

Discovery Bank details

Financial Service Provider number	Telephone number
FSP number 48657	0800 07 96 97

Discovery SA privacy statement

When you engage with Discovery, you are entrusting us with your personal information. We are committed to protecting your right to privacy and keeping your information safe. Our Privacy Statement tells you how we collect, use and share your personal information, including personal information about your spouse, employees, dependents, beneficiaries and life assureds, where applicable.

You can view our Privacy Statement on our website by following the path: www.discovery.co.za/corporate/privacy/

Alternatively, you can request a copy of the Discovery SA Privacy Statement by emailing privacy@discovery.co.za;

By signing this application form and its annexures, you agree to and understand the terms and conditions of the policy contract and our Privacy Statement. Accordingly, you agree that Discovery Group may process your personal information in line with POPIA and in accordance with the purpose for which it is collected (which is to enter into a policy and administer/maintain the policy and assess your risk as well as for the assessment of claims).



Terms and conditions for cover

By accepting this application, you understand the following Discovery Bank terms and conditions:

- You authorise Discovery Bank Limited (the “Bank”) to access all information, including confidential information, disclosed to Discovery Life, pursuant to your application for credit as a prospective consumer, in terms of section 68(1)(b)(ii)(aa) of the National Credit Act 34 of 2005.
- Discovery Bank may change the terms and conditions, product features and the Fees Guide from time to time. Changes made by Discovery Bank will be communicated to you with prior notice. Discovery Bank Limited. Registration number 2015/408745/06. An authorised financial services and registered credit provider. FSP number 48657. NCR registration number NCRCP9997. Limits, terms and conditions apply.
- Discovery Bank and/or Vitality will provide you with a percentage of your Digital Life Plan debit order successfully paid every three years back in Discovery Miles. The percentage is dependent on you activating and retaining Vitality Money and Vitality Health as well as your status on those programs. In addition, your debit order for your Digital Life Plan must be off your Discovery Bank Account.
- Should you no longer maintain an active status in either Vitality Money and/or Vitality Health, your Miles back benefit will reduce or cease to exist.
- Should you close your qualifying Discovery Bank account or your Digital Life Plan goes out of force for any reason any miles accrued will be forfeited.
- Should you change your debit order for your Digital Life Plan to another Bank account outside of Discovery Bank, you will cease to accrue miles and any miles accrued will be forfeited.
- Any disputes regarding the accrual and pay out of Discovery Bank Miles based on your Digital Life Plan debit order must be dealt with by contacting Discovery Bank on 0800 07 96 97.
- Discovery Bank/Vitality will periodically review the benefit and reserves the right to amend or cancel it as needed.



Terms and conditions for cover

1. Key terms used

- 1.1. **'The Act'** means the Insurance Act 18 of 2017 or the Long-term Insurance Act 52 of 1998 together with any regulation, notices, or subordinate legislation promulgated thereunder.
- 1.2. **'Accident'** or **'Accidental'** means a direct, sudden and unexpected event that occurs at a known place and time, has a visible, forceful and external cause, and that results in your death or disability.
- 1.3. **'Digital Platform'** means the Discovery digital platform, website, mobile application or any other electronic interface through which you may apply for, manage or service your Policy.
- 1.4. **'Discovery Group'** means Discovery Limited (registration number 1999/007789/06), a public company incorporated in South Africa the shares of which are listed on the JSE Limited, and all of its affiliates and subsidiaries from time to time including but not limited to Discovery Life Limited (registration number 1966/003901/06), Discovery Life Investment Services (Pty) Limited (registration number 2007/005969/07), Discovery Vitality (Pty) Limited (registration number 1999/007736/07), Discovery Health (Pty) Limited (registration number 1997/013480/07), Discovery Insure Limited (registration number 2009/011882/06) and Discovery Life Collective Investments (Pty) Limited (registration number 2007/008998/07), Discovery Bank (Pty) Limited (registration number 2015/408745/06).
- 1.5. **'Date of Commencement'** means the date from which this **Policy** is effective and your cover starts. The Date of Commencement is indicated on your Policy Schedule.
- 1.6. **'FICA'** means the Financial Intelligence Centre Act, 31 of 2001 and any regulation, notice(s) of guidance notes issued thereunder.
- 1.7. **'Policy'** means the Digital Life Plan together with the policy schedule, applicable Life Plan Guide and benefit rules forming part of the contract.
- 1.8. **'You'** and **'Your'** refer to the policyholder, who is also the life assured or the person responsible for paying premiums under this Policy. You must also be the holder of the bank account used to apply for the Digital Life Plan.
- 1.9. **'We', 'Us'** and **'Our'** refer to Discovery Life Limited, a public company with limited liability, as well as a licensed life insurer and authorised financial and credit services provider, registered under the company laws of the Republic of South Africa, registration number 1966/003901/06, a private company with limited liability registered under the company laws of the Republic of South Africa or both companies as the case may be. The principal place of business of both companies being 1 Discovery Place, Sandton, Johannesburg, 2196.
- 1.10. **'The Guide', 'Life Plan Guide', 'Digital Life Plan Guide'** means the document included in your welcome pack that sets out the detailed terms and conditions of your **Policy**. In the event of any inconsistency between **the** Guide and any other document, the Guide will prevail unless expressly stated otherwise.

