

2. COMPLAINT INFORMATION

What product does your complaint relate to:

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| <input type="checkbox"/> Secured Investment | <input type="checkbox"/> Group Retirement Savings |
| <input type="checkbox"/> Tax-Free Savings | <input type="checkbox"/> Unclaimed Benefits |
| <input type="checkbox"/> Unit Trusts | <input type="checkbox"/> Group Risk Cover |
| <input type="checkbox"/> Impact Farming | <input type="checkbox"/> Fiduciary (Wills, trusts and estates) |
| <input type="checkbox"/> Commercial Property Finance | <input type="checkbox"/> Other (please describe fully) |
| <input type="checkbox"/> Beneficiary Care | <input type="text"/> |
| <input type="checkbox"/> Settlement Trust | <input type="text"/> |

Type of complaint:

- Product or service design (including fees, premiums and/or other charges)
- Information provided relating to a product or service
- Advice relating to a product or service
- Performance of product, policy or service
- Service delivery relating to a premium, an investment contribution or the collection or lapse of a product or service
- Accessibility of product or service
- Complaints handling
- Claims and/or non-payment of claims
- Other (please describe fully)

Please specify the date that this issue occurred:

D	D	M	M	Y	Y	Y	Y
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In your own words, please tell us what your complaint is about and what occurred:

How would you like us to resolve this issue?

2. COMPLAINT INFORMATION (CONTINUED)

Is there anything else you would like us to take note of?

Please include all relevant correspondence and evidence relating to your complaint.

3. PREFERRED METHOD OF COMMUNICATION

(Method of communication chosen by you will determine how quickly we will receive and respond to your complaint.)

Email Post SMS

4. DECLARATION

To the best of my knowledge, everything I have told you is correct. I understand that to help resolve my complaint, you will need to use and keep personal information about me. I understand this might include collecting and exchanging information about my complaint with other relevant parties.

I agree to the declaration above.

SIGNATURE

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Date

D	D	M	M	Y	Y	Y	Y
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