

Contact us
Tel: 0860 372 030; Email: FuneralPlan@discovery.co.za; www.discovery.co.za

How to complete this form

To enable Discovery to process the application form promptly and accurately, please make sure that it is completed in full. Write one letter per block in black ink, print clearly, mark selections with an X and sign and date any changes made. **The policy owner will always be the premium payer of the policy and must have a valid South African identity number to apply.**

Mandate

The financial adviser was mandated to only provide advice on Discovery Funeral cover.

Product details

Plan type	Classic	<input type="checkbox"/>	OR	Essential	<input type="checkbox"/>	(The Essential Plan does not qualify for the CashBack Benefit)			
Plan option (Please select one)	Plan option 1 <input type="checkbox"/>		Plan option 2 <input type="checkbox"/>		Plan option 3 <input type="checkbox"/>		Plan option 4 <input type="checkbox"/>	Plan option 5 <input type="checkbox"/>	Classic Max (only available on Classic Plan) <input type="checkbox"/>
Principal life	R10,000		R20,000		R30,000		R40,000	R50,000	R100,000
Spouse	R10,000		R20,000		R30,000		R40,000	R50,000	R100,000
Extended Family (over age 21)	R10,000		R15,000		R20,000		R30,000	R40,000	R40,000
Parents	R10,000		R15,000		R20,000		R30,000	R40,000	R40,000
Children & extended (15 to 21)	R7,500		R15,000		R20,000		R30,000	R40,000	R40,000
Children & extended (6 to 14)	R5,000		R8,000		R10,000		R16,000	R20,000	R20,000
Children & extended (0 to 5)	R3,000		R4,000		R5,000		R8,000	R10,000	R10,000
Automatic Baby Cover	R1,000		R2,000		R2,500		R3,500	R4,000	R4,000
Total premium*									R

*If the quoted premium, the premium on your application form and the premium in your policy schedule are not the same, the premium rates shown in your Policy Schedule will prevail.

Reasons why the specific plan was preferred over any other plan?

Policy start date

Policy start date

D	D	M	M	Y	Y	Y	Y
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Please note: If we collect your premium by debit order and you do not select a start date, your start date will be set as the earliest possible month in which we are able to collect your debit order on your selected debit order day. This usually takes between one and three working days after we activate your policy. If we collect your premium by payroll deduction, your start date will depend on when we activate your policy and your **company's payroll arrangements**, even if it differs from the start date you selected.

Please note that a waiting period of six calendar months will apply from the policy start date for all lives accepted for cover as per Section 6.27 below. Your policy start date depends on whether Discovery collects your premiums via debit order or payroll deduction.

1. If Discovery collects your premium via debit order, your start date will be set as the start or commencement date you selected provided that we are able to process your debit order on your selected debit order day in that particular month. It typically takes one to three working days after Discovery Life activates your policy. If we are not able to process your debit order in that month, your start date will be the first day of the following month.
2. Where premiums are collected by payroll deduction from your salary, the policy start date depends on the date Discovery activates your policy, and on your company's payroll arrangements.

1. Policy owner

Surname																											
First name(s) (as in ID)																									Initials		
ID number									Title			Sex	<input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	<input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> M <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> D												
Country of birth																											
Previous/maiden name																											
Telephone (H)													Telephone (W)														
Cellphone (compulsory)									Email address (compulsory)																		
Net. salary																											
Relationship to Principal life assured																											
Residential address (compulsory)																											
Suite/unit number					Complex name																						
Street number					Street name																						
Suburb																											
City																											
Region																									Code		
If the postal address is the same as the residential address please tick the box <input type="checkbox"/>																											
Postal address (if different from residential address)																											
Post collected from:	Suite	<input type="checkbox"/>	Postnet Suite	<input type="checkbox"/>	PO Box	<input type="checkbox"/>	Private Bag	<input type="checkbox"/>	Number																		
Suburb																											
City																											
Region																									Code		

2. Lives assured

Principal Life Assured

Is the principal life assured the same as the owner (must be 19 years or older and younger than age 66 when applying)? Yes ☐ No ☐

If "No", please specify the principal life assured details below.

