

Financial adviser appointment form



Contact details

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



How to use this form

1. The purpose of this form is to change the appointed financial adviser or intermediary house on record and have access to your information held with the relevant Discovery businesses as indicated below. Only the appointed financial adviser will have access to your policies on the Financial Adviser Zone.
2. Please make sure that the authorised signature appears next to the specific product/s. Only authorised persons may sign this form – it is illegal for any other person to sign this form.
3. For Discovery to process this request quickly and correctly, please ensure that this form is legible and completed in full.
4. Where you need to make a choice between different options, please mark your selection with an X.
5. This form is only valid for three months from the date signed.
6. It is the responsibility of the newly appointed financial adviser or intermediary house to make sure that the transfer is processed within 30 days. Discovery will not backdate any changes after this period.
7. If the spaces provided are not enough, please attach a list with all relevant details. Please make sure that all additional documentation is also signed by duly authorised persons.
8. Please make sure that the rules and consequences of this request have been read and understood as set out on the rules page of this form.
9. Please email the completed form to commissions@discovery.co.za.

1. Client details

Surname	<input type="text"/>	Initials	<input type="text"/>	Title	<input type="text"/>
First name (as per ID)	<input type="text"/>				
Date of birth	<input type="text"/>	ID/passport number	<input type="text"/>		
Nationality of passport	<input type="text"/>				

2. New financial adviser details

1. New adviser details

New adviser name	<input type="text"/>
New adviser code	<input type="text"/>
New adviser contact number	<input type="text"/>
New adviser email address	<input type="text"/>
New intermediary house name	<input type="text"/>
New intermediary house code	<input type="text"/>
Principal adviser	<input type="checkbox"/> Percentage (%) <input type="text"/>

2. Secondary adviser details

Secondary adviser name	<input type="text"/>
Secondary advisory code	<input type="text"/>
Secondary adviser contact number	<input type="text"/>
Secondary adviser email address	<input type="text"/>
Secondary intermediary house name	<input type="text"/>
Secondary intermediary house code	<input type="text"/>
Principal adviser	<input type="checkbox"/> Percentage (%) <input type="text"/>

Secondary financial adviser details are only applicable to Discovery Life, Discovery Invest, Discovery Insure and Discovery Insure Commercial products.

3. General

3.1 Discovery Health Medical Scheme

Employer's name	<input type="text"/>				
Employer's number	<input type="text"/>				
Branch name	<input type="text"/>	Branch code	<input type="text"/>	-	<input type="text"/>
Membership number	<input type="text"/>				

3. General (continued)

3.2 Flexicare

Employer's name

Employer's number

Branch name Branch code -

Membership number

3.3 Healthy Care Company

Policy numbers

1

2

3

3.4 GAP Cover

Policy numbers

1

2

3.5 Discovery Life

Policy numbers

1

2

3

Bank reference number (PRI/BIBLIFE)

Discovery retirement optimiser Yes No

3.6 Group Life

Policy numbers

1

2

3

3.7 Supplementary Gap Cover

Policy numbers

1

2

3

3.8 Discovery Invest

Investment numbers

1

2

3

3.9 Employee Benefits: Retirement Funds

Policy numbers

1

2

3

3.10 Discovery Insure

Policy numbers

1

2

3

3.11 Discovery Insure Commercial

Policy numbers

1

2

3

3.12 Discovery Funeral

Policy numbers

1

2

3

4. Authorisation

I, _____, am duly authorised to appoint the financial adviser and intermediary house mentioned above. I also give the Discovery companies consent to share with my appointed adviser all policy information, including personal and underwriting information necessary to ensure the efficient administration, assessing of claims and to make sure Discovery complies with all relevant legislation on an ongoing basis.

I understand and accept that this consent can be revoked at any time, failing which Discovery will be entitled to continue sharing such information with the appointed individuals until the end of this policy.

Discovery Health Medical Scheme	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Flexicare	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Healthy Care Company	Yes <input type="checkbox"/>	No <input type="checkbox"/>
GAP Cover	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Discovery Life	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Group Life	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Supplementary Gap Cover	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Discovery Invest	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Employee Benefits: Retirement Funds	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Discovery Insure	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Discovery Insure Commercial	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Discovery Funeral	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Client's signature

Dated

Adviser's declaration

I, Aon South Africa, have been appointed as the principal adviser on record for (client's name) _____,

Policy Number(s) _____ from this day, the _____ of _____ 20 ____.

In terms of the provisions made in Section 7 (4) of the Financial Sector Conduct Authority General Code of Conduct for Authorised Financial Services Providers and Representatives, I confirm that I will complete a review of the above client's portfolio at policy annual review date as set out in this agreement.

NB.: Principal advisers must sign the form and declaration.

