



# **Infussion**

## **Income Protecta & Accidental Death Benefit Plan**

### **Disclosure Document**

**This document contains**

**Welcome Letter & Information**  
**Application & Disclosure Document**  
**Summary of Terms and Conditions**



**This Product is Administered by Infussion Financial Services (Pty) Ltd**  
**an authorised Financial Services Provider, FSP No 35953**



**This Product is Underwritten by African Unity Life Ltd, a licensed Life Insurance company and**  
**an authorised Financial Services Provider, FSP No 8447**

**HEAD OFFICE: Infussion Financial Services (Pty) Ltd.**

Postnet Suit 379, Private Bag X4, Menlo Park 0102

Silver Lakes Office Park, Office Park 1, Block 3  
Von Backstrom Blvd., Silver Lakes, Pretoria

admin@infussionfinancial.co.za  
Tel: 0861 11 22 56 Fax: 0865 50 52 44



**INFUSSION**  
Affordable Quality Insurance

**BELLVILLE: Infussion Financial Services (Pty) Ltd.**

Edward Building III, Office 201  
70 Edward Street, Bo-Oakdale  
Bellville  
7530

bellvilleadmin@infussionfinancial.co.za  
Tel: 021 205 9685

## Dear Valued Client

Thank you for choosing the Infussion Income Protecta & Accidental Death Benefit Plan to cover your needs as per your needs analysis.

We want to ensure you make the most of your policy benefits. In this regard, please:

- Read your attached participation certificate carefully.
- Read your attached policy documents with more information about your policy.
- Inform your next of kin about your cover and the process to be followed in the event of a claim.

Pay attention to the waiting periods and the exclusions which are specified in the policy. Carefully check that all your information and details are correct and notify us of any corrections or changes required.

We believe in treating clients fairly, so please ask us for an explanation on anything you do not understand.

The Infussion Income Protecta & Accidental Death Benefit Plan is underwritten by African Unity Life Limited. Any endorsement to the Policy or the Schedule will form part of the policy. Although all benefits are listed, only those elected on the application form will be applicable.

For queries, changes in personal information and claims, please contact us on 0861 11 22 56 or on [admin@infussionfinancial.co.za](mailto:admin@infussionfinancial.co.za).

Yours sincerely,

**Key Individual**



## INFUSION INCOME PROTECTA & ACCIDENTAL DEATH BENEFIT PLAN

Administered by Infusion Financial Services (Pty) Ltd an authorised Financial Services Provider,  
FSP No 35953



Underwritten by African Unity Life Ltd, a licensed Life Insurance company and an authorised Financial  
Services Provider, FSP No 8447

### Application & Disclosure Document

National Call Line 0861 11 22 56

Fax: 0865 50 52 44 Email: admin@infusionfinancial.co.za

**POLICY NO**

**BROKER NAME:**

**BROKER CODE:**

**NATIONAL CALL LINE:** 0861 11 22 56 **FAX:** 0865 50 52 44 **E-MAIL:** admin@infusionfinancial.co.za

A. PERSONAL DETAILS			
Name		Surname	
ID	Age	Marital Status	Gender
Cell	Email		
Physical Address			
Employer			
B. INFUSION INCOME PROTECTA & ACCIDENTAL DEATH BENEFIT PLAN (Principal Member's age must be below 65 years)			
BENEFIT DESCRIPTION	OPTION 1	OPTION 2	OPTION 3
Income Protecta & Accidental Death Benefit			
<b>Member (Salary Bracket)</b>	R0 – R15 000 <small>(max pay out R11 250)</small>	R15 001 – R20 000 <small>(max pay out R15 000)</small>	R20 001 – R40 000+ <small>(max pay out R30 000)</small>
<b>Member (Accidental cover)</b>	R15 000	R20 000	R30 000
<b>Monthly Premium</b>	R69 <input type="checkbox"/>	R89 <input type="checkbox"/>	R109 <input type="checkbox"/>
<p>Income Protecta Benefit covers you for the loss of Income due to Accident or Illness:</p> <ul style="list-style-type: none"> <li>- This benefit is available to permanent workers.</li> <li>- Self-employed individuals are excluded.</li> <li>- Benefit payable after a 10-day deductible period (The insured must be absent for a consecutive period of 10 working days) where after the benefit will be payable from day 11 for a maximum of 10 weeks cover per member, per annum.</li> <li>- A maximum of 75% of your basic salary is payable. There is also a maximum payment limit of R30 000.</li> <li>- Benefit is claimable twice per principal insured per annum to a maximum of 10 weeks.</li> <li>- The Insured must be actively at work on the first working day on which cover is due to start.</li> <li>- Please refer to the full terms and conditions below.</li> </ul>			
C. NOMINATED BENEFICIARY – if the Main Member passes way			
RELATIONSHIP	SURNAME	FIRST NAME	ID NUMBER

