



Debicheck authority

I/we the undersigned:

5.2.1 Confirm that the account information I/we have provided above is an account in my/our name and that the information given by me/us in this authority and mandate is true and correct.

5.2.2 Authorise Discovery Life to issue and deliver payment instructions to my/our bank, recorded above, for the collection of any amounts due under or in terms of this Funeral Plan. The sum of such payment instructions should never exceed my/our obligations as framed in the policy. Premiums due shall be adjusted annually on policy anniversary as provided in the Funeral Plan. Increases of 15% or more shall require your authorization. It will start on the nominated policy commencement date and shall continue until this authority and mandate is terminated by me/us by giving Discovery Life no less than 20 ordinary working days, written notice thereof or immediately in the event that I/we instruct my/our bank to withdraw this authority and mandate.

5.2.3 Confirm that the payment instructions mentioned above must be issued and delivered on the day that I/we have nominated ('payment day') and thereafter on the same day in every successive month. If there are insufficient funds in your account to meet the obligation, we are entitled to track your account and re-present the instruction for payment as soon as sufficient funds are available in your account. If the payment day falls on a non-business day, the payment day will automatically be the next working day and you will not be able to dispute this presentment.

5.2.4 Agree that payments in December may be debited from my/our account on the nominated payment date and understand that it is my/our responsibility to make sure that I/we have funds available.

5.2.5 Authorise Discovery Life to obtain and provide any information about me/us from any one or more of the following:



- Any credit bureau
- Any life assurance or credit providers' industry association
- Any other association of any industry in which we operate. This includes information related to creditworthiness, credit history, financial history, personal information, judgement history and default history.

5.2.6 Acknowledge that my/our bank will treat each payment instruction to pay premiums or amounts due under this policy to Discovery Life as if each payment instruction came from me/us personally as the accountholder.

5.2.7 Undertake to advise Discovery Life in writing of any changes to my/our account details. I acknowledge that Discovery Life will not be held responsible or liable for any claim, loss or harm that I/we or any third party may suffer as a result of me/us providing incorrect banking details herein or if the bank account is in the name of another person or entity or as a result of my/our failure to notify Discovery Life of a change in banking details or if the bank account has insufficient funds to meet my/our obligations under or in terms of the policy.

5.2.8 Know and understand that this authority and mandate may be ceded (to give up control), assigned or made over to a third party if the policy or a part thereof is also ceded, assigned or made over to that third party. In the absence of such assignment or cession of the policy, this authority and mandate cannot be ceded, assigned or made over to a third party. and mandate cannot be ceded, assigned or made over to a third party.

5.2.9 Know and understand that the withdrawals hereby authorised will be processed through a computerised system provided by South African banks. The details of each withdrawal from my/our bank account will be printed on my bank statement and must show the abbreviated user code 'DISCLIFE' and the policy number so that I/we can identify this policy contract.

5.2.10 Acknowledge that although this authority and mandate may be terminated by me/us, such termination does not necessarily terminate this policy. In the event of such termination, I/we are not entitled to any refund of any premiums or amounts due that



were withdrawn by Discovery Life while this authority and mandate was in force if such premiums or amounts were legally owed to Discovery Life in terms of the policy.

5.2.11 Acknowledge that by signing this authority and mandate, I/we are bound by the payment terms applicable to this policy.