Surname																											
First name(s) (as in ID)																									Initials		
ID number									Title			Sex	<input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	<input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> M <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> D												
Does the principal life require zero-sum assured? (Where payment is by stop order only)																											
Is the principal life on this Funeral Plan currently a member of Discovery Health Medical Scheme, LA Health or Flexicare? If yes, please provide the membership number.																											
Yes <input type="checkbox"/> No <input type="checkbox"/>																											
Membership number																											

If not, does the principal life on this Funeral Plan intend on becoming a member of Discovery Health Medical Scheme, LA Health or Flexicare? This could be either through a current application or through a new application to be made within the next 30 day. Yes ☐ No ☐

Spouse (Must be age 19 years or older and younger than 66 when applying.)*

Surname																											
First name(s) (as in ID)																									Initials		
ID number									Title			Sex	<input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	<input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> Y <input type="checkbox"/> M <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> D												

2. Lives assured (continued)

Children (Must be younger than 21 when applying. A maximum of five children are allowed as insured children.)*

Child 1

Surname	<input type="text"/>																												
First name(s) (as in ID)	<input type="text"/>																								Initials	<input type="text"/>			
ID number	<input type="text"/>								Title	<input type="text"/>		Sex	<input type="text"/>	<input type="text"/>	Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Child 2

Surname	<input type="text"/>																												
First name(s) (as in ID)	<input type="text"/>																								Initials	<input type="text"/>			
ID number	<input type="text"/>								Title	<input type="text"/>		Sex	<input type="text"/>	<input type="text"/>	Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Child 3

Surname	<input type="text"/>																												
First name(s) (as in ID)	<input type="text"/>																								Initials	<input type="text"/>			
ID number	<input type="text"/>								Title	<input type="text"/>		Sex	<input type="text"/>	<input type="text"/>	Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

2. Additional lives assured (continued)

Child 4

Surname	<input type="text"/>																												
First name(s) (as in ID)	<input type="text"/>																								Initials	<input type="text"/>			
ID number	<input type="text"/>								Title	<input type="text"/>		Sex	<input type="text"/>	<input type="text"/>	Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Child 5

Surname	<input type="text"/>																												
First name(s) (as in ID)	<input type="text"/>																								Initials	<input type="text"/>			
ID number	<input type="text"/>								Title	<input type="text"/>		Sex	<input type="text"/>	<input type="text"/>	Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Parents and parents-in-law (Must be 36 years or older and younger than 76 years at application. A maximum of four parents or parents-in-law are allowed as insured parents.)*

Parent 1

Surname	<input type="text"/>																												
First name(s) (as in ID)	<input type="text"/>																								Initials	<input type="text"/>			
ID number	<input type="text"/>								Title	<input type="text"/>		Sex	<input type="text"/>	<input type="text"/>	Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Relationship	<input type="text"/>																												

Parent 2

Surname	<input type="text"/>																												
First name(s) (as in ID)	<input type="text"/>																								Initials	<input type="text"/>			
ID number	<input type="text"/>								Title	<input type="text"/>		Sex	<input type="text"/>	<input type="text"/>	Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Relationship	<input type="text"/>																												

Parent 3

Surname	<input type="text"/>																												
First name(s) (as in ID)	<input type="text"/>																								Initials	<input type="text"/>			
ID number	<input type="text"/>								Title	<input type="text"/>		Sex	<input type="text"/>	<input type="text"/>	Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Relationship	<input type="text"/>																												

Parent 4

Surname	<input type="text"/>																												
First name(s) (as in ID)	<input type="text"/>																								Initials	<input type="text"/>			
ID number	<input type="text"/>								Title	<input type="text"/>		Sex	<input type="text"/>	<input type="text"/>	Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Relationship	<input type="text"/>																												

Extended family members (Must be younger than age 76 at application). You can supply the details for up to ten extended family

Extended family member 1

Surname	<input type="text"/>																												
First name(s) (as in ID)	<input type="text"/>																								Initials	<input type="text"/>			
ID number	<input type="text"/>								Title	<input type="text"/>		Sex	<input type="text"/>	<input type="text"/>	Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Relationship	<input type="text"/>																												

2. Additional lives assured (*continued*)

Extended family member 2

Surname																								
First name(s) (as in ID)																			Initials					
ID number									Title			Sex	<input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	<input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> M <input type="text"/> M <input type="text"/> D <input type="text"/> D									
Relationship																								

Extended family member 3

Surname																								
First name(s) (as in ID)																			Initials					
ID number									Title			Sex	<input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	<input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> M <input type="text"/> M <input type="text"/> D <input type="text"/> D									
Relationship																								

Extended family member 4

Surname																								
First name(s) (as in ID)																			Initials					
ID number									Title			Sex	<input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	<input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> M <input type="text"/> M <input type="text"/> D <input type="text"/> D									
Relationship																								