<b>TOTAL COST PER MONTH</b>	R <input style="width: 50px; height: 20px;" type="text"/>
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<b>Client's signature</b>	
<b>Date signed</b>	

This confirms that the insured is covered for the benefits above subject to receipt of full premiums and the terms and conditions of the policy. Premiums will be deducted via debit order deduction, or cash payments with a unique pay@ number.

## SUMMARY OF TERMS AND CONDITIONS

### Waiting periods:

#### General:

- Accidental death: One monthly premium
- Income Protecta: Three consecutive equal monthly premium deductions prior to claim event

### Premiums:

Premiums will be due and payable monthly on or before the last day of each month. Where premiums are not paid to the Administrator, the policy will be discontinued on such terms as may be determined by the Administrator and/or AUL.

Increase of premiums notification period: 31 days written notice.

**Salary increase: should your salary increase to a higher bracket, please notify the Administrator immediately so that the cover option can increase accordingly.**

### Claims:

Claims must be fully submitted within 180 days of event. I acknowledge receipt of an original copy of my application. I know that I may cancel this policy within 31 days with no loss. I warrant that the particulars given above, whether in my handwriting or not, are true and complete. I understand and agree that any misstatement in this application will invalidate any claim under this policy. I undertake to abide by the terms and conditions of the Product Specification Document of the underwriter, which is available on request.

### How does my Income Protecta work?

- The benefit is payable after a 10-day deductible period.
- Before a member can claim for their Income Protecta benefit, the following check boxes should be ticked:
  - Has the main member depleted all his/her sick leave? If not, the member cannot claim for this benefit. If the member has enough sick leave to cover the days he has been booked off there is no valid claim. If the member receives a portion of sick leave, the remaining days less the excess period can be claimed.
  - Has the main member been booked off by a doctor for more than 10 working days and his/her sick leave is depleted?
  - If YES, the Income Protector pays out a benefit from day 11 for a maximum period of 10 working weeks.
  - It pays 75% of your basic monthly salary to a maximum of R30 000, multiplied by the days booked off sick.

### How to claim for the following benefits:

Product Provider	Type of Claim	Contact detail
Infussion Financial Services	Accidental Death Claims Income Protecta Claims	Please contact Infussion call line on: <b>0861 11 22 56</b> ; Email: <a href="mailto:admin@infussionfinancial.co.za">admin@infussionfinancial.co.za</a>

### General exclusions:

No claim will be admitted in terms of this Policy if the event giving rise to the claim is caused directly or indirectly by or is in any way attributable to any of the following:

- The willing participation by the Principal Insured or such other insured persons under this Policy, in any of the following:
  - an act of war (whether war is declared or not);
  - military action;
  - riot or unlawful strike;
  - insurrection;
  - civil commotion;
  - usurpation of power;
  - martial law;
  - terrorism; and
  - any usage of nuclear, chemical and biological weapons, device or agent.
- A disease, epidemic or a pandemic;
- An Act of Government;
- Any act or deed by the Principal Insured deliberately committed in violation of any law as well as any other insured person under the Policy including but not limited to a minor child, where his/her parent and/or legal guardian knowingly allows such child to participate in any act which constitutes a violation of any law;
- Self-inflicted injury or self-inflicted illness, whether intended or not, or voluntary exposure to danger or obvious risk of injury. Any injury or disease which is caused partly by the actions or omissions of the insured, but in conjunction with the action or omission of some other party of some other contributory factor, will fall outside the ambit of the above exclusion.

## GENERAL QUESTIONS & ANSWERS

### **Q: What is an Income Protecta?**

- An Income protector is a benefit that assists when you are booked off work due to illness or an injury. An Income Protector indemnifies the main member for loss of income as a result of an accident or illness.

