

4. New account details (continued)

Account number

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

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

Your banking details will only be changed if:

1. All the previous account details you supply on this form correspond with the existing information on Discovery Health's system
2. The request has been signed by the main member
3. Documentation required in step 3 of "What you must do" accompanies this form.

I, _____ (first and last name), as the main member, give Discovery Health permission to change my banking details.

Signed at (town or city) _____ on

2	0	Y	Y	M	M	D	D
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Signature of main member

Signature of accountholder

If the accountholder differs from the main member, the Scheme reserves the right to obtain bank confirmation.