



## Death Cession Form



Dear IFA

In order for us to give consideration to your Cession, please be advised that the following list of requirements must be submitted. Please note that these forms are issued without admission of liability:

1. The **“Cession Form”** (Annexure A), on the next page, for the IFA Contract to be completed by the Executor.
2. A certified copy of the first page of the identity document of the deceased.
3. A certified copy of the death certificate for the original IFA.
4. The **“Letter of Executorship”**. **This must be the original letter or a certified true copy thereof.**
5. Completed and signed IFA applications form in the name of the new IFA if not already an existing IFA.

Once completed, please forward the documentation to: **PO Box 1316, Rivonia, 2128 or fax (011) 320 3133.**

The documentation requested above is material to the assessment of the cession and as such should be completed accurately and comprehensively. The cession request will be assessed in accordance with the IFA contract conditions, which form the binding contract between the new IFA and the company. Please be further advised that as this is a business contract, our communications will be addressed to the **parties concerned only**. No information will be given to a third party at any time.

Should you require any further assistance, please do not hesitate to contact me on (011) 320 3178.

Yours faithfully

**Geneveve Chauke**  
**Cessions Administrator**  
**Clientèle Life**

**Clientèle Life Assurance Company Limited**

Registration no. 1973/016606/06, PO Box 1316, Rivonia 2128, South Africa

Clientèle Office Park • Cnr. Rivonia and Alon Roads • Morningside

Tel # 011 320 3333 • Fax # 011 320 3133 • email: [services@clientele.co.za](mailto:services@clientele.co.za) • [www.clientele.co.za](http://www.clientele.co.za)

Directors: G Q Routledge (chairman) B W Reekie (managing) P R Enthoven

A D T Enthoven (alternate) H Moolla I B Hume G J Soll B A Stott W van Zyl (company secretary)

G O Simpson (authorised compliance officer)

Clientèle Life is an authorised Financial Services Provider FSP number: 15268

# CLIENTÈLE LIFE ASSURANCE COMPANY LIMITED

## IFA DEATH CESSION FORM

This form is issued without admission of liability

The information requested herein is material to the assessment of the cession, and as such must be completed accurately and comprehensively. The cession will be assessed in accordance with the IFA contract conditions, which form the binding contract between the company and the life insured.

**Cession of IFA Number:** .....

**CEDENT'S DETAILS (Old IFA)**

First Names: ..... Surname: .....  
ID Number: ..... Relationship to the Cessionary: .....  
Postal Address: .....  
..... Postal Code: .....  
Tel no during the day: (.....) ..... Cell Number: .....

**CESSIONARY'S DETAILS (New IFA)**

First Names: ..... Surname: .....  
ID Number: ..... Relationship to the Cedent: .....  
Existing IFA Number: ..... Cell Number: .....

**BANKING DETAILS OF CESSIONARY (NEW IFA) IN THE EVENT OF COMMISSION PAYMENTS:**

Name of Account Holder: .....  
Bank: ..... Branch Code: .....  
Account Number: ..... Type of Account: .....

**IMPORTANT:**

1. This cession will only be valid once duly recorded in the records of the Company and confirmed in writing by Clientèle Life.
2. This cession form must be accompanied by an application for Independent Field Advertiser Appointment, signed by the new IFA if not an existing IFA.
3. A cession will not be approved due to Multiple Ownership, being in the same downline of the cedent and not complying with the rules of the IFA contract.
4. This cession will not be approved if the business is not viable in terms of earnings or growth potential of both businesses. We will critically look at the ability of the cessionary in terms of his/her potential to run a successful business.

**DECLARATION**

I/We the representative, \_\_\_\_\_ (hereinafter referred to as the Executor) hereby cede, transfer, assign and make over unto \_\_\_\_\_ (hereinafter referred to as the Bequeathed) all right(s), title(s) and interests in this contract with Clientèle Life. I further understand that no new business will be accepted by Clientèle Life until such time as the cession has been approved and confirmed by way of writing. Any business submitted prior to such confirmation being received will be declined by Clientèle Life.

Signed at ..... this ..... day of ..... 20.....

.....  
**Signature of Cessionary**

.....  
**Signature of Unrelated Witness**