### **Q: How does it work?**

- The benefit is payable after a 10-day deductible period.
- Before a member can claim for their Income Protecta benefit, the following check boxes should be ticked:
  - o Has the main member depleted all his/her sick leave? If not, the member cannot claim for this benefit. If the member has enough sick leave to cover the days he has been booked off there is no valid claim. If the member receives a portion of sick leave, the remaining days less the excess period can be claimed.
  - o Has the main member been booked off by a doctor for more than 10 working days?
  - o If YES, the Income Protector pays out a benefit from day 11 for a maximum period of 10 working weeks.
  - o **It pays 75% of your basic monthly salary to a maximum of R30 000, multiplied by the days booked off sick.**

### **Q: Does it cover when I'm involved in an accident?**

- Yes, it does cover you as long as you are booked off by the doctor

### **Q: Does it have a waiting period?**

- Yes, three (3) consecutive equal monthly premium deductions prior to the claim event.

### **Q: Will it still cover me if I have lost my job?**

- No, it only works when you are sick or injured and been booked off by the doctor, whilst permanently employed.

### **Q: What if I am sick and I am unable to work but I did not go to the doctor?**

- Unfortunately, we need a doctor's letter to confirm that you are sick and unable to work

### **Q: For how long can I claim for Income Protector?**

- Income Protecta has a maximum cover of 10 working weeks, if you are booked off for more than 10 weeks unfortunately it will not pay out for the remaining days.

### **Q: How will I receive the payment?**

- Income Protecta only makes a once-off payment and the payment is calculated according to the days booked off sick

### **Q: Does it cover me if I went to a sangoma?**

- Unfortunately, it does not cover any consultations with a sangoma

### **Q: Will I be able to claim for Income Protecta if I have been injured on duty?**

- Yes, only if you are not paid for Injury on Duty and there is a loss of income

### **Q: What is the turnaround time when I have submitted an Income Protecta claim?**

- If all requested documents are complete, the claim will be paid within 48hours

### **Q: What kind of documents are request for the Income Protecta claim?**

- When you want to submit a claim, we will send you our claim forms and a list of requested documents. We can only email or fax the documents as we do not do post deliveries.

### **Q: How often can I claim per year:**

- Main member can claim twice per annum up to maximum of 10 weeks.



**FORM OF AUTHORITY AND MANDATE IN RESPECT OF ALL ELECTRONIC DEBITS**

**ABBREVIATED NAME (The short description which will be noticed on bank statement):** *INFUSION*

**A. AUTHORITY**

Given by:(name of account holder) \_\_\_\_\_ Tel \_\_\_\_\_

ID: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

Bank: \_\_\_\_\_

Branch and code: \_\_\_\_\_

Account number: \_\_\_\_\_

Type of account: current (cheque) / savings / transmission

Amount: \_\_\_\_\_ (As per invoiced amount)if amount varies monthly

Date of transaction starting: \_\_\_\_\_

To:(name of beneficiary) **Infussion Financial Services (Pty) Ltd**

Beneficiary's address: **Silver Lakes Office Park 1, Block 3, Von Backstrom Blvd, Silver Lakes**

This signed Authority and Mandate refers to our contract dated \_\_\_\_\_ ("the Agreement")

I/We hereby authorise you to issue and deliver payment instructions to your banker for collection against my/our abovementioned account at my/our abovementioned bank (or any other bank or branch to which I/we may transfer my/our account) on condition that the sum of such payment instructions will never exceed my/our obligations as agreed to in the Agreement, and commencing on \_\_\_\_\_ and continuing until this Authority and Mandate is terminated by me/us by giving you notice in writing of not less 20 ordinary working days, and sent by prepaid registered post or delivered to your address indicated above.

The individual payment instructions so authorised to be issued must be issued and delivered as follows: on the \_\_\_\_ day ("payment day") of each and every month commencing on \_\_\_\_\_. In the event that the payment day falls on a Sunday or recognized South African public holiday, the payment day will automatically be the very next ordinary business day. Further, if there are insufficient funds in the nominated account to meet the obligation, you are entitled to track my account and re-present the instruction for payment as soon as sufficient funds are available in my account; monthly; on or after the dates when the obligation in terms of the Agreement is due and the amount of each individual payment instruction may not be more or less than the obligation due;

on or after the dates when the obligation in terms of the Agreement is due and the amount of each individual payment instruction may not be more or less than the obligation due.