2. When does your cover start?

- 2.1. Your cover starts on the **Date of Commencement** as indicated on your policy schedule.
- 2.2. We will confirm your **Date of Commencement** in your **Policy** acceptance letter.



Terms and conditions for cover

3. When will we pay a claim?

- 3.1. We will only consider and pay a claim if your **Policy** has started; your premiums are up to date; the applicable waiting period has passed, and the life-changing event occurs while your **Policy** is active. A 6-month waiting period, as described in clause 6, applies from your **Policy** commencement date. However, we will pay valid **Accidental** claims that occur during the waiting period. A life-changing event means the event giving rise to a claim, being:
 - 3.1.1. for the Life Cover Benefit, the date of death; and
 - 3.1.2. for the Advanced Illness and Disability Benefit (if selected), the date on which the relevant condition fully satisfies the criteria specified in the **Life Plan Guide**, as confirmed by the required medical evidence in accordance with this **Policy**.
- 3.2. The life-changing event is determined using objective medical evidence. It is not the date when the condition is first noticed, suspected, diagnosed or reported. Symptoms, underlying conditions or retrospective medical opinions do not count unless the **Policy** criteria have been met.
- 3.3. If the condition met the required criteria before your **Policy** started, the life-changing event will be treated as having occurred before cover began.
 - 3.3.1. No benefit will be payable if the life-changing event occurred before the **Policy** commencement date or after the **Policy** has ended, regardless of when the claim is submitted.
- 3.4. In determining the date of the life-changing event we may consider all available medical evidence, including records and reports obtained after the event.
- 3.5. This clause must be read together with your applicable version of **the Guide** as well as your duty of disclosure in Clause 11.

4. Your cover ends and the Policy will be terminated when the first of the following events occurs:

- 4.1. Your claim is valid and is paid on your qualifying death or illness/disability.
- 4.2. If there are 3 premiums outstanding on your **Policy**, as explained in the **Guide**.
- 4.3. Your **Policy** is cancelled by **You** or **Us** with 31 days' notice, in accordance with clause 10 below.

5. When will you not be covered?

- 5.1. **We will not pay any benefit, refund any premiums, or make any other payment under this Plan if:**
 - 5.1.1. The claim event occurs before the **Date of Commencement**, after the benefit expiry, or after the **Policy** has lapsed
 - 5.1.2. The claim is not reported to **Us** within the time period specified in **the Guide**, or **You** fail to provide all requested claim documents
 - 5.1.3. Any information provided by **You** when applying for this **Plan**, updating **Your** details, or submitting a claim is materially incorrect, misleading, fraudulent, or omitted. In such cases, **We** may cancel the **Policy** immediately, retain premiums, and, if fraud is discovered after payment of a claim, recover any amounts paid to **Your** beneficiaries
 - 5.1.4. The terms and conditions of this Plan have not been met
 - 5.1.5. A beneficiary intentionally causes or contributes to the death of the policyholder. Any such beneficiary will forfeit their share, which will be paid to the Policyholder's estate
 - 5.1.6. No benefit is payable if an insured event occurs while the policy is more than 30 days in arrears, suspended or lapsed due to unpaid premiums.



