

Contact details

Tel: 0860 345 678, PO Box 3888, Rivonia 2128 www.discovery.co.za



How to use this form

1. The purpose of this form is to change the appointed financial adviser or intermediary house on record and have access to your information held with the relevant Discovery businesses as indicated below. Only the appointed financial adviser will have access to your policies on the Financial Adviser Zone.
2. Please make sure that the authorised signature appears next to the specific product/s. Only authorised persons may sign this form – it is illegal for any other person to sign this form.
3. For Discovery to process this request quickly and correctly, please ensure that this form is legible and completed in full.
4. Where you need to make a choice between different options, please mark your selection with an X.
5. This form is only valid for three months from the date signed.
6. It is the responsibility of the newly appointed financial adviser or intermediary house to make sure that the transfer is processed within 30 days. Discovery will not backdate any changes after this period.
7. If the spaces provided are not enough, please attach a list with all relevant details. Please make sure that all additional documentation is also signed by duly authorised persons.
8. Please make sure that the rules and consequences of this request have been read and understood as set out on the rules page of this form.
9. Please email the completed form to commissions@discovery.co.za.

1. Client details

Surname	<input type="text"/>	Initials	<input type="text"/>	Title	<input type="text"/>
First name (as per ID)	<input type="text"/>				
Date of birth	<input type="text"/>	ID/passport number	<input type="text"/>		
Nationality of passport	<input type="text"/>				

2. New financial adviser details

1. New adviser details

New adviser name	<input type="text"/>				
New adviser code	<input type="text"/>				
New adviser contact number	<input type="text"/>				
New adviser email address	<input type="text"/>				
New intermediary house name	<input type="text"/>				
New intermediary house code	<input type="text"/>				
Principal adviser	<input type="checkbox"/>	Percentage (%)	<input type="text"/>		

2 Secondary adviser details

Secondary adviser name	<input type="text"/>				
Secondary advisory code	<input type="text"/>				
Secondary adviser contact number	<input type="text"/>				
Secondary adviser email address	<input type="text"/>				
Secondary intermediary house name	<input type="text"/>				
Secondary intermediary house code	<input type="text"/>				
Principal adviser	<input type="checkbox"/>	Percentage (%)	<input type="text"/>		

Secondary financial adviser details are only applicable to Discovery Life, Discovery Invest, Discovery Insure and Discovery Insure Commercial products.

3. General

3.1 Discovery Health Medical Scheme

Employer's name	<input type="text"/>														
Employer's number	<input type="text"/>														
Branch name	<input type="text"/>										Branch code	<input type="text"/>	-	<input type="text"/>	
Membership number	<input type="text"/>														

3. General (continued)

3.2 Flexicare

Employer's name

Employer's number

Branch name Branch code -

Membership number

3.3 Healthy Care Company

Policy numbers

1

2

3

3.4 GAP Cover

Policy numbers

1

2

3.5 Discovery Life

Policy numbers

1

2

3

Bank reference number (PRI/BIBLIFE)

Discovery retirement optimiser Yes No

3.6 Group Life

Policy numbers

1

2

3

3.7 Supplementary Gap Cover

Policy numbers

1

2

3

3.8 Discovery Invest

Investment numbers

1

2

3

3.9 Employee Benefits: Retirement Funds

Policy numbers

1

2

3

3.10 Discovery Insure

Policy numbers

1

2

3

3.11 Discovery Insure Commercial

Policy numbers

1

2

3

3.12 Discovery Funeral

Policy numbers

1

2

3

4. Authorisation

I, _____, am duly authorised to appoint the financial adviser and intermediary house mentioned above. I also give the Discovery companies consent to share with my appointed adviser all policy information, including personal and underwriting information necessary to ensure the efficient administration, assessing of claims and to make sure Discovery complies with all relevant legislation on an ongoing basis.

I understand and accept that this consent can be revoked at any time, failing which Discovery will be entitled to continue sharing such information with the appointed individuals until the end of this policy.

Discovery Health Medical Scheme	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Flexicare	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Healthy Care Company	Yes <input type="checkbox"/>	No <input type="checkbox"/>
GAP Cover	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Discovery Life	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Group Life	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Supplementary Gap Cover	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Discovery Invest	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Employee Benefits: Retirement Funds	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Discovery Insure	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Discovery Insure Commercial	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Discovery Funeral	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Client's signature

Dated

Y	Y	Y	Y	M	M	D	D
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Adviser's declaration

I, _____, have been appointed as the principal adviser on record for (client's name) _____, Policy Number(s) _____ from this day, the _____ of _____ 20 ____.

In terms of the provisions made in Section 7 (4) of the Financial Sector Conduct Authority General Code of Conduct for Authorised Financial Services Providers and Representatives, I confirm that I will complete a review of the above client's portfolio at policy annual review date as set out in this agreement.

NB.: Principal advisers must sign the form and declaration.

Adviser's signature

Dated

Y	Y	Y	Y	M	M	D	D
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Discovery Health Medical Scheme

Policyholder's authorised signature

Designation of signatory (employer)

The name of the designated person of employer

Signature of designated person of employer

Commission terms and conditions

Refer to the rules document on the Financial Adviser Zone (FAZ).

Discovery Health Medical Scheme

- For compulsory employer groups, please attach an original letter on the employer's letterhead. The appointment will be validated in accordance with Circular 20 of the Medical Schemes Act.
- A transfer request by branch or an employer must be on a holding company letterhead, signed by the duly authorised person.
- For non-compulsory employer groups, the individual Scheme member may appoint their own financial adviser.
- The effective date will be the 1st day of the month following the Commissions Department's receipt of this request.

Flexicare

- For compulsory employer groups, please attach an original letter on the employer's letterhead. The appointment will be validated in accordance with Circular 20 of the Medical Schemes Act.
- A transfer request by branch or an employer must be on a holding company letterhead, signed by the duly authorised person.
- For non-compulsory employer groups, the individual Scheme member may appoint their own financial adviser.
- The effective date will be the 1st day of the month following the Commissions Department's receipt of this request.

Healthy Care Company

- The effective date will be the 1st day of the month following the Commissions Department's receipt of this request.

Gap Cover

- The effective date will be the 1st day of the month following the Commissions Department's receipt of this request. The effective date cannot be backdated.

Commission terms and conditions

Discovery Life, Group Life and Supplementary Gap Cover

- Broker appointment instruction signed by a duly authorised person.
- Transfer from effective date; next anniversary.

Discovery Invest

- Broker appointment instruction signed by a duly authorised person.
- Transfer from effective date; next anniversary.

Employee Benefits: Retirement Funds

- For employer groups, please attach an original letter on the employer's letterhead authorising the appointment of the financial adviser and signed by a duly authorised person.
- A transfer request by an employer must be on a holding company letterhead, signed by the duly authorised person.
- The effective date will be the 1st day of the month following the Commissions Department's receipt of this request.
- Transfers from effective date; will be the first day of the month following the commissions department's receipt of this request and cannot be backdated.
- Broker appointment instruction signed by a duly authorised person.
- A transfer can only be done if the new intermediary has the active relevant FAIS accreditation.
- Initial and Renewal commission to remain with the intermediary that sold the benefit.

Discovery Insure and Discovery Insure Commercial

- The effective date will be the day of the Commissions Department's receipt of this request, and the effective date cannot be backdated.
- Broker appointment instruction signed by a duly authorised person.

Discovery Funeral

- Broker appointment instruction signed by a duly authorised person.
- A transfer can only be done if the new intermediary has the active relevant FAIS accreditation.
- Transfer from effective date; next anniversary.