I/We understand that the withdrawals hereby authorised will be processed through a computerized system provided by the South African Banks and I also understand that details of each withdrawal will be printed on my bank statement or on an accompanying voucher. Such must contain a number, which number must be included in the said payment instruction and if provided to you should enable you to identify the Agreement. This number must be added to this form in section E before the issuing of any payment instruction and communicated to me directly after having been completed by you. I/We shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force, if such amounts were legally owing to you.

**B. MANDATE**

I/We acknowledge that all payment instructions issued by you shall be treated by my/our above mentioned bank as if the instructions had been issued by me/us personally.

**C. CANCELLATION**

I/We agree that although this Authority and Mandate may be cancelled by me/us, such cancellation will not cancel the Agreement. I/We shall not be entitled to any refund of amounts which you have withdrawn while this authority was in force, if such amounts were legally owing to you.

**D. ASSIGNMENT**

I/We acknowledge that this authority may be ceded or assigned to a third party if the Agreement is also ceded or assigned to that third party, but in the absence of such assignment of the Agreement, this Authority and Mandate cannot be assigned to any third party. We acknowledge that you utilise the services of StratCol for this collection.

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Signature as used for operating on the account

FOR OFFICE USE E. NUMBER THE NUMBER IS .....



**PROTECTION OF PERSONAL INFORMATION – Act 4 of 2013 (POPIA)**

**POPI DECLARATION**

**CLIENT CONSENT FORM**

**CLIENT (Name and Surname):** \_\_\_\_\_

**RESPONSIBLE PARTY:**

**Infussion Financial Services (Pty) Ltd:** Email:admin@infussionfinancial.co.za Tel: No 0861 112256 Fax No: 0865 50 52 44  
Information Officer: Marsha Lourens

Infussion understands that your personal information is important to you, therefore your privacy is just as important to Infussion and we are committed to safeguard and process your information in a lawful manner.

**CONSENT FOR THE PROCESSING OF PERSONAL INFORMATION FOR THE PURPOSES FACILITATING THE SERVICES AS WELL AS DIRECT MARKETING IN TERMS OF SECTION 69(2) OF POPIA:**

- I hereby give my consent to receive direct marketing of goods or services to be marketed by means of electronic communication.
- I AGREE: Where information is shared, we will take all precautions to ensure that the third party will treat your information with the same level of protection as required by us. Your information may be hosted on servers managed by a third-party service provider which may be located outside of South Africa.
- THE SERVICES in terms of Long-term Insurance Products, Long-term Insurance Category 1:
  - to verify your identity to process your application and future claims to confirm,
  - to verify and update your details to use your Personal Information in Infussion's risk models and building personal profiles to enhance the overall risk management of your insurance offering
  - to comply with any legal and regulatory requirements to notify you of new products or developments which may be of interest to you.

**DISCLOSURE IN TERMS OF POPIA YOUR RIGHTS:**

- to be notified that personal information is being collected or that your personal information has been accessed or acquired by unauthorised persons to request access to your personal information held by any Responsible Party
- to request the correction, destruction or deletion of your personal information
- to object to the processing of your personal information; (please note that your application cannot proceed should you object to the collection and processing of your personal information) not to have your personal information processed for purposes of direct marketing by means of unsolicited electronic communication unless you have provided
- consent not to be subject to a decision solely based on the basis of automated processing of your personal information
- to submit a complaint to Infussion's Information Officer, should you not be satisfied with the outcome you are entitled to submit your complaint to the Information Regulator
- to institute civil proceedings regarding the alleged interference with the protection of your personal information.

**PURPOSE:**

Your personal information is collected, processed and will be recorded and stored for purposes of facilitating the conclusion of the application for insurance you have applied for as well as maintaining and risk managing your insurance.

**INFORMATION SHARING:**

Infussion will not share your information with any third party unless it is for purposes of facilitating the conclusion of this application for insurance and managing your insurance. Infussion may therefore with your permission, disclose your information to any of our legitimate business partners should it be necessary and complementary to the purpose of maintaining your insurance.

I authorise Infussion to request from any third party bureau to provide my personal information for any of the above mentioned purposes.

