

Broker Change Form

I, _____ (client name), ID number _____ (client ID number)

hereby wish to appoint _____ (new Financial Advisor), a representative of

_____ (brokerage name), FSP Licence number _____ to act on our behalf in all negotiations

with Zestlife regarding our Gap Cover policy number _____.

I agree that Zestlife may share my personal membership information with the newly appointed Financial Advisor so that he/she may render advice and intermediary services to me.

I acknowledge that this appointment cancels all previous Financial Advisers appointments and that only the newly appointed Financial Adviser will be representing me.

Signed at _____ on this _____ day of _____ 20 _____

Signature _____

Note:

1. With receipt of this appointment form, commission payment to the current Financial Adviser will be stopped. This appointment will come into immediate effect.

2. The Financial Adviser appointment cannot be backdated.