Extended family member 5

Surname																								
First name(s) (as in ID)																			Initials					
ID number									Title			Sex	<input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	<input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> M <input type="text"/> M <input type="text"/> D <input type="text"/> D									
Relationship																								

Extended family member 6

Surname																								
First name(s) (as in ID)																			Initials					
ID number									Title			Sex	<input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	<input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> M <input type="text"/> M <input type="text"/> D <input type="text"/> D									
Relationship																								

Extended family member 7

Surname																								
First name(s) (as in ID)																			Initials					
ID number									Title			Sex	<input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	<input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> M <input type="text"/> M <input type="text"/> D <input type="text"/> D									
Relationship																								

Extended family member 8

Surname																								
First name(s) (as in ID)																			Initials					
ID number									Title			Sex	<input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	<input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> M <input type="text"/> M <input type="text"/> D <input type="text"/> D									
Relationship																								

Extended family member 9

Surname																								
First name(s) (as in ID)																			Initials					
ID number									Title			Sex	<input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	<input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> M <input type="text"/> M <input type="text"/> D <input type="text"/> D									
Relationship																								

Extended family member 10

Surname																								
First name(s) (as in ID)																			Initials					
ID number									Title			Sex	<input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	<input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> M <input type="text"/> M <input type="text"/> D <input type="text"/> D									
Relationship																								

*Additional spouses, children and parents or parents-in-law must be added as extended family members.

3. Beneficiary details

Beneficiaries to whom the money will be paid on your death. Please complete the details of the beneficiaries you nominate. If one of the other insured persons on your policy dies, you will be the beneficiary and we will pay that money to you. If you do not nominate a beneficiary to receive the money in the event of your death, we will pay the money from your policy to your estate.

First name	<input type="text"/>																									
Surname	<input type="text"/>																									
Sex	<input type="checkbox"/> M <input type="checkbox"/> F	ID number	<input type="text"/>																							
Relationship	<input type="text"/>																				Percentage	<input type="text"/>		%		
First name	<input type="text"/>																									
Surname	<input type="text"/>																									
Sex	<input type="checkbox"/> M <input type="checkbox"/> F	ID number	<input type="text"/>																							
Relationship	<input type="text"/>																				Percentage	<input type="text"/>		%		
First name	<input type="text"/>																									
Surname	<input type="text"/>																									
Sex	<input type="checkbox"/> M <input type="checkbox"/> F	ID number	<input type="text"/>																							
Relationship	<input type="text"/>																				Percentage	<input type="text"/>		%		

4. Replacement of existing policy

Important note: Replacement of any insurance may be to your disadvantage

Is this proposal to replace the whole or any part of your existing insurance with any insurer?

Yes ☐ No ☐

If **Yes**, a replacement comparison must be made between the policy being replaced and the Discovery Funeral Plan being applied for with this application in the table below:

Details of replaced policy		Replaced policy 1	Replaced policy 2	Replaced policy 3
Insurer				
Policy number				
Please provide reasons why the replacement will be best suited to address the client's needs and attach the accompanying policy schedule for review.				
Comparison of policies	Discovery Funeral Plan	Replaced policy 1	Replaced policy 2	Replaced policy 3
Cover amount				
Premium				
Other benefits				
Lives assured				
Waiting period				

5. Payment details

How to pay the recurring premium

- For debit order payment, please complete section 5.
- For payroll deduction, please complete section 5 and Annexure A.

5.Payment details (continued)

Direct debit order authority (compulsory)

- It is important that you provide us with the correct banking details for collection of the premium. Discovery Life will not be legally responsible if you give us incorrect banking details.
- Annual CashBack and CashBack at 65 will be deposited into the account provided below.
- You must inform us if your banking details change.

Account holder name	<input type="text"/>
Bank name	<input type="text"/>
Branch name	<input type="text"/> Branch code <input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>
Account number <small>(credit cards cannot be accepted)</small>	<input type="text"/> Account type: Current <input type="checkbox"/> Transmission <input type="checkbox"/> Savings <input type="checkbox"/>
Debit order day	<input type="text"/>
Quoted premium	R <input type="text"/>

I/we, the undersigned:

- 5.1 I/we, the undersigned, 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 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. 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.
- 5.3 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 the payment day falls on a Sunday or recognised South African public holiday, the payment day will automatically be the next working day.
- 5.4 Agree that payments in December may be debited against 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.
- 5.5 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.
- 5.6 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 account holder.
- 5.7 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.
- 5.8 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.
- 5.9 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.
- 5.10 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 was withdrawn by Discovery Life while this Authority and Mandate was in force if such premiums or amounts were legally owing to Discovery Life in terms of the policy.
- 5.11 Acknowledge that by signing this Authority and Mandate I/we are bound by the payment terms applicable to this Policy.