I have Read and Understand the Disclosures: \_\_\_\_\_

Signature

Date

\_\_\_\_\_

**INFUSION INCOME PROTECTA & ACCIDENTAL DEATH BENEFIT PLAN**  
**STATUTORY NOTICE TO LONG-TERM INSURANCE POLICYHOLDERS**  
**IMPORTANT – PLEASE READ CAREFULLY DISCLOSURE AND OTHER LEGAL REQUIREMENTS**  
(This notice does not form part of the Insurance Contract)

<p><b>As a Long-term Insurance policyholder or prospective Policyholder you have the right to the following information:</b></p> <p><b>1. About the Insurer:</b>  <b>Company Name: African Unity Life Limited. Reg No: 2003/016142/07</b>  Physical Address: Springfield Office Park, 109 Jip de Jager Dr, Bellville, 7530  Postal Address: PO Box 4061, Durbanville, 7550  Tel No: 086 1234 555 Fax No: 086 1234 5556  FAIS Registration: FSP 8447  Products Authorised: Cat 1 Long-Term Insurance, Subcategory A, B1, B2, B2-A, B1-A, C  Compliance Officer: Mr JJ Ferreira Tel: 086 1234 555  Complaints: <a href="mailto:complaints@africanunity.co.za">complaints@africanunity.co.za</a>  Conflict of Interest: You can access the Conflict of Interest Policy of African Unity Life at: <a href="mailto:info@africanunity.co.za">info@africanunity.co.za</a>  African Unity Life has Professional Indemnity Cover and Fidelity Cover in place</p> <p><b>2. About the Underwriting Manager:</b>  <b>Company Name: Infussion Financial Services (Pty) Ltd. Reg No: 2007/033173/07</b>  Physical Address: Silver Lakes Office Park, Office Park 1, Block 3, Von Backstrom Blvd. Silver Lakes, Pretoria.  Tel No: 0861 112256 Fax No: 0865 505 244  FAIS Registration: FSP 35953  Products Authorised: Cat 1 Long-Term Insurance, Subcategory A, B1, B2, B2-A, B1-A, C Cat 1 Short-Term Insurance” Personal Lines, A1, Cat IV Assistance Business FSP  Legal Capacity: Underwriting Manager: Binder Agreement with African Unity Life Limited  Shareholdings in Insurers if 10% or more – None  Remuneration: The business earns a Binder fee from African Unity Life Limited.  Compliance Officer: Geta Hancke, Moonstone Compliance (Pty) Ltd  Address: PO Box 1221, Die Boord, Stellenbosch, 7613  Tel no: 021 883 8000 Fax: 021 880 0688  Email address: <a href="mailto:ghancke@moonstoneinfo.com">ghancke@moonstoneinfo.com</a>  Complaints: Infussion Financial Services has a complaints resolution system and conflicts of interest policy, which you can obtain on request at our office. If you have any queries or concerns, please don't hesitate to send us a message by e-mail at <a href="mailto:admin@infussionfinancial.co.za">admin@infussionfinancial.co.za</a>.  Professional Indemnity Insurance: Infussion does hold professional indemnity cover and fidelity insurance cover.  Policy Wording: A copy of the policy wording can be obtained from Infussion Financial Services (Pty) Ltd.</p> <p><b>3. About the Intermediary:</b>  <b>Company Name: Infussion Brokers (Pty) Ltd. Reg No 2016/282424/07. FSP No: 48548</b>  Physical Address: 29 Lily Avenue, Northcliff, 2188  Tel No: 079 931 7128 Fax No: 086 763 5411  Legal Capacity to Insurer: Intermediary Agreement  Professional Indemnity Insurance: Lombard Insurance Company Limited Policy Nr: P51 012472  Name of Insurers from which 30% or more of total commissions and remuneration is received during the last calendar year: African Unity Life Ltd. FSP 8447  Insurance products that may be sold: category A, B1, C, B2, Short-Term Insurance: Personal Line and Commercial lined, Retail Pension Fund Benefits, Pension Fund Benefits, Deposits as defined in the Banks Act, Participatory interest in one or more collective investment schemes  Compliance Officer: Compliance Practice - Comply It Solutions (Pty) Ltd  Reg Nr 2016/282395/07, CO Practice Nr 7146  Compliance Officer: Lida Muuren-Rozyn, CO Practice Nr 6860  Telephone Number: 012 942 6050  Email Address: <a href="mailto:compliance@comply-solutions.co.za">compliance@comply-solutions.co.za</a></p> <p>Kindly take note that above mentioned Intermediary will earn a commission of 30% for the funeral benefit and 3.25% for the income protector benefit, calculated on the gross risk premium for rendering intermediary services.</p> <p>A binder fee of 9% will be earned by the Underwriting Manager calculated on the gross risk premium.