Terms and conditions for cover

- 5.2. **We will not pay a benefit if the death or disability/illness of the Policyholder arises, directly or indirectly, from:**
- 5.2.1. Your death is self-inflicted or is due to suicide or assisted suicide and occurs within two years of your cover commencing or reinstatement of your **Policy**.
 - 5.2.2. Your Defined Medical Condition was deliberately self-inflicted.
 - 5.2.3. You fail to disclose information about physical disabilities or pre-existing medical conditions that were known about (or should reasonably have been known about) at the time that cover starts. This applies in respect of medical attention, advice or treatment that was needed at any time in the past or at the time of taking up the benefit. In this instance, no benefit payment will be qualified for.
 - 5.2.4. Discovery Life is unable to obtain required medical or financial (if applicable) evidence from you, your dependents or treating medical practitioner to fulfil our criteria for making a benefit payment.
 - 5.2.5. Willful and deliberate breaking of any law or willful involvement in any riot, insurrection, usurpation of power, martial law, war, act of terrorism or similar events.
 - 5.2.6. Committing or attempting to commit a criminal act such as murder, robbery, theft, assault or crime of similar nature.
 - 5.2.7. Intentional and negligent consumption of poisons, drugs and narcotics unless prescribed by a registered medical practitioner (neither you nor any close family member may perform the role of registered medical practitioner in such a case).
 - 5.2.8. Abuse of alcohol.
 - 5.2.9. Exposure to atomic energy, radioactivity, nuclear fission or reaction, biological or chemical warfare agents.
 - 5.2.10. Any cosmetic procedure (reconstructive surgical procedures where a medical condition is present will be covered), as well as any complications associated with the procedure.
 - 5.2.11. Organ donation, as well as any associated complications not resulting in death.
 - 5.2.12. Regular participation in any hazardous sport or pursuit, for example, motocross, skydiving, underwater diving, rock climbing, private aviation.
 - 5.2.13. Natural death or disability/illness that occurs within the waiting period (see section below).

6. Waiting Period

- 6.1. A waiting period is a period during which no claims will be considered under the **Policy**.
- 6.2. The waiting period is calculated from:
 - 6.2.1. **The Date of Commencement** of the **Policy**
 - 6.2.2. The date when cover is increased (applicable to the increased cover amount only and does not apply to automatic cover increases)
 - 6.2.3. The date when a benefit is added (applicable to the added benefit only).
- 6.3. There is a 6-month waiting period for natural Death and natural Advanced Illness and Disability claims.
- 6.4. There is no waiting period for **Accidental** death or accidental Advanced Illness and Disability claims. The death or disability must be caused directly and solely by the **Accident**, and must not be traceable to, or indirectly linked with, any illness, disease or mental or physical condition that existed before the **Accident**. The **Accident** must occur after the policy commencement date.
- 6.5. There is a 24-month waiting period for deaths that are self-inflicted or as a result of suicide or assisted suicide.
- 6.6. The waiting period may be waived by **Us** in the following circumstances:



Terms and conditions for cover

- 6.6.1. You are replacing a Life Plan subject to the following conditions:
 - 6.6.1.1. The replaced policy was in-force for at least 6 continuous months, the waiting period is waived in full on the Discovery Digital Life Plan.
 - 6.6.1.2. If the replaced policy was in-force for less than 6 continuous months, the waiting period on the Discovery Digital Life Plan may be reduced by the number of months already served.
 - 6.6.1.3. The existing policy must be in force at the time of application; or have ended no more than 31-days prior to the application date.
 - 6.6.1.4. The waiver applies only up to the same cover amount as the existing policy. Any cover amount above the existing policy level is subject to the full waiting period.
- 6.6.2. You must provide proof of the existing policy in order to waive the waiting period.
- 6.6.3. The 24-month suicide exclusion will not be waived in these cases.
- 6.6.4. We may need to request details from the other licensed insurer, and by agreeing to this **Policy**, **You** consent to **Us** doing so.