Signed at	<div></div>															
Signature of accountholder	<div></div>															
Second signature (if applicable)	<div></div>															
	Date signed <div></div>															
	Date signed <div></div>															

Terms and conditions for cover

6. Key terms used

- 6.1 **‘Accidental death’** means death as a result of a direct, sudden and unexpected event that happens at a known place and time, has a visible, violent and external cause, and that ends in the death of a life assured.
- 6.2 **‘Astute’** is The Financial Services Exchange (Pty) Ltd, trading as Astute.
- 6.3 **‘CPI’** is the Consumer Price Index published by Statistics South Africa. CPI increases on your Funeral Plan are limited to a minimum of 1% and a maximum of 10%.
- 6.4 **‘Child’** means an unmarried person under the age of 21, naturally related to you or your spouse or both, a stepchild, a foster child or a legally adopted child who is financially dependent on you, your spouse or both.
- 6.5 **‘Discovery’** means Discovery Life Limited, a public company with limited liability registered under the company laws of the Republic of South Africa (registration number 1966/003901/06), whose principal place of business is 1 Discovery Place, Sandton, Johannesburg, 2196.
- 6.6 **‘Extended family’** means:
- 6.6.1 Any child who meets the definition of a child in 6.4 above, who is not registered as a child on this policy
- 6.6.2 Another spouse who is not registered as the spouse on this policy
- 6.6.3 A parent or parent-in-law who is not registered as a parent on this policy
- 6.6.4 Any family member or dependant who is nominated by the principal life as an extended family member, subject to maximum age criteria.
- 6.7 **‘FICA’** is The Financial Intelligence Centre Act 38 of 2001.
- 6.8 **‘Guide’** means the Discovery Life Funeral Plan Guide.
- 6.9 **‘Lives assured’** means anyone who is recorded on your policy schedule. For example, you, your spouse, parents, children and extended family.
- 6.10 **‘Parents and parents-in-law’** means the natural parents of you or your spouse or the parents who legally adopted you or your spouse.
- 6.11 **‘Policy’** refers to the Discovery Life Funeral Plan Guide, this application form, the policy schedule and any accepted changes that you make to this policy.

Terms and conditions for cover (continued)

