance policy.
- I hereby declare that the Information for Policyholder was disclosed to the applicant/s.
- If applicable, I confirm that I have satisfied myself as to the identity of the client, and I have verified the identity and undertake to keep records in accordance with the requirements set out in the Financial Intelligence Centre Act and any related legislation, regulations or guidelines (Liberty Life Consultants/Franchise Consultants must forward documents to Liberty Active, together with a signed copy of the "Record of Advice" letter).

Initials and Surname of Intermediary	Commission Code	Comm. Split %	Signature
1. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

4. For Office Use Only

Name of Liberty Active Consultant: Branch:

Liberty Active Consultant Code:

