

INTERMEDIARY DISCLOSURE

In terms of the Financial Advisory and Intermediary Services Act (FAIS) (ACT NO 37 OF 2002) the following information must be disclosed to clients and potential clients:

Full Name: Dale Piper
Brokerage Name: Hastie and Piper Health Consulting cc t/a HealthGroup
Physical address: Block B, 10 on Abrey Office Park, 10 Abrey Road, Kloof, 3610
Postal Address: Block B, 10 on Abrey Office Park, 10 Abrey Road, Kloof, 3610
Telephone: 031 764 7298 Fax: 0866 251 980
Mobile: 082 461 6258 e-mail: dale@healthgroup.org.za

I am an Independent Financial Services Consultant. I began working in financial services in 1997.

I am accredited with the Council for Medical Schemes: BR 26711

I am registered with the Financial Services Board: FSP 33932

I have training and experience to advise my clients on the following business lines:

- Long term Category A Long term Category B Long term Category C Health Service Benefits
 Short term Insurance: Personal Lines Retail Pension Benefits Deposits defined in the Banks act - 12 months or less

I have achieved the following formal qualifications: B.Comm (Economics), IMM

I am the Principal and Key Individual of the above-mentioned brokerage.

As the Principal of the brokerage I have access to and have been accredited to market products from the following product providers:

- | | | | | | |
|---------------------------------------|--|------------------------------------|---|----------------------------------|---|
| <input type="checkbox"/> Bonitas | <input type="checkbox"/> Discovery Health | <input type="checkbox"/> Fedhealth | <input type="checkbox"/> Dental Risk | <input type="checkbox"/> Topmed | <input type="checkbox"/> PPS Insurance |
| <input type="checkbox"/> Medihelp | <input type="checkbox"/> Momentum Health | <input type="checkbox"/> Medshield | <input type="checkbox"/> Ambledown | <input type="checkbox"/> Profmed | <input type="checkbox"/> Stratum |
| <input type="checkbox"/> Turnberry | <input type="checkbox"/> Resolution Health | <input type="checkbox"/> Zestlife | <input type="checkbox"/> Discovery Life | <input type="checkbox"/> Sirago | <input type="checkbox"/> African Unity Health |
| <input type="checkbox"/> Momentum STI | <input type="checkbox"/> Discovery Invest | <input type="checkbox"/> OCSACare | <input type="checkbox"/> Zestlife | <input type="checkbox"/> Sizwe | <input type="checkbox"/> Spectramed |

I do not own more than 10 % of issued shares directly or indirectly of any Life Assurer or Financial Product provider and I am not an associated company of any life assurer or product provider.

Currently, over 1/3rd of the brokerage's health business is placed with Discovery Health.

I earn my income from commission that the Product Provider pays over to me on the products purchased by my clients / and or by charging a consulting fee of R350 per hour for services rendered to my clients.

I have Professional Indemnity Insurance cover of R1,000,000 in place.

Independent Compliance Management Solutions CC FSB practice Nr 4851 is the businesses compliance officer and is represented by: Debbie Smith

T: 074 1877 325 F: 086 606 9660 Email: dsmith@compliancesolution.net

We have a Complaints Resolution process which is available from the above address upon request. From time to time I may receive indirect consideration from product providers. A gift register is available for inspection upon request.

We have a documented Conflict of interest policy as well as a gift and incentives register.

You are entitled to receive a Statutory Notice from me setting out your rights as a policyholder.

Our 'Treating Customers Fairly' policy is available on our website: www.healthgroup.org.za

As a client, no provider may request or induce you in any manner to waive any right or benefit conferred on you by, or in terms of any provision of the FAIS Act and the General Code of Conduct.

Although no specific needs or products have yet been discussed, disclosures about the product provider must be made. Kindly refer to subsequent documentation such as a quote, annexure or policy document for information on Product Suppliers: name, physical and postal address, telephone details, name and contact details of their compliance department.

I hereby acknowledge that I have read the content of this document.

Client Name

Signature

Date