

# Amendment of bank details



## Contact us

Tel: 0860 00 54 33, 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 accountholder.
- 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 for individuals, company or trust owned policies and THIRD PARTIES. This must be in the form of a cancelled cheque, letter from the bank or bank statement (not older than three months).** Exceptions may only be made with management approval and on condition the owner and the payer are the same.

## 1. Important

Policy number to be affected by change

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Policy number to be affected by change

Policy number to be affected by change

Effective date of change   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

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.

### Non-natural entities (i.e. Company / Trust)

If the accountholder and policy owner are not the same 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 accountholder is a company, the written authorisation must be on a letterhead with authorised signatories.
- If the accountholder is a trust, we will need the trust deed. No changes will be implemented without the signature/s of the trustees.

### Natural persons (i.e. spouse, parent or other natural third party)

- In the event of a natural person giving authorisation to debit their account we will not require a signed letter of authorisation however the Discovery Life bank amendment form must be fully completed by both entities.

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)

Is the payer the same person as the policy owner? Yes  No

If no Please specify the payer details below.

Company/trust name

Registration number

Surname of payer

Initials  Title  Sex   Date of birth



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

This is the bank account that will receive the Health Dividends or PayBack Benefit amounts. Please note that proof of account is required. Please note that Health Dividends and PayBacks will only be paid to the policy owner.

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