Servicing application for the Classic and Essential Funeral Plan

Discovery

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 ensure 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. You can use this form to update your plan type, sum assured, lives covered on the policy, and/or your payment details. If you do not wish to change the details of your current cover then leave the relevant section of the form blank.

1. Policy owner

Field	
Surname	
First name(s) (as in ID)	Initials
ID number	Title Sex M F Date of birth Y Y Y Y M M D D
Net salary	R
Relationship to Principal life assured	

Residential address (compulsory)

Field	
Suite/unit number	Complex name
Street number	Street name
Suburb	
City	
Region	Code
Telephone (H)	Telephone (W)
Cellphone	Email address

2. Product details

I want to increase my sum assured		Yes ☐ No ☐		I want to change my plan			Yes ☐	No ☐
I want to decrease my sum assured		Yes ☐ No ☐						

Required Plan	Classic	☐	OR	Essential	☐ (The Essential Plan does not qualify for the PayBack Benefit)			

Plan option (Please select one)	Plan option 1 ☐	Plan option 2 ☐	Plan option 3 ☐	Plan option 4 ☐	Plan option 5 ☐	Classic Max Plan ☐

Approximate total premium*		R

Changes effective from	Y Y Y Y M M D D	**Please note:** If we collect your premium by debit order and you do not select a date from which the changes will be effective then your effective 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 amend your policy. If we collect your premium by payroll deduction, your effective date will depend on when we amend your policy and your company's payroll arrangements, even if it differs from the effective date you selected.

*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 servicing was required?

3. Additional lives assured

Spouse (Must be between age 19 and age 66 when applying.)* Add this person to my policy ☐ Remove this person from my policy ☐

Surname

First name(s) (as in ID)   Initials

ID number   Title   Sex ☐M ☐F Date of birth Y Y Y Y M M D D

* If you already have a spouse insured as a spouse on your policy and state that you would like to add a new spouse, we will replace the existing spouse details with the details you supply here. Additional spouses must be added as extended family members.

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

Child 1 Add this person to my policy ☐ Remove this person from my policy ☐

Surname

First name(s) (as in ID)   Initials

ID number   Title   Sex ☐M ☐F Date of birth Y Y Y Y M M D D

Child 2 Add this person to my policy ☐ Remove this person from my policy ☐

Surname

First name(s) (as in ID)   Initials

ID number   Title   Sex ☐M ☐F Date of birth Y Y Y Y M M D D

Child 3 Add this person to my policy ☐ Remove this person from my policy ☐

Surname

First name(s) (as in ID)   Initials

ID number   Title   Sex ☐M ☐F Date of birth Y Y Y Y M M D D

Child 4 Add this person to my policy ☐ Remove this person from my policy ☐

Surname

First name(s) (as in ID)   Initials

ID number   Title   Sex ☐M ☐F Date of birth Y Y Y Y M M D D

Child 5 Add this person to my policy ☐ Remove this person from my policy ☐

Surname

First name(s) (as in ID)   Initials

ID number   Title   Sex ☐M ☐F Date of birth Y Y Y Y M M D D

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

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

Parent 1 Add this person to my policy ☐ Remove this person from my policy ☐

Surname

First name(s) (as in ID)   Initials

ID number   Title   Sex ☐M ☐F Date of birth Y Y Y Y M M D D

Relationship

Parent 2 Add this person to my policy ☐ Remove this person from my policy ☐

Surname

First name(s) (as in ID)   Initials

ID number   Title   Sex ☐M ☐F Date of birth Y Y Y Y M M D D

Relationship

Parent 3 Add this person to my policy ☐ Remove this person from my policy ☐

Surname

First name(s) (as in ID)   Initials

ID number   Title   Sex ☐M ☐F Date of birth Y Y Y Y M M D D

Relationship

Parent 4 Add this person to my policy ☐ Remove this person from my policy ☐

Surname

First name(s) (as in ID)   Initials

ID number   Title   Sex ☐M ☐F Date of birth Y Y Y Y M M D D

Relationship

This funeral policy is underwritten by Discovery Life Limited. Registration number 1966/003901/06, a licensed insurer, and an authorised financial services and registered credit provider, NCR Reg. No. NCRCP3555. Administered by Phakama Administration Services (Pty) Ltd an authorised financial service provider. FSP number 1473.