7. Applicants must meet certain eligibility requirements, including the following:

- 7.1. You are between (and including) current age 18 and 64 years old when you purchase **the Plan**;
- 7.2. You are a South African citizen or permanent resident of South Africa, and are in possession of a green bar-coded RSA ID Book or Smart ID card; and
- 7.3. You have a qualifying Discovery Bank account.

8. Your policy contract is made up of all of these documents read in conjunction with one another:

- 8.1. The policy schedule
- 8.2. The Digital **Life Plan Guide** ('**the Guide**')
- 8.3. Any changes to your policy contract, including anniversary letters
- 8.4. Any underwriting documents (for example, health, lifestyle questionnaires)
- 8.5. This application form and any application form to change your **Policy**.

We will email your welcome pack (**Policy schedule**, welcome letter and **Digital Life Plan Guide**) to you. It is your responsibility to ensure that this product meets your financial needs.

Note: the policy schedule provides a summary of benefits; the full terms and conditions are available in the Guide. To the extent that the terms in any other document conflicts with the terms as contained In **the Guide**, **the Guide** will prevail.

9. You have 31 days to object to any policy contract terms

You have 31 days from the date that you receive your policy schedule and the Guide, to tell us if you have any objections. If you have not received the documents, it is your responsibility to contact Discovery Life to request the documents. You are deemed to have received the relevant documents if we do not hear from you within 31 days after receiving the letter of acceptance. Your policy documents can also be accessed online, via your unique profile on the Discovery website (www.Discovery.co.za). Your policy schedule can also be found in the Discovery Bank app in the secure document vault. If we do not receive an objection in this time, we are entitled to treat the absence of objection as your acceptance of the terms and conditions as they stand. If we do not receive an objection within the 31-day period, we will treat the absence of an objection as acceptance of the Policy terms. This does not affect any rights you may have in terms of applicable law or the Policyholder Protection Rules.



Terms and conditions for cover

10. We reserve the right to cancel your Policy at any time for reasons such as but not limited to

- 10.1. Where cancellation is required for **Us** to comply with laws and prevent or stop undesirable or criminal activity. In such cases, cancellation will take effect immediately.
- 10.2. Where continuation of the Policy may reasonably harm or pose a risk to **Our** reputation.
- 10.3. Where the **Policy** is no longer financially viable for **Us** to maintain. This may apply to the product line and/or the individual plan.

11. Your duty to provide information and our verification process

- 11.1. When you apply for this **Policy**, we rely on the information you provide to assess your application and determine the terms of cover. By telephonically or digitally accepting the application, you confirm that:
 - 11.1.1. You have provided all material information relevant to your application and the assessment of the insurance risk.
 - 11.1.2. The information you have provided is true, accurate and complete to the best of your knowledge and belief, and you undertake to provide us with all material and relevant information, even if that information may already be available to other entities within the Discovery Group, including Discovery Health or Discovery Bank.
 - 11.1.3. You will inform us without delay of any material changes to your health, lifestyle, financial position or other circumstances that may reasonably affect the insurance risk before your **Policy** starts. This includes any symptoms, medical consultations, investigations, tests, referrals, treatment or medical advice, whether or not a final diagnosis has been made.
- 11.2. Verification of information at application stage: After you submit your application, we may review and verify the information you have provided as part of assessing your application. We will only request additional information or conduct further verification where there is a reasonable basis to do so, including where we identify a discrepancy, inconsistency or missing information in relation to the disclosures made in your application.
- 11.3. Verification after your policy has started: After your **Policy** has started, we may verify the information provided in your application where there is a reasonable basis to do so, including where we identify a discrepancy, inconsistency or new information that differs from what you have disclosed. This clause does not limit our rights to take appropriate action in terms of the **Policy** and applicable law where information provided is incomplete, inaccurate or not disclosed.
- 11.4. Applications submitted through the **Digital Platform** may be issued using automated underwriting based on the information you provide at the time of application.
- 11.5. If it is later found that material information was incomplete, inaccurate or not disclosed, we may take appropriate action in accordance with the **Policy** and applicable law. This may include:
 - Adjusting the **Policy** terms (for example by applying loadings, exclusions)
 - Declining or reducing a claim
 - Cancelling the **Policy**
 - Treating the **Policy** as void from inception where appropriate
 - Removing the Advanced Illness and Disability Benefit (if applicable)
 - Any refund of premiums will be determined in accordance with the circumstances and applicable law.
- 11.6. If you do not provide information reasonably requested for verification purposes, we may suspend benefits, decline a claim or cancel the **Policy**.



