



CLIENT AUTHORITY

I, [FULL NAMES] _____

[IDENTITY NUMBER] _____

[CONTACT DETAILS] T _____ F _____

E _____ C _____

[POSTAL ADDRESS] _____

in my personal capacity or, where applicable, in a representative capacity for and on behalf of

_____ [State if not applicable], acknowledge the following:

- sound and proper financial advice can only be provided with full disclosure of relevant Information relating to appropriate personal, including private, information for the purposes of determining and advising on my/our financial situation and financial product experience and objectives, in the process of acquiring, servicing or maintaining any financial products, including but not limited to any information relating to or interest in any long-term insurance, unit trust or any other financial products or services, with any long-term insurer, unit trust manager or other financial institution; and
- my/our interests shall be best served if that Information is made available to authorised financial service providers with a legitimate interest in receiving such information for those purposes. I/we accordingly confirm, for the purposes of providing the said sound and proper financial advice to me/us, that full permission and authority is granted to: **Alison McLagan and her assistants** _____ of

AMcLagan Financial Management Services cc T/A

AMAC Financial Management Services FSP license no. 19741

Formerly McLagan Harvey and Associates Financial Management Services

To obtain any and all such Information via The Financial Services Exchange (Pty) Ltd, trading as Astute, or any other institution providing a mechanism for the transmission of such information. I/we herewith give consent for the long-term insurer, unit trust manager or other financial institution possessing such Information to release such Information to the said authorized User via Astute and directly, and I/we confirm that such Authorised User shall be acting on my/our behalf or in my/our interest and I/we waive any right to privacy.

I/we further acknowledge that this consent to obtain information on my behalf will remain effective until cancelled by me/us in writing.

Thus done and signed at _____ on this _____ day of _____ 2015

Signature of Client