

# Intermediary appointment form



## Contact us

Tel: 0860 345 678, PO Box 3888, Rivonia, 2128 [www.discovery.co.za](http://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](mailto: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

ID number

### 2. Insure

#### Plan holder details

Initials  Surname

Policy number  Date of birth

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

ID number  DRO

