

Servicing application for the Classic and Essential Funeral Plan



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 your payment details. Please complete each section

1. Policy owner

Surname																																
First names (as on ID)																					Initials											
Title				Sex	☐ M ☐ F	Date of birth	D D M M Y Y Y Y																									
Residential address (compulsory)																																
Suite/unit number				Complex name																												
Street number				Street name																												
Suburb																																
City																																
Region																								Code								
Telephone (H)																							Telephone (W)									
Cellphone																							Email address									

Does the principal life require zero sum assured*? (Where payment is by stop order only)

Yes ☐ No ☐

* Opting for a zero sum assured means the principal life will have no cover.

Is the principal life on this Funeral Plan currently a member of Discovery Health Medical Scheme, LA Health or Flexicare?

Yes ☐ No ☐

If so, please provide the membership number.

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? Yes ☐ No ☐

This could be either through a current application or through a new application to be made within the next 30 days.

2. Product details

I want to increase my sum assured ☐				I want to change my plan ☐								
I want to decrease my sum assured ☐												
Required plan	Classic	☐	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	☐
Total premium*											R	
Changes effective from			D D M M Y Y Y Y			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 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.

Were the waiting periods explained?

Yes ☐ No ☐

Signature of policy owner

Reasons why servicing was required

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

Surname

First names (as on ID)Initials

ID numberTitleSex

M

F

Date of birth

D

D

M

M

Y

Y

Y

Y

* 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 names (as on ID)Initials

ID numberTitleSex

M

F

Date of birth

D

D

M

M

Y

Y

Y

Y

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

Surname

First names (as on ID)Initials

ID numberTitleSex

M

F

Date of birth

D

D

M

M

Y

Y

Y

Y

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

Surname

First names (as on ID)Initials

ID numberTitleSex

M

F

Date of birth

D

D

M

M

Y

Y

Y

Y

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

Surname

First names (as on ID)Initials

ID numberTitleSex

M

F

Date of birth

D

D

M

M

Y

Y

Y

Y

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

Surname

First names (as on ID)Initials

ID numberTitleSex

M

F

Date of birth

D

D

M

M

Y

Y

Y

Y

Parents and parents-in-law (Must be age 36 to 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 names (as on ID) Initials

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

Relationship

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

Surname

First names (as on ID) Initials

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

Relationship

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

Surname

First names (as on ID) Initials

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

Relationship

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

Surname

First names (as on ID) Initials

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

Relationship

3. Additional lives assured

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 names (as on ID) Initials

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

Relationship

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

Surname

First names (as on ID) Initials

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

Relationship

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

Surname

First names (as on ID) Initials

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

Relationship

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

Surname

First names (as on ID) Initials

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

Relationship

3. Additional lives assured (*continued*)

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

Surname																								
First names (as on ID)																			Initials					
ID number									Title			Sex	☐ M ☐ F	Date of birth	D D M M Y Y Y Y									
Relationship																								

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

Surname																								
First names (as on ID)																			Initials					
ID number									Title			Sex	☐ M ☐ F	Date of birth	D D M M Y Y Y Y									
Relationship																								

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

Surname																								
First names (as on ID)																			Initials					
ID number									Title			Sex	☐ M ☐ F	Date of birth	D D M M Y Y Y Y									
Relationship																								

Extended family member 8 Add this person to my policy ☐ Remove this person from my policy ☐

Surname																								
First names (as on ID)																			Initials					
ID number									Title			Sex	☐ M ☐ F	Date of birth	D D M M Y Y Y Y									
Relationship																								

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

Surname																								
First names (as on ID)																			Initials					
ID number									Title			Sex	☐ M ☐ F	Date of birth	D D M M Y Y Y Y									
Relationship																								

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

Surname																								
First names (as on ID)																			Initials					
ID number									Title			Sex	☐ M ☐ F	Date of birth	D D M M Y Y Y Y									
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.

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

First name																								
Surname																								
Sex	☐ M ☐ F	ID number																						
Relationship									Percentage															

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

First name																								
Surname																								
Sex	☐ M ☐ F	ID number																						
Relationship									Percentage															

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

First name																								
Surname																								
Sex	☐ M ☐ F	ID number																						
Relationship									Percentage															

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				

6. Payment details, authority and mandate

- I want to change my payment details Yes ☐ No ☐
- For DebiCheck payment, please tick 'Yes' in the box Yes ☐ No ☐

How to pay the recurring premium

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

6.1 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.
- 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 Account type: Current ☐ Transmission ☐ Savings ☐
(credit cards cannot be accepted)

Premium amount R

Debit order day

Premium 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

6. Payment details, authority and mandate (continued)

I/we, the undersigned:

- 6.1.1 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.
- 6.1.2 Authorise Discovery Life to issue and deliver payment instructions to my/our bank, recorded above, for the collection of any amounts due under for 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.
- 6.1.3 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.
- 6.1.4 Agree that payments in December may be debited from 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.
- 6.1.5 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.
- 6.1.6 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
- 6.1.7 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 for the policy.
- 6.1.8 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. and mandate cannot be ceded, assigned or made over to a third party.
- 6.1.9 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.
- 6.1.10 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 am/we are not entitled to any refund of any premiums or amounts due that were withdrawn by Discovery Life while this authority and mandate was in force if such premiums or amounts were legally owed to Discovery Life in terms of the policy.
- 6.1.11 Acknowledge that by signing this authority and mandate, I/we are bound by the payment terms applicable to this policy

Signed at

[illegible]

Signature of
accountholder

--	--

Date signed

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Second signature
(if applicable)

Date signed

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

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

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Second signature (if applicable)

6.2 Debicheck authority

- 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.

Accountholder name																										
Accountholder ID/Passport																										
Bank name																										
Branch name														Branch code			-			-			-			
Account number (credit cards cannot be accepted)														Account type:	Current	☐	Transmission	☐	Savings	☐						
Debit order date																										
Date adjustment indicator	NO																									
Quoted premium	R																									

I/we the undersigned:

- 6.2.1 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.
- 6.2.2 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. Premiums due shall be adjusted annually on policy anniversary as provided in the Funeral Plan. Increases of 15% or more shall require your authorization. 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.
- 6.2.3 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 there are insufficient funds in your account to meet the obligation, we are entitled to track your account and re-present the instruction for payment as soon as sufficient funds are available in your account. If the payment day falls on a non-business day, the payment day will automatically be the next working day and you will not be able to dispute this presentment.
- 6.2.4 Agree that payments in December may be debited from 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.
- 6.2.5 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.
- 6.2.6 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
- 6.2.7 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.
- 6.2.8 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.
- 6.2.9 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.
- 6.2.10 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 were withdrawn by Discovery Life while this authority and mandate was in force if such premiums or amounts were legally owed to Discovery Life in terms of the policy.
- 6.2.11 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

Second signature (if applicable)

Date signed

7. Terms and conditions for cover

7.1 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, dependants, beneficiaries and lives assured, where applicable. You can view our Privacy Statement on our website at: 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 confirm that you understand the terms and conditions of the contract and our Privacy Statement.

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 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 is 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 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.
- 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 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

Signature of policy owner

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 of 2002. I confirm that I have provided the financial services for the benefit according to the rules of the general code of conduct for authorized financial services providers and representatives.

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 made 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.

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

[illegible][illegible]

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M	F
---	---

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

[illegible][illegible]

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

[illegible][illegible][illegible][illegible]

R							
---	--	--	--	--	--	--	--

R							
---	--	--	--	--	--	--	--

hereby authorise the department of

[illegible]

to deduct monthly with effect from

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 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.

[illegible]

on

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

r	
---	--