Adviser's signature

Dated

Discovery Health Medical Scheme

Policyholder's authorised signature

Designation of signatory (employer)

The name of the designated person of employer

Signature of designated person of employer

Commission terms and conditions

Refer to the rules document on the Financial Adviser Zone (FAZ).

Discovery Health Medical Scheme

- For compulsory employer groups, please attach an original letter on the employer's letterhead. The appointment will be validated in accordance with Circular 20 of the Medical Schemes Act.
- A transfer request by branch or an employer must be on a holding company letterhead, signed by the duly authorised person.
- For non-compulsory employer groups, the individual Scheme member may appoint their own financial adviser.
- The effective date will be the 1st day of the month following the Commissions Department's receipt of this request.

Flexicare

- For compulsory employer groups, please attach an original letter on the employer's letterhead. The appointment will be validated in accordance with Circular 20 of the Medical Schemes Act.
- A transfer request by branch or an employer must be on a holding company letterhead, signed by the duly authorised person.
- For non-compulsory employer groups, the individual Scheme member may appoint their own financial adviser.
- The effective date will be the 1st day of the month following the Commissions Department's receipt of this request.

Healthy Care Company

- The effective date will be the 1st day of the month following the Commissions Department's receipt of this request.

Gap Cover

- The effective date will be the 1st day of the month following the Commissions Department's receipt of this request. The effective date cannot be backdated.

Commission terms and conditions

Discovery Life, Group Life and Supplementary Gap Cover

- Broker appointment instruction signed by a duly authorised person.
- Transfer from effective date; next anniversary.

Discovery Invest

- Broker appointment instruction signed by a duly authorised person.
- Transfer from effective date; next anniversary.

Employee Benefits: Retirement Funds

- For employer groups, please attach an original letter on the employer's letterhead authorising the appointment of the financial adviser and signed by a duly authorised person.
- A transfer request by an employer must be on a holding company letterhead, signed by the duly authorised person.
- The effective date will be the 1st day of the month following the Commissions Department's receipt of this request.
- Transfers from effective date; will be the first day of the month following the commissions department's receipt of this request and cannot be backdated.
- Broker appointment instruction signed by a duly authorised person.
- A transfer can only be done if the new intermediary has the active relevant FAIS accreditation.
- Initial and Renewal commission to remain with the intermediary that sold the benefit.

Discovery Insure and Discovery Insure Commercial

- The effective date will be the day of the Commissions Department's receipt of this request, and the effective date cannot be backdated.
- Broker appointment instruction signed by a duly authorised person.

Discovery Funeral

- Broker appointment instruction signed by a duly authorised person.
- A transfer can only be done if the new intermediary has the active relevant FAIS accreditation.
- Transfer from effective date; next anniversary.



Acknowledgement of appointment

I acknowledge and appoint Aon South Africa (Pty) Ltd as my financial advisor for all matters related to my medical scheme membership.

My ID: _____ and membership number: _____

Signed at (Town or City): _____ on yy/mm/dd: _____

I have been informed that there is no additional fee charged by Aon for providing you with healthcare intermediary services. Aon earns monthly commission which is already included in the monthly contribution you pay over to the medical scheme. Monthly commission is part of your total monthly contributions paid to the scheme. This monthly commission is 3% of the monthly contribution to a maximum amount payable (as disclosed on the Brokers Statutory Notice) to brokers in terms of Section 65 of the Medical Schemes Act, 131 of 1998, plus Value Added Tax (VAT).

Permission to process my personal information as well as personal information of all dependents included on my membership application form and I consent to Aon South Africa (Pty) Ltd accessing information listed on the table below.

I give consent for the disclosure of information about me.

Membership number: _____ ID or passport number: _____

Title: _____ Initials: _____ Surname: _____

First name(s) (as per identity document): _____

The following information should be made available to my appointed financial advisor as is necessary:

Personal examples	Benefit examples	Financial examples	Medical examples
* Name and Surname * Membership number * Date of birth * ID number * Postal Address * Physical address * E-mail Address * Telephone numbers * Cellular Number * Number of dependents	* Plan type * Medical Savings Account (MSA) * Balance Medical Scheme benefits * Spent for the year Accumulated * Medical scheme Savings Account * Medical Savings Carry over from previous year * MSA reimbursement, Scheme Rate or cost * Self-payment Gap * Above Threshold Benefit * Waiting period details * Late joiner penalty indicator * Wellness benefits	* Total Contribution * Contribution breakdown	* Chronic Indicator/ confirmation (Yes/No) * In Hospital Indicator/ confirmation (Yes/No) * Confirmation of claims paid and from what benefit * Claims transaction history * Procedures done in doctor's rooms paid from Hospital Benefit



By signing this letter of appointment , I confirm that I have fully read and understood the contents of this document and provide my express consent for Aon South Africa (Pty) Ltd (“Aon”) to process my Personal Information including but not limited to special personal information, as well as that of my beneficiaries and where necessary including my minor children (as defined in the Protection of Personal Information Act no 4 of 2013) for the purposes set out herein and which Personal Information may be shared and or disclosed with any party including but not limited to service providers who Aon (in it’s reasonable discretion) has an obligation or requirement to share or disclose my Personal Information and that of my beneficiaries and where necessary my minor children in compliance with its obligations in law or contract.

