

Replacement policy advice record

To be completed by the Advisor in consultation with the policyholder for any Group Scheme replacements.

Underwritten by Guardrisk Insurance Company Limited (GICL), a licensed non-life Insurer and an authorised financial services provider, Reg. No. 1992/001639/06, FSP No. 75

Company name (policyholder):

Registration number (policyholder):

Name of advisor:

Name of FSP:



New policy

Type of policy: Gap / other
(if "other" give details)

Policy number

Insurer

Inception date (date cover is to commence) D D M M Y Y Y Y



Details of policy being replaced

Type of policy: Gap / other
(if "other" give details)

Policy number

Insurer



Policy comparison

1. List any notable differences in the benefits

New policy

Policy being replaced

2. List any notable differences in contractual obligations, which would include but not limited to, premium payment obligations, waiting periods, exclusions and excesses.

New policy

Policy being replaced

3. Premiums payable

New policy

Policy being replaced

4. Please provide details of any other factors that were taken into consideration when recommending the replacement.

Copy of letter to members of the scheme attached:

Yes

No



Advisor declaration

I confirm that I have taken all reasonable steps to confirm that the information in the Replacement Policy Advice Record is true and correct. I confirm that in pursuance of my advice to the Policyholder/ Employer and members of the scheme to replace the policy(ies) mentioned in this Replacement Policy Advice Record, I have fully discharged my duties as set out in Section 8 of the General Code of Conduct for Authorised Financial Services Providers and Representatives and Rule 19 of the Policyholder Protection Rules. I further declare that all members of the scheme have been notified and differences between the product to be replaced and the replacement product explained.

SIGNATURE

PRINTED NAME

DATE



Employer/Responsible person declaration

I confirm that the Advisor has fully explained the consequences of the replacement of the policy (ies) mentioned in the Replacement Policy Advice Record and I understand the consequences of such replacement(s). I confirm all members of the scheme have been advised accordingly.

SIGNATURE

PRINTED NAME

DATE

Brokerage:

FSP number:

Telephone number:

Broker email address: