

Request to change details form



Contact details

Tel: 0860 67 57 77, PO Box 653574, Benmore, 2010, www.discovery.co.za

How to complete this form

To allow Discovery Invest to process this request:

1. Make sure the form is completed in full.
2. The instruction must be signed by authorised signatories.
3. Where you need to choose between different options, please mark your selection with an X or use the check boxes on electronic forms.
4. Please initial any changes you make to the form.

Please note the following important information

1. The investment number and effective date of change must be completed at all times.
2. Only details that are being added, changed or deleted need to be completed.
3. No changes will be implemented without the signature of the investor.
4. If the investment is ceded collaterally (in security), no changes will be made without the collateral cessionary's permission. If the investment is ceded absolutely then the new owner must complete the form.
5. Refer to www.discovery.co.za for the relevant FICA documents needed for any of the above changes.

Ways to submit this form

1. Email the completed form to invest_servicing_support@discovery.co.za
2. Contact your financial adviser.

Investor details

Investment number	<input type="text"/>	Title	<input type="text"/>	Initials	<input type="text"/>
Surname	<input type="text"/>				
First names	<input type="text"/>				
ID/passport number	<input type="text"/>	Income tax reference number	<input type="text"/>	<input type="text"/>	
Nationality	<input type="text"/>				
Occupation	<input type="text"/>				
Industry of operation/employment	<input type="text"/>				

Change of investor details

We require a copy of the investor's ID.

Title	<input type="text"/>	Initials	<input type="text"/>
Surname	<input type="text"/>		
First names	<input type="text"/>		
Date of birth	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	ID/passport number	<input type="text"/>
Name of company	<input type="text"/>		
Company registration number	<input type="text"/>		

Change of investor contact details

Telephone	<input type="text"/>	-	<input type="text"/>	Cellphone	<input type="text"/>	-	<input type="text"/>
Email	<input type="text"/>						

The safety of your information is our number one priority. This is why we make all your communication available to you on our secure website. To access your communication, go to www.discovery.co.za. If you prefer to receive your communication by post, please tick this box

Change of address

Postal address
 Code

Residential address
Complex/unit/house number
Complex name/estate
Street number
Street name/name of farm
Suburb/district
City/town
Country Code

Change of bank account details for income payments

Accountholder
ID/registration number
Name of bank
Branch name
Account number Branch code
Account type Current Savings Transmission
Signed at (town or city)
Authorised signatory Date --

- Payment will be done by electronic funds transfer (EFT).
- Payment to a third party will not be allowed.
- Proof of bank account details in the name of the policyholder is required.
- Acceptable proof of bank account details: the proof of account should not be older than three months and can be in the form of a cancelled cheque, stamped letter from the bank or bank statement. Internet statements and bank deposit slips will not be accepted.
- Discovery cannot make payments to a credit card account.
- A clearance period of 45 calendar days for recurring and once-off debit orders applies. Monies collected from a debit order will not be available for withdrawals until the expiry of the 45 days.

Change of bank account details for debit orders

Name of accountholder
Name of bank
Branch name Branch code
Account number Account type Cheque Savings
Preferred debit order date 1st 5th 10th 25th 28th 30th
Authorised signatory Date --

Complete the following if you are not the policy owner but have agreed to pay the contributions:

Names
Surname/name of registered entity
ID/passport number Date of birth --
Nationality

Passport expiry date - -

Gender M F

Direct debit authority - important notes:

