Intermediary appointment form

Discovery

Contact us
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 intermediary on record and have access to your information held with the relevant Discovery business/s as indicated below. Only the appointed intermediary will have access to your policies on the Financial Adviser Zone.
2. Please ensure that the authorised signature appears next to the specific product/s under section 8. Only authorised persons may sign section 8 – it is illegal for any other person to sign this form.
3. In order for Discovery to process this request quickly and correctly, please ensure that this form is completed in full.
4. Please complete the form in black ink and print clearly.
5. Write one letter per block.
6. Where you need to make a choice between different options, please mark your selection with an X.
7. This form is only valid for three months from the date signed.
8. It is the responsibility of the newly appointed intermediary/Intermediary House to ensure that the transfer is processed within 30 days. Discovery will not backdate any changes after this period.
9. If the spaces provided are not adequate please attach a list with all relevant details. Please ensure that all additional documentation is also signed by duly authorised persons. Please ensure that the rules and consequences of this request have been read and understood as set out on the rules page of this form.
10. Please email or fax completed form to us at **commissions@discovery.co.za** or 011 539 2550.

1. Health ☐ PrimeCare ☐

Employer details

Employer's name

Employer's number

Branch name Branch code –

Member details

Initials Surname

Membership number Date of birth Y Y Y Y M M D D

ID number

2. Insure

Plan holder details

Initials Surname

Policy number Date of birth Y Y Y Y M M D D

ID number

3. Invest

Investor details

Initials Surname

Investment numbers 1

2

3

ID number

4. Life

Policyholder details

Initials Surname

Policy number Date of birth Y Y Y Y M M D D

ID number DRO

Discovery Life Investment Services (Pty) ltd is an authorised Financial Services provider. Registration number 2007/005969/07. Discovery Insure Ltd. Registration number: 2009/011882/06 and is an authorised financial services provider. Discovery Health (Pty) Ltd. Registration number: 1997/013480/07 and is an authorised financial services provider.

5. GAP

Investor details

Initials | Surname

Policy numbers 1

2

ID number

6. General information (for bank intermediaries only)

Bank reference number (PRI/BIBLIFE)

7. New intermediary house details

Intermediary house name

Intermediary house code

8. New intermediary details

Intermediary name

Intermediary code

Intermediary contact number

Intermediary email address

9. Authorisation

I, _____, am duly authorised to appoint the intermediary and Intermediary House mentioned in paragraph 6 and 7 above, to act as an intermediary/agent on our/my behalf **for the purpose of all my/our dealings with**:

Discovery Health	Policyholder's/authorised signature	
	Designation of signatory (employer)	_____
Discovery Insure	Plan holder's authorised signature	
Discovery Invest	Policyholder's/authorised signature	
Discovery Life	Policyholder's/authorised signature	
Dated	Y Y Y Y M M D D	
Appointed intermediary's signature		

Broker Declaration

I, _____, have been appointed as the broker on record for (client name) _____,

Policy Number(s) _____ from this day , the _____ of _____ 20 ___.

In terms of the provisions made in Section 7 (4) of the FAIS General Code of Conduct for Authorised Financial Services Providers and Representatives , I hereby confirm that I will complete a review of the above mentioned client's portfolio within three months from the date of appointment as set out in this agreement.

Broker Signature

Commission rules, terms and conditions:

Health

- For compulsory employer groups, please attach an original letter on the employer's letterhead authorising the appointment of the intermediary and signed by a duly authorised person.
- 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 health member may appoint his/her own intermediary.
- The effective date will be the 1st day of the month following the Commissions Department's receipt of this request.

Insure

- The effective date will be the day of the commissions departments receipt of this request, and the effective date cannot be backdated.

Invest

- If the transfer is requested within twenty four (24) months and the upfront commuted option was selected from the date of commencement of the investment (per benefit), it will only be effective from the twenty fifth (25th) month.
- If the transfer is received after twenty four (24) months, it will be actioned effective the first (1st) day of the month following the receipt of this request by the Commissions Department and the effective date cannot be backdated.

Life

- If the transfer is requested within twenty four (24) months from the date of commencement of the policy (per benefit), it will be effective from the twenty fifth (25th) month.
- If the transfer is received after twenty four (24) months, it will be actioned effective the first (1st) day of the month following the receipt of this request by the Commissions Department and the effective date cannot be backdated.

NB. All commission rules apply as contained in the relevant broker contract per product.