Signed at (Town or City): _____ on yy/mm/dd: _____

Signature: _____



Benefits of appointing Aon South Africa Healthcare as your intermediary

Aon Healthcare is committed to providing you with exceptional service at every interaction. We have a team of professional, fully accredited advisors to assist you with all your medical schemes, Gap cover and Primary care enquiries.

Our philosophy is to:



Guide:

our members in selecting the medical scheme, Gap cover insurance or Primary care options aligned to their needs.



Educate:

our members with ongoing training throughout the year, end of year medical schemes and Gap cover benefits and rate changes.



Protect:

the rights of members by applying the Medical Scheme Act and scheme rules when resolving disputes with the medical schemes on behalf of the members.

Catalogue of services and technological platform accessible to our members

- **Microsites:** Provides you with access to voice recorded Induction, Year-end renewal, Year-end launch highlight presentations, brochures, COVID-19 updates, various application forms.
- **Aon Resolution Centre:** Professional assistance with your Medical scheme, Gap cover or Primary care claim resolution, comparison or benefit explanation.
- **Year-end renewal communications:** Access to member letters providing updates on the following:
 - **Alert** - Provides high level summary of benefits and rates changes launched by medical scheme, Gap cover insurance as well as Primary care providers.
 - **Member letter** - Provides comprehensive information in relation to the benefits and rates changes implemented by Medical scheme, Gap cover or Primary care provider.
 - **Guidance letter** - Aon generates guidance letters for members that are under or over insured. The purpose of the guidance letter is to guide a member on selecting an appropriate option aligned to his/her needs.
- **Ad-Hoc Alerts:**
 - Ad-hoc updates pertaining to Medical schemes industry or providers specific updates.

Cost of appointing Aon

We are pleased to inform you that there is **no additional fee** charged by Aon when you appoint Aon Healthcare as your Healthcare intermediary. Aon earns monthly commission which is already included in the monthly contribution you pay over to the medical scheme. Monthly commission is part of your total monthly contributions paid to the scheme whether you have appointed Aon as broker or not. This monthly commission is 3% of the contribution to a maximum amount payable (as disclosed on the Brokers Statutory Notice) to brokers in terms of Section 65 of the Medical Schemes Act, 131 of 1998, plus value added tax (VAT). In terms of Primary Care Insurance products we earn maximum 3%. Gap Cover Insurance products, we earn commission on a sliding scale from 5% up to 20% depending on policy holder's monthly contributions.

Connect with us

We focus on communication and engagement, across insurance retirement and health, to advise and deliver solutions that create great client impact. We partner with our client and seek solutions for their most important people and HR challenges. We have an established presence on social media to engage with our audiences on all matters related to risk and people.

For more information from Aon Employee Benefits on healthcare, retirement benefits and a wide range of topics feel free to go to www.aon.co.za

<http://www.facebook.com/Aonhealthcare>
Click "Like" on our page (Aon healthcare)

http://twitter.com/Aon_SouthAfrica
Click "follow" on our profile

Aon Employee Benefits – Healthcare

Aon South Africa Pty Ltd, an Authorised Financial Service Provider, FSP # 20555.

<http://www.aon.co.za/disclaimer>

On all services provided, Aon's Terms & Conditions of Business, as amended from time to time, are applicable and can be found at

<http://www.aon.co.za/terms-of-trade> or will be sent to you upon request.

[Privacy Notice](#)

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Disclaimer:

Although care is taken to represent the rates and benefits correctly, errors and omissions could occur. In case of any conflict, the rules of the affected medical scheme prevail. Any decisions regarding your medical scheme portfolio should be made in conjunction with your Aon Employee Benefits consultant or manager. While Aon has taken reasonable steps to ensure that the information contained in this report is relevant, accurate and current, no warranties of any kind, whether express or implied, including but not limited to the accuracy, completeness, relevance or fitness for a particular purpose are given and Aon expressly disclaims any liability for any loss or damage that may arise from the use of this report. This report is confidential and intended solely for the use of the individual or entity to whom it is addressed. If you received this report in error, you should not disseminate, distribute or copy this report and you should notify Aon if you are not the intended recipient and destroy the report. The report is copyright of Aon SA (Pty) Ltd. You may not, except with our express written permission, distribute or commercially exploit the report. Aon hereby authorizes you to copy the report for non-commercial use within your organization only.

POPIA

Protection of Personal Information Act 4 of 2013 (POPIA), Medical Schemes are requesting a signed Broker Appointment letter to make certain information available to Aon South Africa (Pty) Ltd.