



Peter J Pyburn
FINANCIAL LIFE PLANNER
 Member IOLISA, IBC & Council for Medical Schemes.

"My interest is in the future, because I am going to spend the rest of my life there."
 Charles Kettering

FSP Licence # 2995

LETTER OF ENGAGEMENT: I, the undersigned, confirm the engagement of, appointed herewith as my Medical Aid Servicing Broker.

I acknowledge and understand that the PETER J PYBURN will receive commission from the Medical Scheme as permitted in terms of the Medical Scheme Act and that I, as the member, have no liability to the broker whatsoever.

I understand the broker must:

- Furnish me with the Scheme's product and benefit updates
- Furnish me with the Scheme's rules and procedures where applicable
- Furnish me with the Scheme's benefit structures offered, and advice on the best suited choice
- Furnish me with premiums payable on each product and / or part thereof
- Provide help with any queries / problems that I may experience with the Medical Scheme.

I also understand that this appointment will remain in force until cancelled by myself.

Full names of client	
ID number	

This appointment will remain effective until cancelled by me/us in writing.

Signed at this day of 202-~~4~~

.....
 Signature of client

Address:.....


Tel #:.....

Medical Aid number :

Medical aid company:

Broker: Peter Pyburn

Broker code:

Broker sign: 

Estate Planning, Local & Offshore Investments, Life & Disability Insurance, Business Insurance, Wills, Pension & Retirement Planning, Capital & Income Plans, Unit Trusts, Medical Cover, and Executorship.

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