

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:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

to deduct monthly with effect from Y Y Y Y M M the premium / payment 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 ☐

Signed at (town or city) on Y Y Y Y M M D D

Signature of Policy owner

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--