- 6.12 **'Policy schedule'** is the summary of the policy that Discovery sends to you when Discovery has activated your application for cover or any changes that are made to your policy.
- 6.13 **'Product'** is the Discovery Life Funeral Plan
- 6.14 **'Spouse'** means:
- 6.14.1 The person you are married to by law or through customary marriage or a civil union or a union recognised as a marriage by the tenets of any religion.
- 6.14.2 Someone living with you as your permanent life partner with whom you have a reciprocal duty of support through a domestic partnership.
- 6.15 **'Start date'** depends on whether Discovery collects your premiums via debit order or payroll deduction.
- 6.15.1 If Discovery Life collects your premium via debit order, your start date will be set as the start or commencement date you selected provided that we are able to process your debit order on your selected debit order day in that particular month. This typically takes one to three working days after Discovery Life activates your policy. If we are not able to process your debit order in that month, your start date will be the first day of the following month.
- 6.15.2 For a policy where premiums are collected through payroll deduction, the policy start date is based on the date your application is activated by Discovery and your company payroll arrangement.
- 6.15.3 No rights and obligations arise under this policy before the start date.
- 6.16 **'You and your'** is you the owner and principal life of this policy as set out in the policy schedule.
- 6.17 **Licences and authorities**
- 6.17.1 The Discovery Life Funeral Plan is administered and underwritten by Discovery Life.
- 6.17.2 Discovery warrants that it holds professional indemnity and fidelity insurance cover as required by the Financial Advisory and Intermediary Services Act 37 of 2002 (FAIS Act).
- 6.17.3 Discovery reserves the right to accept or reject this application form.
- 6.18 **Assessing your application**
- Discovery will assess your application and let you know if we have accepted it or not.
Cover for you or any of the lives assured under the policy starts on the start date, which has been defined in point 6.15.
- 6.19 **Communication between you and Discovery**
- On commencement of the policy, Discovery will email the documents that include a summary of all personal details together with a Discovery Life Funeral Plan Guide.
- 6.20 **You have 31 days to object to any policy contract terms**
- You have 31 days from the date that you receive your policy schedule to tell us if you have any objections. If Discovery does not receive an objection in this time, Discovery is entitled to treat the absence of an objection as your acceptance of the terms and conditions as they stand. You do not have the right to object to any terms and conditions after the 31-day period is over. If you do object, Discovery may change the terms of the contract but Discovery is not obliged to do so. You have the right to cancel the policy and be refunded the premiums within 31 days of receipt of your policy schedule provided that no benefit has been paid.
- 6.21 **You confirm that Discovery may collect premiums**
- 6.21.1 Depending on the method you have chosen to pay premiums for the policy, you hereby authorise Discovery to collect premiums via payroll deduction or from your bank account as the case may be.
- 6.21.2 If you have chosen to pay premiums, charges and fees via payroll deduction and this collection fails, you authorise Discovery to collect the premiums due, charges and fees from your bank account.
- 6.21.3 In the case where we collect premiums, charges and fees from your bank account, such premiums, charges and fees will be collected on the first debit order day or the first banking day thereafter.
If the premium is paid by someone other than you, then that person's bank will treat every payment instruction to pay the premiums, charges and fees to us as if it came from that person personally.
The premium payer may cancel the debit order at any time but this may lead to the policy being cancelled if you (or the premium payer) do not give us new debit order details and a premium is not paid in time.
- 6.21.4 You know and understand that if someone else is paying the premiums it is your responsibility to make sure that there are always sufficient funds to pay the premiums. Discovery will notify you (and not the premium payer) if there are insufficient funds in the bank account or if Discovery is not able to collect the premiums.
- 6.21.5 Neither you nor the premium payer can ask Discovery to refund any premiums, charges or fees Discovery collected when they were due and owing.
- 6.21.6 Discovery is not responsible for any loss or harm you or the premium payer may suffer because the bank account details given to Discovery are incorrect. You must let Discovery know if the bank account details you have given Discovery change.
- 6.22 **Premiums**
- 6.22.1 All premiums as stated in the policy schedule must be paid by debit order or by payroll deduction. If the premium payer does not pay premiums when they are due, for example, Discovery is unable to collect the premiums through debit order or the payroll deduction fails, Discovery may cancel the policy from the date the premium was due.
- 6.22.2 Discovery will only consider the premium as paid when our bank account is credited with the premium. In the case of a debit order, this is provided that the premium is not reversed later.
- 6.22.3 Subject to clause 8, the benefits will not commence and no liability whatsoever will attach to Discovery for any obligation under this policy until notice of activation has been given and the first premium has been received.
- 6.22.4 Premium increases applied to the premium charged for any of the lives assured on the policy will not exceed CPI+1% at each anniversary in the first twelve months. However, Discovery reserves the right to increase premiums for any specific life assured on the policy above the CPI+1% applied at each anniversary after the first twelve months have passed. The total automatic premium increase is limited to a maximum of 11% and a minimum of 1%.
- 6.22.5 In reviewing our premiums, Discovery will analyse factors such as claims and lapse experience based on the actual experience for our policies as well as similar policies in the industry. Changes in premium will not depend on your individual circumstances, for example your health, at the time of the review.
- 6.22.6 If you apply to make any changes to the policy, the premium rates charged for the changes will be according to the premium rates applicable at the time of the change and not the premium rates that were applied at the policy's start date.
- 6.22.7 The premium rates are set out in the policy schedule. All charges for this policy are included in the premium rates.
- 6.23 **If premiums are not paid**
- 6.23.1 Discovery will let you know in writing if Discovery does not receive your premium. If the premium is not paid in time, Discovery will give you 30 days after the premium due date to make the payment. If you need to claim during this time, Discovery will consider the claim for the full benefit amount, only if Discovery receives the outstanding premium. If the outstanding premium is not received, Discovery will deduct the outstanding premium from any benefit amount paid.
- 6.23.2 If a second premium is not received on the due date, your policy will be cancelled and no claim will be paid.
- 6.24 **Maximum benefits**
- Discovery Life will apply maximum cover amounts in some instances. These include when you or a life assured is covered for benefits under more than one Discovery Life Funeral Plan, when you have included a child life assured on your policy and when you or your spouse life assured pass away as a result of an accident. Please refer to your Funeral Plan Guide for more details on these maximums.
- 6.25 **Unclaimed benefits**
- It is your responsibility to keep your contact information up to date.
If a benefit is unpaid because Discovery Life cannot contact you, your beneficiaries or dependants using the contact details provided, Discovery is required to contact a tracing company to trace you, your beneficiaries or dependants after a prescribed period.
You confirm that when you provide Discovery with personal information about any dependant or beneficiary in respect of this policy, they have given you permission to disclose that information to Discovery. This includes their permission to share their personal information with a tracing agent in order for them to help us trace you, your dependants or your beneficiaries.
Please note that tracing fees will be deducted from the unclaimed benefit amount. This is subject to change over the policy term and will be communicated to you upon request.
In the event that Discovery is unable to locate you, your beneficiaries or dependants and pay the claim, market related interest will be added to the benefit from the date that the benefit became payable to date of payment.

