



Sanlam Secure Services: Registration of authorised representative

Complete this form to nominate a person to act on behalf of an institution, for example a company, trust, partnership or closed corporation, on Secure Services. This person will be referred to as the 'authorised representative'.

After completion, please submit this form together with any supporting documents to the Sanlam Life Client Contact Centre via:

- E-mail life@sanlam.co.za

This authority only applies to Secure Services and does not extend to other service channels.

Authorisation and supporting documents

This form must be signed by the representatives of the institution that owns the product as well as the authorised representative.

For a company, trust, partnership or closed corporation, the relevant directors, trustees, partners or members must authorise this nomination.

We require the following supporting documents

- copy of ID document of authorised representative.
- copy of utility bill in the name of the authorised representative with the residential address displayed, (preferably a cellphone account), not older than 3 months.
- if you are changing an authorised representative currently on Sanlam's records, please also submit a resolution or confirmation letter signed by all the required signatories.

Details of institution

Full name of institution _____

Institution registration number _____ (e.g. company / trust registration number)

Insurance

Financial Planning

Retirement

Investments

Wealth

Details of authorised representative

Name and Surname _____

ID/ passport number _____ Country of issue _____

Email address _____ Cellphone number _____

Residential address _____

Signature of authorised representative _____

Privileges for the authorised representative at each Sanlam business

Please provide at least one product number per business. Although only one product number is provided, the authorised representative will be able to access all products for that business.

Sanlam Private Wealth product number _____

Privileges

Level 1: View

Glacier product number _____

Privileges (please select one)

Level 1: View

Level 2: Includes level 1 PLUS switch/ rebalance of funds

Level 3: Includes level 2 PLUS sell units

Sanlam Collective Investments product number _____

Privileges (please select one)

Level 1: View

Level 2: Includes level 1 PLUS transact

Satrix product number _____

Privileges (please select one)

Level 1: View

Level 2: Includes level 1 PLUS transact

BIFM Unit Trusts product number _____

Privileges (please select one)

Level 1: View

Level 2: Includes level 1 PLUS transact

Sanlam Individual Life product number _____

Privileges

Level 1: View

Granting of authority

I/we approve the privileges requested in this form.

I/we indemnify Sanlam and/or any of its subsidiaries against any claims as a result of granting this authority.

Signature _____ **Name and surname** _____

Capacity _____ **Contact Number** _____

Signature _____ **Name and surname** _____

Capacity _____ **Contact Number** _____

Signature _____ **Name and surname** _____

Capacity _____ **Contact Number** _____

Signature _____ **Name and surname** _____

Capacity _____ **Contact Number** _____

Signature _____ **Name and surname** _____

Capacity _____ Contact Number _____

Signed at _____ **on** _____ **date** (dd/mm/ccyy)

(Please make a copy of this page if more signatories apply.)