Page 2 of 7

3. Additional lives assured *(continued)*

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

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

Extended family member 1 Add this person to my policy ☐ Remove this person from my policy ☐

Surname

First name(s) (as in ID)   Initials

ID number   Title   Sex M F   Date of birth Y Y Y Y M M D D

Relationship

Extended family member 2 Add this person to my policy ☐ Remove this person from my policy ☐

Surname

First name(s) (as in ID)   Initials

ID number   Title   Sex M F   Date of birth Y Y Y Y M M D D

Relationship

Extended family member 3 Add this person to my policy ☐ Remove this person from my policy ☐

Surname

First name(s) (as in ID)   Initials

ID number   Title   Sex M F   Date of birth Y Y Y Y M M D D

Relationship

Extended family member 4 Add this person to my policy ☐ Remove this person from my policy ☐

Surname

First name(s) (as in ID)   Initials

ID number   Title   Sex M F   Date of birth Y Y Y Y M M D D

Relationship

Extended family member 5 Add this person to my policy ☐ Remove this person from my policy ☐

Surname

First name(s) (as in ID)   Initials

ID number   Title   Sex M F   Date of birth Y Y Y Y M M D D

Relationship

Extended family member 6 Add this person to my policy ☐ Remove this person from my policy ☐

Surname

First name(s) (as in ID)   Initials

ID number   Title   Sex M F   Date of birth Y Y Y Y M M D D

Relationship

Extended family member 7 Add this person to my policy ☐ Remove this person from my policy ☐

Surname

First name(s) (as in ID)   Initials

ID number   Title   Sex M F   Date of birth Y Y Y Y M M D D

Relationship

Extended family member 8

Surname

First name(s) (as in ID)   Initials

ID number   Title   Sex M F   Date of birth Y Y Y Y M M D D

Relationship

Extended family member 9 Add this person to my policy ☐ Remove this person from my policy ☐

Surname

First name(s) (as in ID)   Initials

ID number   Title   Sex M F   Date of birth Y Y Y Y M M D D

3. Additional lives assured *(continued)*

Relationship ⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚

Extended family member 10 Add this person to my policy ☐ Remove this person from my policy ☐

Surname ⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚

First name(s) (as in ID) ⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚ Initials ⬚⬚⬚

ID number ⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚ Title ⬚⬚ Sex M F Date of birth Y Y Y Y M M D D

Relationship ⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚

4. Beneficiary details

I want to add or change my beneficiary details   Yes ☐   No ☐

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 ⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚

Surname ⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚

Date of birth Y Y Y Y M M D D   Sex M F   ID number ⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚

Relationship ⬚⬚⬚⬚⬚⬚⬚   Percentage ⬚⬚⬚ %   Add this person to my policy ☐ Remove this person from my policy ☐

First name ⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚

Surname ⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚

Date of birth Y Y Y Y M M D D   Sex M F   ID number ⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚

Relationship ⬚⬚⬚⬚⬚⬚⬚   Percentage ⬚⬚⬚ %   Add this person to my policy ☐ Remove this person from my policy ☐

First name ⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚

Surname ⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚

Date of birth Y Y Y Y M M D D   Sex M F   ID number ⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚⬚

Relationship ⬚⬚⬚⬚⬚⬚⬚   Percentage ⬚⬚⬚ %   Add this person to my policy ☐ Remove this person from my policy ☐

5. 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 in the table below:

Details of replaced policy	Replaced policy 1	Replaced policy 2	Replaced policy 3
Insurer			
Policy number			
Brief reasons for replacement			

Comparison of policies	Discovery Funeral Plan	Replaced policy 1	Replaced policy 2	Replaced policy 3
Cover amount				
Premium				
Other benefits				
Lives assured				
Waiting period				
Suicide exclusion	12 months			

6. Payment details, authority and mandate

I want to change my payment details   Yes ☐   No ☐

How to pay the recurring premium

- For debit order payment, please complete section 6.
- You must only complete this section if your payment details are changing.
- For payroll deduction, please complete Annexure A.

