

Intermediary appointment form



Broker House Name: Aon South Africa (Pty) Ltd

Broker House Code: 1004785125

Broker Code: 1020031108

Contact us

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 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 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

Contact us on: **0860 tel arc / 0860 835 272**, P.O. Box 1874, Parklands, 2121, www.aon.co.za
 FSB number: 20555; CMS number: ORG895

Acknowledgement of appointment

I hereby authorise Aon South Africa (Pty) Ltd to be my duly appointed Broker with immediate effect.

My ID and membership number

I have also been informed that the commission due to Aon, payable by the medical scheme as part of my monthly contribution, 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).

Signed at (town or city) on yy/mm/dd

Signature

Permission to make certain information available to Aon South Africa (Pty) Ltd

I give consent for the disclosure of information about me.

Membership number

Medical Scheme Aon Broker Code

Title Initials Surname

First name(s) (as per identity document)

ID or passport number

To clarify this, the following information will be made available:

Personal examples	Benefit examples	Financial examples	Medical examples
Membership number Date of birth ID number Postal and e-mail Address Contact details Physical address Telephone numbers	Plan type Medical Savings Account amounts available Medical Savings Account choice Scheme Rate or Cost Current Medical Savings Account spent Limits Waiting period: details Wellness benefits Self-payment Gap Above Threshold Benefit	Tax certificate and tax reports Banking details Total contribution and breakdown	Chronic indicator Chronic condition PMB Chronic condition details Confirmation of claims paid (excluding amount and paid from where) Claims transaction history Hospital procedures Procedures codes Procedures done in doctor's rooms paid from Hospital Benefit

I hereby also authorise Aon South Africa (Pty) Ltd to provide me with any products that they consider appropriate to me.

Yes No

Signed at (town or city) on yy/mm/dd

Signature