Terms and conditions for cover

12. You give us permission to obtain your health and other information

- 12.1. Discovery Life needs information about you for cover under a policy with us. The information is required to enable us to assess and underwrite the risk of insuring you, to administer your **Policy**, consider and assess any claims you make, verify and determine your benefit entitlements, do a risk analysis, debt recovery and to resolve any matter pertinent to your **Policy** and related products obtained by you from other entities within the **Discovery Group**.
- 12.2. In order to administer your **Policy**, we also need the following:
 - 12.2.1. By accepting this application form, you acknowledge and consent to us obtaining information about you, the persons assured for cover and any other persons as set out in clause 12.2 and 12.3 from yourself as well as any third party, Health Services Provider, or doctor and which may include Discovery Health (Pty) Ltd, your Medical Scheme administered by Discovery Health, Discovery Vitality (Pty) Ltd, and Discovery Bank Limited and instruct and authorise any other person or entity with such information (such as any healthcare provider that has been consulted with, has conducted a test or has collected information or any other financial services provider who has the information) to provide us with the information for the purpose set out in clause 12.2 and 12.3. You also confirm that to be entitled and eligible for a benefit, you will provide your co-operation and give applicable medical, financial or other information to **Discovery Group**, as is required in terms of the **Policy** in order to meet the relevant claim criteria.
- 12.3. Discovery Life may be required to share the information in our possession about you, the persons assured for cover and any other persons as set out in clause 12.2 and 12.3 under a policy obtained by you from us for the purpose set out in clause 12.2 and 12.3 or in terms of any consent or instruction you may have provided to any other person or entity. By accepting this application form, you authorise Discovery Life to do the following:
 - 12.3.1. Provide your personal, financial and/or health information to any other entity within the **Discovery Group** where you already have a relationship or where you have applied for a product or benefit. This information will be used to administer your products or benefits.
 - 12.3.2. Provide your personal information as stated in this application or in any related document with other assurers and re-insurers. This authority extends to sharing such information directly with an assurer and through any database for assurers at any time (even after your death) and in any form, including detailed, abbreviated or coded form. This also includes the sharing of information on industry registers. You are aware that you may request access to the information shared by Discovery Life on such industry registers.
- 12.4. The consent given in this clause to obtain and share your personal information, shall continue after your death.
- 12.5. We will investigate claims: Discovery Life reserves the right to investigate claims or await the outcome of third party investigations (such as police investigations) or the outcome of tribunals (such as judicial inquests) or tests (such as toxicology tests) and may defer its decision to refuse or admit a claim until such investigations, tribunals or tests are completed.



