

# Amendment of bank details



## Contact us

Tel: 0860 00 5433, PO Box 3888, Rivonia, 2128, www.discovery.co.za

### How to complete this form

- This form must be completed when requesting a change of your banking details.
- All details must be completed in black ink and printed clearly. Please use one letter per block.
- The policy number and effective date of change must be completed.
- **Only the details that are being added, amended or deleted must be completed.**
- No change will be implemented without the signature of the account holder.
- If the policy is ceded collaterally, no changes will be made without consent of collateral cessionaries.
- **Proof of account must accompany all changes of debit order details. This must be in the form of a cancelled cheque or bank statement (not older than three months).**

### 1. Important

Policy number to be affected by change

Policy number to be affected by change

Policy number to be affected by change

Policy number to be affected by change

Effective date of change  2  0  Y  Y  M  M  D  D

I am changing the bank details in the role of Payer  Policy owner  Absolute cessionary  Trust  Company

### 2. Details for policyholder (owner)

Full names of policyholder

Contact number

Email address

Postal address

Signed at  on  Y  Y  Y  Y  M  M  D  D

Signature of policyholder  Signature of policyholder

### 3. Bank details for payment of premium

This is for the account that will be debited for the policy premium. It is important that you provide us with the correct banking details from which to collect the premium. Discovery Life will not be legally responsible if you supplied us with incorrect banking details.

**If the account holder and policy owner is not the same person/entity, please provide us with a written and signed letter to authorise that Discovery Life can deduct the premiums from the bank account. If the account holder is a company, the written authorisation must be on a letterhead.**

**If the account holder is a trust, we will need the trust deed. No changes will be implemented without the signature/s of the trustees.**

**Do you want this debit order collection grouped with other collections debited on the same day from the same account details?** Yes  No

Payment frequency Monthly  Annually  (annual payment may only be changed on policy anniversary)

Name of account holder

ID/company registration number

Bank name

Branch

Account type Current/cheque  Transmission  Savings

Account number  Branch code  -  -  -

### 3. Bank details for payment of premium (continued)

**Account number**

Please print your account number in the first row and circle the relevant blocks.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
0	0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9

Debit date

If the debit date is not selected, it will default to the first of the month. Debit dates selected from the 11th to 31st will be for the following month's premium. If you are changing from a debit order date before the 10th of the month to a new debit date after the 11th of the month, it is possible to have a double debit for the first debit.

Source of funds      Income       Donation       Other

I, the undersigned, authorise Discovery Life to debit my bank account for any amounts due according to this policy on the nominated day ("payment day") of each and every month. If the payment day falls on a Saturday, Sunday or recognised South African public holiday, the payment day will automatically be the next ordinary business day. Further, if the nominated account does not have enough to meet the obligation, you may track my account and re-present the instruction for payment as soon as enough funds are available in my account. I will advise Discovery Life in writing of any changes to my account details and accept that Discovery Life will not be held responsible if I provide the wrong details or for my bank charges. I warrant that the information supplied below is true and correct. I agree that I am bound by the payment terms applicable to the policy.

I/we hereby authorise Discovery Life to issue and deliver payment instructions to my bank for collection of my premiums against my/our above mentioned account (or any other bank or branch to which I/we may transfer my/our account) on condition that the sum of such payment instructions will never exceed my/our obligations as agreed to in the policy contract. This authority shall endure until I/we give Discovery 20 days written notice of termination.

By signing this section, you give us permission to collect all premiums, charges and fees that you owe and to pay any amounts that we owe you into the bank account that you have specified. You give us your permission to collect the premiums by debit order on or after the day when the premiums become due. Your bank will treat every payment instruction to pay the premiums to us as if each payment instruction came from you personally.

For additional information please refer to the notes at the end of the form.

- It is important that you provide us with the correct banking details from which to collect the premium at all times.
- Discovery Life will not be legally responsible if you supplied us with the incorrect banking details.
- In terms of the Prevention of Organised Crime Act of 1998, you confirm that the funds with which any payment is or will be made to Discovery Life in terms of the policy are derived from a lawful source.
- You declare that you will be willing to answer any questions with regard to the origin of such funds and to provide additional information when it may be required by Discovery Life.

**Notes:**

Discovery Life has authority to debit your account on or after the dates when the obligation in terms of the agreement is due and the amount of each individual payment instruction may not be more or less than the obligation due.

The withdrawals you have authorised will be processed through a computerised system provided by the South African banks and you also understand that the details of each withdrawal will be printed on your bank statement or on an accompanying voucher which will reflect the relevant policy number. You shall not be entitled to any refund of amounts which we have withdrawn while this authority was in force, if such amounts were legally owing to Discovery Life.

All payment instructions issued by Discovery Life shall be treated by your bank as if the instructions had been issued by you personally.

Although this authority and mandate may be cancelled by you, such cancellation will not cancel the Agreement.

This authority may be ceded or assigned to a third party if the agreement is also ceded or assigned to that third party, but in the absence of such assignment of the agreement, this authority and Mandate cannot be assigned to any third party.

Signature of accountholder

Date 20YYMMDD

#### 4. Bank details for payments (Health Dividends or PayBack™ Benefit)

This is for the bank account that will receive the Health Dividends or PayBack™ Benefit amounts. Please note that proof of account is required.

Same as above? Yes  No  (If no, please complete below)

Name of accountholder

Bank name

Branch

Account type Current/cheque  Transmission  Savings

Account number

Branch code  -  -  -

#### Account number

Please print your account number in the first row and circle the relevant blocks.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
0	0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9

Signature of accountholder

Date  2  0  Y  Y  M  M  D  D