Terms and conditions for cover (continued)

6.26 Financial advisers

- 6.26.1 Discovery does not provide any financial advice to you. Financial advice must be obtained from an accredited financial adviser.
- 6.26.2 Discovery will only allow financial advisers who are authorised and licensed by the Financial Services Conduct Authority (FSCA) to act as financial services providers on your behalf.
- 6.26.3 Unless the financial adviser is an employee of Discovery, you cannot hold Discovery legally responsible for suffering any loss or damage if the financial adviser is not authorised as a financial services provider, and the processing of this application form is delayed and afterwards rejected because of that fact.
- 6.26.4 The financial adviser has the responsibility to act within their licence conditions and authority. Unless the financial adviser is an employee of Discovery, you cannot hold Discovery responsible or liable for suffering any loss or damage as a result of the financial adviser acting outside the scope of their authority and licence conditions.
- 6.26.5 The financial adviser must make that you receive and understand all appropriate advice, product and fee information.

6.27 Waiting period

- 6.27.1 A waiting period applies from the start date of this policy, on all benefits for any life assured. A waiting period applies from the date a new life assured is added to the policy for the funeral cover amount of the new life assured. No funeral cover amount will be paid for a natural death during the waiting period.
- 6.27.2 The waiting period does not apply for accidental deaths.
- 6.27.3 The waiting period will be six calendar months from the start date of the policy for all lives assured under this policy.
- 6.27.4 The waiting period may be reduced or waived if you meet these conditions:
 - If you start this policy within 31 days of cancelling a funeral policy from another insurer, or within two months of cancelling another Discovery Funeral Plan
 - A qualifying waiting period (or a portion thereof) has been served on the other policy and satisfactory evidence thereof has been provided to Discovery Life.

6.28 Suicide exclusion

Discovery Life may refuse to pay a claim if the cause of death is suicide within 12 months of the start of this policy or within 12 months from the date that you increased any cover amount on the policy for a life assured or from the date that you added a new life assured to the policy.

6.29 Right to cancel

You have the right to cancel any benefit or the policy at any time by providing Discovery 30 days' written notice of termination. No premiums will be refunded to you.

6.30 Complaints

- 6.30.1 If you have a complaint about the advice you have received or if you believe you did not receive enough information about the policy, please contact our compliance department:
Telephone: 0860 372 030
Email: FuneralPlan@discovery.co.za
- 6.30.2 If you lodged a complaint with us or to your financial adviser about the financial service you have received from your financial adviser in relation to this policy and you are not happy with the response you received, you can contact the FAIS Ombud at:
PO Box 41 Menlyn Park, 0063
Telephone: +27 12 762 5000
Fax: +27 12 348 3447
Email: info@faisombud.co.za
- 6.30.3 If you are unhappy with any terms of the policy or anything Discovery has done in relation to the policy, you can contact the Ombudsman for Long-term Insurance:
Private Bag X45, Claremont 7735
Telephone: +27 21 657 5000
Fax: +27 21 674 0951
Email: info@ombud.co.za

7. Discovery Privacy Statement

When you engage with Discovery, you are entrusting us with your personal information. We are committed to protecting your right to privacy and keeping your information safe. Our Privacy Statement tells you how we collect, use and share your personal information, including personal information about your spouse, dependents, beneficiaries and lives assured, where applicable. You can view our Privacy Statement on our website by following the path:

www.discovery.co.za/corporate/privacy/

Alternatively, you can request your financial adviser to share the contents of the Group Privacy Statement with you.