</p>	<p><b>As a Long-term Insurance policyholder or prospective Policyholder you have the right to the following information:</b></p> <p><b>4. Your right to know the impact of the decision you elect to make:</b>  (a) The intermediary/Insurer dealing with you must inform you of:  - The premium you may be paying  - The nature and extent of benefits you may receive  (b) The possible impact of this purchase on your finances.  (c) The possible impact of this purchase on your other policies (affordability).  (d) The possible impact of this purchase on your investment portfolio (affordability).  (e) The flexibility of changes you may make to the proposed contract.  (f) The contract terms of the product you intend to purchase. (It is very important that you are quite sure that the product or transaction meets your needs and that you feel you have all the information you need to make a decision.</p> <p><b>5. Your right when being advised to replace an existing policy. You may not be advised to cancel a policy to enable you to purchase a new policy or amend an existing policy, unless:</b>  (a) The intermediary identifies the policy as a replacement policy.  (b) The implications of cancellation of the policy are disclosed to you, such as:  - The influence on your benefits under the old policy;  - The additional costs incurred with the replacement.  (c) The insurer which issued the original policy will contact you and you are advised to discuss the matter with its representative.</p> <p><b>6. Your right to be informed by the Insurer.</b>  The Insurer will forward you documentation confirming policy details as discussed in the Notice, which will also include:  (a) The Name of the Insurer  (b) The product being purchased  (c) Cost in Rands of the transaction and specifically:  (i) The loadings, if any. None  (ii) The initial expense. None  (iii) The amount of commission and other remuneration being paid to the intermediary – commission as per schedule</p> <p><b>7. Your right to cancel the transaction:</b>  In most cases you have the right to cancel the policy in writing within 31 days after receipt of the summary contemplated as per Rule 11.5 of the PPR's. The same applies to certain changes you may make to the policy. The insurer is obliged to confirm to you whether you have the right and explain how to exercise it. Please bear in mind that you may not exercise if you have already claimed under the policy or if the event, which the policy insures you against, has already happened. If the policy has an investment component, you will carry any investment loss.</p> <p><b>8. Remember that you may contact either the Ombudsman for Long-term Insurance or the FAIS Ombud, whose details are set out below, if you have any concerns regarding a product sold to you or advice given to you.</b></p> <ul style="list-style-type: none"> <li>- Particulars of Long-term Insurance Ombudsman: PO Box 45, Claremont, 7735  Tel: (021) 657 5000 Fax: (021) 674 0951</li> <li>- Particulars of the FAIS Ombud: PO Box 74571, Lynnwood Ridge, 0040.  Tel: (012) 470 9080 Fax: (012) 348 3447  Email: <a href="mailto:info@faisombud.co.za">info@faisombud.co.za</a></li> </ul> <p><b>9. Premium Payments:</b>  Premiums will be due and payable monthly on or before the last day of each month. 15-day grace period applies for arrear premiums.  Reinstatement of Policy: If a policy is reinstated within two months from Lapsing, only the portion of the waiting period which was not completed will apply. If a policy is reinstated after two months of lapsing, all waiting periods will re-apply.</p> <p><b>10. IMPORTANT WARNING</b>  - It is very important that you are quite sure that the product or transaction meets your needs and that you feel you have all the information you need to make the decision. It is recommended that you discuss with the intermediary/insurer the possible impact of the transaction on your finances, your other policies or your broader investment portfolio. You should also ask for information on the flexibility of any proposed policy.  - Where paper forms are required, it is advisable to sign them only once they are fully completed. Feel free to make notes regarding verbal information, and to ask for written confirmation or copies of documents.</p> <p>For more fine print, please visit our website: <a href="http://www.infussionfinancial.com">www.infussionfinancial.com</a></p>
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