- You must give us the correct banking details of the account that we will collect the payment from.
- Discovery will not be responsible for any loss or damage you may have suffered if you supplied us with incorrect banking details.
- Banking institutions process debit orders in increments of R1 000 000, therefore if we are to collect R2 000 000, we will collect it in increments of R1 000 000 each.
- If the payment day falls on a non-banking day, the payment day will automatically be the next banking day.
- You indemnify Discovery against any loss that may occur if a debit order is reversed or not honoured.
- We have the right to ask for proof of your banking details.
- If the bank account holder is a third-party individual, a copy of their identity document (ID) and a signature is needed. If the bank account holder is a third-party legal entity, a copy of the resolution of the authorised signatories authorising the debit order is needed before we will process any transaction.
 - ◊ You authorise us to instruct your bank to pay the contribution amount by debit order from your bank account on or after the day the contribution is due. The amount will never be more than the amount agreed to in this contract. This authority continues unless you give us 20 days' written notice to end the debit order authority or to change your bank account details
 - ◊ You also agree to advise Discovery in writing of any changes that may occur
 - ◊ You confirm that the information supplied above is true and correct
 - ◊ You agree to be bound by the payment terms applicable to the investment contract
 - ◊ You agree to pay any bank charges and costs relating to the debit order authority, including debit order rejection fees.
- We apply a clearance period of 45 calendar days for recurring and once-off debit orders. Money that we collect will not be available for withdrawals for 45 days if the product allows for withdrawals or cooling off periods.

Change of beneficiary nomination

Please complete the details of the nominated beneficiaries you want to change:

First name	Surname	ID number	Relationship to investor	Percentage
				<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"/> <input type="text"/> %
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				<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> %
				<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> %

Total: 100%

Change of retirement age

New retirement age (from age 55)

Invest Aware

I understand that if I change my retirement age, the benefits on my plan- such as the Retirement Upfront Investment Integrator, the Classic Protectors or the benefits of the Discovery Retirement Optimiser (if applicable) - reduce or fall away completely.

Authorised signatory

Date - -

Declaration by investor

1. This form may only be signed by the investor or authorised representative acting on behalf of the investor with a valid, written proof of authority such as a power of attorney, resolution and/or letters of authority as appropriate, which is/are acceptable to Discovery Invest or the cessionary in an absolute cession.
2. Discovery Invest will not be responsible for any loss caused by incorrect information being supplied by the investor or their financial adviser.
3. Discovery Invest reserves the right to withhold processing of any unclear, incomplete or ambiguous requests forwarded by the investor.
4. For debit order instructions where the bank account holder is a third-party individual, a copy of their identity document (ID) and a signature is needed. If the bank account holder is a third-party legal entity, a copy of the resolution of the authorised signatories is needed before any transaction is processed. If banking details are in the name of a company, please attach a company resolution authorising the debit order instruction.
5. If this form is signed on behalf of the investor, the signatory confirms that he/she has authority to do so, that the information is correct in all respects and he/she covers Discovery Invest against any and all damages or loss arising from such event.
6. Discovery Invest will not be responsible in the event that the signatory is not duly authorised and the signatory covers Discovery Invest against any damages or loss of whatever nature arising from such lack of authority.
7. Discovery Invest will not be responsible for any damages or losses of whatever nature because of Discovery Invest's failure to process this instruction because of events beyond the control of Discovery Invest.
8. Discovery Invest will not be held responsible for any loss or damage suffered by the investor because of delays in the processing or rejection of this form for any reason.
9. For the purposes of complying with the Financial Intelligence Centre Act 38 of 2001 ("FICA"), copies of all documents confirming the details changed must accompany this form. Discovery Invest will not be responsible for any loss or damage of any nature arising from the inability of Discovery Invest to process this form where the requirements of FICA have not been complied with.
10. The investor covers and holds Discovery Invest harmless against any loss or damage that the investor may suffer as a result of any act or omission of Discovery Invest which is a result of an obligation imposed on Discovery Invest by any legislation.

Signature

By signing this application form and its annexures, you agree to and understand the terms and conditions of the investment contract. You confirm that the content of the product *Fact File*, fees, and the benefits has been explained to you by the financial adviser. If there is anything that you do not understand, please speak to your financial adviser or us before you sign. Do not sign a blank or incomplete form. If you need the permission of your spouse to buy this investment, you confirm that you have received your spouse's permission and that your spouse agrees to the terms and conditions. You declare that no contributions are from the proceeds of crime.

Authorised signatory

Date - -

Signed at