By signing this application form and its annexures, you agree to, and understand the terms and conditions of the contract and our Privacy Statement.

8. You give us permission to obtain your health and other information

- 8.1 To administer your policy and consider any claims you make, Discovery needs certain information. The information Discovery needs includes information about your identity (including personal and contact details), health, lifestyle, finances and creditworthiness.
- 8.2 By signing this application form, you authorise Discovery to do all of the following:
 - 8.2.1 Obtain this information about you from anyone, including from Discovery Health, Discovery Health Medical Scheme, Discovery Vitality (Pty) Ltd, Discovery Card and any person, which could be any doctor you have consulted with. You also authorise and instruct the person with the information to give the information to Discovery.
 - 8.2.2 You also confirm that your personal and health information may be provided to any other entity within the Discovery Group where you or your dependants already have a relationship with or where you or your dependants have applied for a product or benefit. This information will be provided for the administration of your or your dependants' products or benefits.
 - 8.2.3 You authorise Discovery to share information, including personal information, in this application or in any related document with other insurers and reinsurers. This authority extends to sharing such information directly with an insurer or through any database for insurers at any time (even after your death) and in any form, including detailed, abbreviated or coded form. This also includes sharing of information on industry registers such as the Association for Savings and Investment South Africa (ASISA) and Astute.
- 8.3 You authorise Discovery to do the following:
Give your financial adviser the policy information, including your personal information, necessary to ensure the efficient administration of your policy and to make sure that Discovery complies with all relevant legislation.

9. You confirm Discovery may do legal checks

The law requires us to check and confirm certain information about you and the other lives to be assured, including identities, addresses and bank account details. This information is referred to as FICA verification information. By signing this agreement, you authorise Discovery Limited to use FICA verification information. You agree that this authority applies to all future applications for assurance with us including any changes you make to this policy. You acknowledge that this authorisation cannot be withdrawn or cancelled and that it will continue after your death.

10. Client acknowledgement of service and declaration

- 10.1 I have read and understood the contents of this application form.
- 10.2 Language policy was explained in?
- 10.2.1 Preferred language?
- 10.3 I agree to be bound by the terms and conditions of this application form, the Discovery Life Funeral Plan Guide, the policy schedule, and any servicing alteration requests, which read together, make up the contract.
- 10.4 I agree that commission payable in terms of the Long-term Insurance Act of 1998, as referred to in the quote, may be paid to my appointed financial adviser. These commissions have been explained to me by my appointed financial adviser.
- 10.5 I confirm that Discovery will not be at risk for any alterations to the policy made by me or my financial adviser or anyone acting on my behalf until Discovery has accepted, in writing, such alterations and for which they have received a premium (if applicable).
- 10.6 Discovery has not advised me and as such are not responsible for any choices I have made with the exception where the financial adviser is a representative of Discovery.
- 10.7 If Discovery acts on any instruction from my financial adviser and it is later found that my financial adviser did not act in terms of the instructions or authority that I gave them, I confirm and agree that, unless my financial adviser is an employee of Discovery, Discovery will not be liable for any loss or damage I may have suffered.
- 10.8 Discovery will not be responsible for any failure, malfunction or delay of any networks or electronic or mechanical device or any other form of communication used in the submission, acceptance and processing of applications and/or transactions. Discovery will not be liable to make good or compensate me or any third party for any damages (whether direct or consequential), losses, claims or expenses.
- 10.9 I understand and agree that, subject to the waiting periods and 12 month suicide exclusion(as explained in the Discovery Life Funeral Plan Guide) Discovery will only be at risk from the policy start date or increased cover, which is explained in the Discovery Life Funeral Plan Guide.
- 10.10 I warrant and confirm that all information given by me in this application form, whether in my handwriting or not, is true and correct. I understand that if any information I have provided in this application form is false or I have failed to disclose material facts, then Discovery may cancel the policy or benefits.

Signed at (town or city) on

Signature of principal life

11. Financial adviser details

Primary financial adviser

Financial adviser name	<input type="text"/>	Code	<input type="text"/>
Financial adviser house	<input type="text"/>	Code	<input type="text"/>
ECC/DCS/DFC/DSI Branch	<input type="text"/>		<input type="text"/>
ECC/DCS/DFC/DSI Consultant name	<input type="text"/>	Code	<input type="text"/>
PRI number (Absa and FNB intermediaries)	<input type="text"/>	Lead reference number	<input type="text"/>

I am a registered representative and represent a Financial Services Provider authorised by the Financial Services Conduct Authority (FSCA) in terms of the Financial Advisory and Intermediary Services Act. No 37 of 2002. I confirm that I have rendered the financial services in respect of the benefit in accordance with the prescripts of the general code of conduct for authorised financial services providers and representatives (BN80).