Terms and conditions for cover

13. You confirm we may do legal checks

- 13.1. The law requires us to check, confirm and examine (on-going due diligence) certain information about the life to be assured, including identities, addresses and bank account details. This information is referred to as **FICA** verification and AML (Anti-money laundering) information and is done to ensure that we know who you are (as our client) and understand our business with you. By accepting this agreement, you authorise Discovery Limited (including any of its subsidiaries) to obtain, verify, use and share **FICA** and AML verification information between the different subsidiaries in the group company. You agree that this authority applies throughout the duration of your **Policy**. You further acknowledge that this authorisation cannot be withdrawn or cancelled and that it will continue after your death. If you fail the **FICA** verification checks or fail to provide us with the requested **FICA** verification information and/or documentation within a reasonable time, we will be entitled to suspend and/or terminate this agreement, and our business relationship with you, without liability to you as a result of such termination.
- 13.2. If a nominated beneficiary fails the required **FICA** or AML verification checks or is identified on any sanctions or restricted persons list, we may refuse payment to that beneficiary. In such circumstances the beneficiary nomination may be disregarded and the benefit may instead be paid to the policy owner's estate or otherwise to a lawful recipient in accordance with applicable law.

14. You agree to tell us about any factors that may affect your premium at inception and while this policy is in force

You must tell us immediately about any factors that may affect the premiums you pay. If you do this, we are entitled to reduce your benefits, or impose an exclusion and adjust your premiums or we may refuse to pay a claim or we may in certain circumstances cancel your Policy.

- 14.1. Using tobacco or cannabis: you must tell us immediately if you have started using tobacco (for example, smoking, chewing or snuffing), if you are paying premiums as if you were a non-smoker.
- 14.2. Vaping and/or using e-cigarettes: you must tell us immediately if you have started vaping and/or using e-cigarettes, if you are paying premiums as if you were a non-smoker.
- 14.3. Using drugs: you must tell us immediately if you are using any narcotics or recreational drugs, (for example, cocaine, heroin, ecstasy, anabolic steroids).
- 14.4. If you fail to disclose any known or should have known pre-existing conditions you know or should have known about.
- 14.5. If you fail to disclose any material circumstances, material information or material circumstances that may affect your risk and cause you to become a moral risk, such as but not limited to instances where you have engaged in, been found guilty of, or been charged with illegal activities, such as fraud, bribery corruption, theft, drug trafficking, extortion, gangsterism or robbery (armed or not).
- 14.6. If you failed to disclose at inception any material circumstances, health conditions, diagnosis, investigations, treatment and symptoms in relation to a health condition and/or injury/disability.

15. You confirm we may collect premiums

15.1. You may cancel your permission

You may cancel the permission to collect premiums from your bank account, but this will lead to the immediate cancellation of your **Policy** if you do not provide new bank account details or if you stop paying premiums when they become due. However, you cannot claim any refund of any premium that we have collected from your bank account while you legally owed the premiums to us in terms of the **Policy** contract.



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15.2. **You agree to tell us when any details of your bank account change**

We are not responsible for any harm or loss that you might suffer because the bank account details are incorrect or if they have changed and Discovery Life has not been notified.

15.3. Premiums are payable monthly in advance by debit order only, in accordance with the process as more fully described in the Guide. No cash or credit card payments will be accepted.

16. Changes to premiums and benefits

16.1. **Right to adjust premiums and/or benefits**

- An insurer's actual and expected future experience can be sensitive to various factors. We may therefore be required to perform a premium and/or benefit review where expected future experience differs from our original expectations, also considering the general economic and regulatory environment at the time of the review to the extent that such factors impact this product.
- This would mean that an additional premium adjustment over and above the contractual premium increases described in Life Plan guide may be required. Additionally, a change to the benefit design and/or payout rules may be required. Discovery Life reserves the right to review your premiums and/or benefits at any time during your policy term with 31 days' notice. In the event that such an adjustment is required, it will be based on our updated expectations at the time of the review.
- We will explain the general workings of the review at the time it occurs. We will also endeavour to provide you with alternative options, as the case may be.

16.2. **Application of changes**

- We will give you at least 31 days' written notice before implementing any change. The notice will include the effective date of the change and a summary of the reasons for it.

16.3. **Amendment of Terms and Conditions**

We may update the terms and conditions of this Plan from time to time. If we make any such change:

- We will give you at least 31 days' written notice before the change takes effect.
- The notice will include the effective date of the change.
- The updated version of the terms and conditions will replace the previous version from the effective date specified in the notice.

