



Warranty

- I have read and understood the contents of this application form.
- 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.
- 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.
- 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).
- 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.
- 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.
- 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.
- I understand and agree that, subject to the waiting periods, (as explained in the Discovery Life Funeral Plan Guide) Discovery will only be at risk from the policy start date, which is explained in clauses 2.16 and 4 of the Discovery Life Funeral Plan Guide.
- 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.