Public sector employee declaration

In cases where the applicant is a public sector employee and in adherence to the 15% affordability rule recommended by the Accountant General, I confirm that I have ascertained and make sure that the premium in respect of this proposed policy together with existing insurance deductions will not exceed 15% of the applicant's monthly basic salary.

Replacement of an existing policy declaration

I hereby declare that I have fully disclosed to the client the actual and potential financial implications, cost and consequences of replacing the existing funeral policy. I have also explained to the client that these implications may include additional charges, increase in premiums and that their benefits and cover may not be the same or there may be more exclusions, restrictions or waiting periods.

I have explained the following to the client:

- The meaning of replacement
- That a replacement may have actual and potential financial implications
- The levying or deduction of a termination charge
- That where a replacement is considered, the client is legally entitled to comprehensive information regarding the potential consequences of replacement.

Signature of financial adviser

Date

Annexure A

Stop order authorisation



Contact us

Tel: 0860 372 030; Email: FuneralPlan@discovery.co.za; www.discovery.co.za

I, the undersigned,

Surname																															
First names																															
Initials					Title					Sex	<input type="checkbox"/> M <input type="checkbox"/> F		Date of birth	<input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> M <input type="text"/> M <input type="text"/> D <input type="text"/> D																	
Previous/maiden name																															
ID number														Cellphone number																	
Employer name																															
Union affiliation																															
Sub payroll name																															
Persal or employee number																															
Net salary	R																								Premium to be deducted	R					

hereby authorise the department of:

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to deduct monthly with effect from Y Y Y Y M M the premium of R from my salary and to remit it to **Discovery Life**, of which I am a member until such time as I cancel this authorisation in writing, or until I substitute it with a new authorisation.

If Discovery Life adjusts the relevant premium or payment rate as a result of an inflation-related increase in the premium or payment rate, I confirm that the adjusted premium or payment rate may be deducted from my salary until such time as I cancel this authorisation in writing or until I substitute it with a new authorisation.

Public sector employees

I confirm that the premium in respect of this proposed policy together with existing insurance deductions will not exceed 15% of my monthly basic salary.

If it does exceed, I confirm that a debit order can be made. Yes ☐ No ☐

I confirm that if the premium quoted is less than the resultant or Integrated premium, I accept the terms and conditions and do not require to countersign.

Signed at (town or city)														on	<input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> M <input type="text"/> M <input type="text"/> D <input type="text"/> D											
Signature of policy owner																										

Instructions for the completion of this application form/ROA

1. A financial adviser must, prior to providing a client with advice:
 - a) Take reasonable steps to seek from the client appropriate and available information regarding the client's financial situation, financial product experience and objectives to enable the financial adviser to provide the client with appropriate advice
 - b) Conduct an analysis, for purposes of the advice, based on the information obtained
 - c) Identify the financial product or products that will be appropriate to the client's risk profile and financial needs, subject to the limitations imposed on the provider under the Act or any contractual arrangement
 - d) Where the financial product ("the replacement product") is to replace an existing financial product wholly or partially ("the terminated product") held by the client, fully disclose to the client the actual and potential financial implications, costs and consequences of such a replacement.
 - e) Take reasonable steps to make sure that the client understands the advice and that the client is in a position to make an informed decision.
2. The financial adviser must complete this application form which will also serve as a Record of Advice ("ROA"), and the client must sign the form.
3. For purposes of this form, "financial adviser" means a "representative" as defined in the Financial Advisory and Intermediary Services Act ("FAIS") under definitions and application. It includes any person, including a person employed or mandated by such first-mentioned person, who renders a financial service to a client for or on behalf of a financial services provider, in terms of conditions of employment or any other mandate.
4. If any feature is not applicable to the advice rendered, please indicate "none" or "not applicable" in the applicable field. Do not leave the field blank.
5. No changes may be made on this document in particular, as they pertain to:
 - a) The order or sequencing of the content of the document.
 - b) The wording of any requirements, questions or declarations set out in the document.
 - c) Changes that will result in any requirements or information being obscured or made less prominent.
6. No changes may be made to this document after the client has been signed.