17. Unclaimed benefits

It is your responsibility to keep your contact information up to date. If a benefit is unpaid because Discovery Life cannot contact you, your beneficiaries or dependants, using the contact details provided, we are required to contact a tracing company to locate you, your beneficiaries or dependants after a prescribed period.

You confirm that when you provide Discovery Life with personal information about any dependant or beneficiary in respect of this **Policy**, they have given you permission to disclose that information to Discovery and any of the subsidiaries in the group. This includes their permission to share their personal information with a tracing agent in order for them to help us trace you, your dependants or your beneficiaries.

Tracing fees will be deducted from the unclaimed benefit amount. This is subject to change over the Policy term and will be communicated to you upon request. If we are able to locate you, your beneficiaries or dependants and pay the claim, market-related interest will be added to the benefit from the date that the benefit became payable to the date of payment.



Terms and conditions for cover

18. Who to contact with complaints

If you believe you did not receive enough information about the products, please contact our complaints department at Life_Complaints@discovery.co.za.

19. You acknowledge and agree to the following:

- 19.1. The **Policy** will be offered and sold free from any form of financial advice.
- 19.2. Any information provided to you about this Plan does not constitute financial, legal or tax advice. It is your responsibility to obtain professional advice suited to your own needs and circumstances.
- 19.3. If you are replacing a current insurance policy, please be aware that this may have financial implications due to changes in your benefits and possible exclusions or limitations.
- 19.4. The **Policy** does not have any surrender or paid-up value. This means that if the **Policy** terminates, there will be no benefit payment or premium repayments (except if this occurs within the first 31 days).
- 19.5. On the payment of a qualifying, valid claim the sum assured will be paid to the nominated beneficiary(s). Where no beneficiary has been nominated, the benefit will be paid to the policy owners' estate. **Where the beneficiary is a minor, the benefit will be paid to the guardian.**

Declaration

20. I have read and understood the contents of this form.

- 20.1. I confirm that the personal statement included in the underwriting questions section is complete and true. I understand that the statement, along with the proposal for life insurance and any other documents, will be the basis for the proposed contract of assurance. Knowing I cannot change my mind, I authorise and request any doctor, healthcare provider, other person or institution who may possess or later get any information about my health, to disclose such information to Discovery. I agree that this request will remain in force after my death.
- 20.2. I agree to be bound by the terms and conditions of this application form, **the Guide**, the **Policy Schedule**, and any servicing alteration requests, which read together, make up the contract.
- 20.3. I agree that any commission payable in terms of the Long-term Insurance Act of 1998, as referred to in the quote, may be paid only to my appointed financial adviser. These commissions have been explained to me by my appointed financial adviser.
- 20.4. I agree that any alterations made to this application form by me are not binding unless Discovery agrees to accept the alterations. Acceptance will be communicated by the processing of this application form, the receipt of any monies paid to Discovery and the issuing of the **Discovery Life Digital Life Plan Guide**.
- 20.5. I understand that the products may be subject to tax. I acknowledge that if any of the tax laws, tax regulations, the SARS practice or other laws governing the products change, this may have an effect on the products and the benefits that are payable to me. Discovery has not given me any tax advice and I undertake to take such advice if I think it necessary.
- 20.6. I confirm that Discovery has not advised me, and as such is not responsible for any choices I have made.
- 20.7. I confirm that I have acquired the permission of my spouse to nominate the beneficiaries as set out in the beneficiaries section of this application form and to transact on our collective assets as required by Chapter 3 of the Matrimonial Property Act, No. 88 of 1984. My spouse understands the legal consequences of such nomination where applicable.



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- 20.8. I/we have read and understood the note included in the beneficiaries section of this application form regarding nominating minors as beneficiaries.
- 20.9. I warrant that I have disclosed all material information to Discovery and that the information is true and correct. I know and understand that if I have breached the warranty, Discovery can declare the benefits issued to me void and that I will forfeit any contributions paid.

Declaration of acceptance

I/we declare that the Discovery SA Privacy Statement, all terms and conditions and declarations in this application form will bind me/us and will apply in all future dealings with Discovery Life.