Intermediary appointment form



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Contact us

Tel: 0860 345 678, PO Box 3888, Rivonia, 2128 www.discovery.co.za

How to use this form

- 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.
- 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.
- 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 {				Bri	anch code
Member details					
Initials	Surname				
Membership number				Date of birth	D D M M Y Y Y Y
ID number					
2. Insure					
Plan holder details		· · · · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , , 		, , , , , , , , , , , , , , , , , , ,
Initials	Surname				
Policy number				Date of birth	YYYYMMDD
ID number					
3. Invest					
Investor details			·		<u>, , , , , , , , , , , , , , , , , , , </u>
Initials	Surname				
Investment numbers	1				
	2				
	3				
ID number					
4: Life					
Policyholder details	,				 }
Initials	Surname				
Policy number				Date of birth	G G M M Y Y Y Y
ID number				DRO	

Investor details					
Initials S	urname				
Policy numbers					
	2				
ID number					
6: General inform	nation (for bank intermediaries only)				
Bank reference number (P	RI/BIBLIFE)				
7: New intermed	acy bouse details				
Intermediary house name	ANGELA VAN BREDA - IC				
Intermediary house code					
8 New intermediany details					
Intermediary name	ANGELA VAN BREDA				
Intermediary code	1001326923				
Intermediary contact num	ber 0 2 1 6 7 4 5 0 3 0				
Intermediary email address	angela@avb.co.za				
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	YYYYMMDD				
Appointed intermediary's	signature				
Broker Declaration	, have been appointed as the broker on record for (client name)				
Policy Number(s)	from this day , the				
In terms of the provisions hereby confirm that I will agreement.	made in Section 7 (4) of the FAIS General Code of Conduct for Authorised Financial Services Providers and Representatives , I complete a review of the above mentioned client's portfolio within three months from the date of appointment as set out in this				
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 author • A transfer request by b					
Incurs	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 first (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. Oiscovery Life Investment Services (Pty) Itd is an authorised Financial Services provider. Registration number 2007/005189/07. Discovery Insure Ltd. Registration number: 2008/011882/05 and is an authorised financial services provider. Discovery Stealth (Pty) Ltd. Registration number: 1997/013480/07 and is an authorised financial services provider.