Discovery Life Funeral Plan
Policy cancellation form

Discovery Life

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

How to complete this form

- Please complete in black ink.
- Please print clearly.
- Write one letter per block.
- Please email the form to FuneralPlan@discovery.co.za once completed.

Notes

1. This form must be completed when requesting a cancellation to an existing Discovery Life Funeral Plan
2. The policy number must be completed.
3. We will not make any changes if the policy owner has not signed this form.

1. Policy owner details

Policy number

Policy owner first name

Policy owner surname

Title

Sex M F

ID number

2. Policy owner contact details

Cellphone number

Alternative cellphone number

Email address

Residential address

Unit number

Street name

Suburb

City/Town

Province

Postal code

1. I hereby confirm that I am the policy owner of the abovementioned funeral policy. I hereby instruct Discovery Life to cancel the policy.

2. I understand that once your cancellation instruction is processed, the cancelled policy may not be reinstated.

3. No further benefits will be payable on the policy after the effective date of cancellation.

4. Policy cancellations are subject to a one calendar month notice period.

Signature at (town or city)

Signature of policy owner

Date D D M M Y Y Y Y

POLICY CANCELLATION_V5_ 02.2025