CLIENT AUTHORISATION FORM

I/We																							
ID No./Reg No.																							

Hereby authorise Graeme Lacey of Value Added Solutions to request and receive any and all information he may require on the following of my policies/investments. This includes, but is not limited to:

- All current and past policy/investment values.
- Any change quotes.
- Copies of original application forms, loan forms, contracts etc.
- Copies of any and all documentation pertaining to my/our policy/investment
- Any and all, actuarial, and other, calculations that might be requested.

INVESTMENT/LIFE COMPANY

POLICY NUMBER (If available)

This done and signed this_____ day of | | | | | | | | | | 20 _____

Signature: _____

Date: | | | | | | | | | |

Secondary Assurance Services (Pty) Ltd | Authorised FSP 8480
Email: graeme@valueadded.co.za | **Tel:** (041) 5812220 | **Fax:** (041) 5812230