Direct debit order authority

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

Accountholder name

Bank name

Branch name   Branch code ☐☐ – ☐☐ – ☐☐ – ☐☐

Account number
(credit cards cannot be accepted)   Account type: Current ☐   Transmission ☐   Savings ☐

Quoted premium amount   R

Debit order day

Payment beneficiary details

- To: Discovery Life Limited, Registration number 1966/003901/06 (Discovery Life)
- Abbreviated name as registered with the bank: DISCLIFE
- Beneficiary Address: Discovery Life, PO Box 3888, Rivonia, 2128

I/we, the undersigned:

Change the copy in this section to the copy below:

6.1   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.

6.2   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.

6.3   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.

6.4   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.

6.5   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.

6.6   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.

6.7   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.

6.8   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.

6.9   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.

6.10 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.

6.11 Acknowledge that by signing this Authority and Mandate I/we are bound by the payment terms applicable to this Policy.

Signed at

Signature of
accountholder   Date signed Y Y Y Y M M D D

Second signature
(if applicable)   Date signed Y Y Y Y M M D D

6. Payment details, authority and mandate *(continued)*

Policy reference number
The policy number will be advised to you once the application has been accepted.

The reference on your bank statement will be: DISCLIFE, followed by the policy number.

To verify the banking details, Discovery may request a cancelled cheque, a bank letter, or a copy of a bank statement.
If I have selected to have more than one Discovery policy linked, there will be one transaction shown on my bank statement with a total transaction amount for the sum of all of the linked policies.
I agree to advise Discovery in writing of any changes that may occur. I warrant that the information supplied above is true and correct.
I/we agree to be bound by the payment terms applicable to the policy.

Signature of accountholder		Date signed	Y Y Y Y M M D D

Second signature (if applicable)

7. Terms and conditions for cover

7.1 Discovery Life Privacy Statement
We process your personal information in accordance with the provisions of our privacy statement, which can be found at https://www.discovery.co.za/corporate/legal. By accepting these Ts and/or Cs and/or by providing personal information to us you agree and consent to the provisions of our privacy statement. If you do not agree or consent please do not submit personal information to us, because we may not be able to provide our products or services to you. If you believe we have acted contrary to these provisions please let us know at Privacy@discovery.co.za

7.2 Warranty
7.2.1 I have read and understood the contents of this application form.
7.2.2 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.
7.2.3 I agree that any 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.
7.2.4 I agree 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).
7.2.5 I confirm that 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.
7.2.6 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 him/her, 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.
7.2.7 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.
7.2.8 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 clauses 2.15 and 4 of the Discovery Life Funeral Plan Guide.
7.2.9 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	Y Y Y Y M M D D

Signature of principal life

8. Financial adviser details

Primary financial adviser

Financial adviser name		Code	
Financial adviser house		Code	
ECC/DCS/DFC/DSI Branch			
ECC/DCS/DFC/DSI Consultant name		Code	
PRI number (Absa and FNB intermediaries)		Lead reference number	

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 ensured 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.

Signature of financial adviser		Date	Y Y Y Y M M D D

This funeral policy is underwritten by Discovery Life Limited. Registration number 1966/003901/06, a licensed insurer, and an authorised financial services and registered credit provider, NCR Reg. No. NCRCP3555. Administered by Phakama Administration Services (Pty) Ltd an authorised financial service provider. FSP number 1473.

Page 6 of 7

Annexure A
Stop order authorisation

 Discovery

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

I, the undersigned

Surname

First names

Initials   Title   Sex [M][F]   Date of birth [Y][Y][Y][Y][M][M][D][D]

Previous/maiden name

ID number   Cellphone number

Employer name

Union affilliation

Sub payroll name

(Complete only for IMATU)

Persal or employee number

Net salary [R]   Premium to be deducted [R]

hereby authorise the department of:

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 uit 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 [Y][Y][Y][Y][M][M][D][D]

Signature of Policy owner