

REQUEST FOR POLICY INFORMATION

DATE: _____

I hereby request that you provide Herb Lewis with the policy information that he requires.

This request does not constitute a change of brokerage. It is merely the granting of authority to review the policies/investments mentioned below:

DETAILS OF INSURANCE/INVESTMENT COMPANY	
NAME OF INSURANCE/INVESTMENT COMPANY:	
TELEPHONE NUMBER:	
FAX NUMBER:	

INVESTOR/POLICY-OWNER DETAILS	
SURNAME:	
FIRST NAME/S:	
DATE OF BIRTH:	
I.D. NUMBER:	
ADDRESS:	
E-MAIL ADDRESS:	
HOME TELEPHONE NUMBER:	
WORK TELEPHONE NUMBER:	
FAX NUMBER:	
CELL NUMBER:	

POLICY/INVESTMENT DETAILS	
POLICY NUMBER/S:	
POLICY DESCRIPTION:	

FINANCIAL ADVISOR DETAILS	
Brokerage: INVESTING FOR TOMORROW	
Brokerage Code: _____	
Fax No.: 011 442 5299	Office No.: 011 442 6662
22 7 th Avenue, Parktown North, Johannesburg 2193	
FAIS Licence Number: 20012	
Cell No.: 082 928 8394	
E-mail: herb@investingft.co.za	
SIGNATURE: (Investor/Policy Owner)	DATE: