

Discovery Employee Benefits Group Risk beneficiary nomination form



Contact details

Tel: 0860 04 76 87, Fax: 011 539 7288, Email: groupinfo@discovery.co.za, PO Box 3888, Rivonia 2128, www.discovery.co.za

Important to note

- Please complete all information in black ink, print clearly, and write one letter per block.
- This form must be completed by the principal member.
- A separate beneficiary nomination form must be completed for any pension and/or provident fund benefits, as the payment and distribution of these benefits are governed by Section 37C of the Pension Funds Act.
- Please sign and date any changes you make.
- Please forward the original completed and signed form to your payroll department and make sure that you review it on every occasion of significant family events, such as births, marriage, death, divorce, etc.
- If you have any queries, please contact Discovery Group Risk on 0860 04 76 87 or email groupinfo@discovery.co.za

Please note:

- If you have ceded your Life Cover Benefit on your Group Risk policy, you need to indicate this in section 3.
- In instances where any nominated beneficiary is below the age of 18 years, the proceeds in respect of such person may be paid to a beneficiary trust, legal guardian of the minor child (where there is no legal guardian we will pay the estate) or caregiver, to be held for the benefit of that beneficiary, or to the policyholder if so requested in writing by the policyholder.
- Any amount below R20 000 per beneficiary younger than 18 years may be paid to a the policyholder, the legal guardian, into the minor's personal bank account, or to the Guardian's Fund (government fund). In cases of doubt, the policyholder will need to provide an instruction in writing to Discovery Life of the selected payment avenue.

Definitions

A **beneficiary** is someone:

- you choose to receive a benefit or a portion of a benefit from your Group Life Policy, after your death.
- you do not have to support but who you would like to receive some of the money from your benefit.

There may be an overlap between your beneficiary and your dependant.

A **dependant** is someone:

- You have a legal or factual responsibility to support. For example, your spouse or a permanent life partner, a child born out of marriage, a legitimate child, an adopted child and a child/children who may be born after your death
- whom you would like the Trustees to consider when distributing your accumulated benefit after your death.
- whom your would have been legally responsible for maintenance if you had not died.

Discovery Privacy Statement

Definitions

We, us and our	means Discovery Life Limited, a public company with limited liability, as well as a registered long-term insurer and authorised financial and credit services provider, registered under the company laws of the Republic of South Africa, registration number 1966/003901/06, and where applicable Discovery Vitality (Proprietary) Limited ("Vitality"), 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 is 1 Discovery Place, Sandton, Johannesburg, 2196.
You and your	means you as a member of a scheme or fund.
The Funds/ Scheme	means the Discovery Life Pension Umbrella Fund or Discovery Life Provident Umbrella Fund or Discovery Group Risk Scheme.
Your personal information	means personal information about you, your spouse, your dependants and your beneficiaries. It includes information about health, financial status, gender, age, contact numbers and addresses.
Process information	means the automated or manual activity of collecting, recording, organising, storing, updating, distributing and removing or deleting personal information.
Competent person	means anyone who is legally competent to consent to any action or decision being taken for any matter concerning a child, for example a parent or legal guardian.

Purpose of this Privacy Statement

When you engage with us, you trust us with personal information about yourself and your spouse, your dependants and beneficiaries. We are committed to protecting your right to privacy. We'll take all reasonable steps to keep your personal information safe and confidential. The purpose of this Privacy Statement is to set out how we collect, use, share and otherwise process your personal information, in line with the Protection of Personal Information Act ("POPIA").

Acceptance is voluntary

You have the right to object to the processing of your personal information. It is voluntary to accept these terms and conditions. However, we require your acceptance to provide you with our products and services. We need personal information about you and your dependants. We will only collect and process personal information for valid and lawful reasons. The acceptance of these terms and conditions and the permission given to process your and your spouse's, your dependant's and beneficiaries' personal information will continue after death.

We keep personal information confidential

We will keep your personal information confidential. You may have given us this information yourself or we may have collected it from other sources. If you share your personal information with any third parties, we will not be responsible for any loss suffered by you, your spouse, your dependants and beneficiaries.

Authority to act for other people

You warrant that when you give us personal information about your spouse, your dependants and beneficiaries which may include a person under 18 (a minor), you have received their permission or the necessary permission from the guardian of the minor person to share their personal information with us. You understand that when you include, your spouse, dependants and beneficiaries on this form, we will process their personal information for the activation of the policy/benefit and to pursue their legitimate interest. We will furthermore process their information for the purposes set out in this Privacy Statement and other related purposes.

Purpose for processing your personal information

You agree that we may process your personal information for the following purposes:

1. Administering the Funds or the Scheme
2. Assessing any claims submitted to the Funds or the Scheme;
3. Allowing any of the following to advise you about or offer to you any improved benefits or new products that you may qualify for by:
 - 3.1. any company in the Discovery Group
 - 3.2. any third party provider
 - 3.3. any financial services provider or its representative approved by Discovery.
4. Providing relevant information, including your personal information, to a contracted third party who needs the information to provide a service to you relating to the Funds or the Scheme. We will ensure that the third party has agreed to keep the information confidential.
5. If you are a member of the Vitality programme, you further agree that we may process their personal information for the following purposes:
 - 5.1. The administration of the Vitality programme;
 - 5.2. The provision of any services that you or any dependant on their Vitality policy may require;
 - 5.3. The rendering of services by Vitality; and
 - 5.4. The provision of relevant information to a contracted third party who require such information to render a service to you or a dependant on their Vitality policy and only if such contracted third party agrees to keep the information confidential.

Consent

By signing this application form, you confirm that you give us adequate consent to:

- Share with the appointed financial adviser the policy information, including their personal information, necessary to ensure the efficient administration of the policy and to ensure that we comply with all relevant legislation;
- Share their health information with the financial adviser during any underwriting process (provided that you have the necessary permission from the member to do so); as well as
- Process information using automated means (without human intervention in the decision making process) to make a decision about you or your application for any product or service. You may query the decision made about you.

You agree to indemnify us against any loss or damage, direct or indirect, that you suffer because of the unauthorised use of your personal or health information.

Sharing personal information with third parties

If a third party asks us for any of your personal information, we will share it with them only if:

- you have already given your consent for the disclosure of this information to that third party;
- third parties that we contract with to provide services to you, for example auditors;
- any person or organisation that has a legal right to access the information, for example, regulators, and your financial adviser; and
- for any other purpose set out herein

Sharing personal information with the Discovery Group

You confirm that we may share your personal information within the Discovery Group of companies for all of the following:

- administration;
- fraud prevention;
- providing Group-wide services, benefits and infrastructure (where necessary) to help you in your personal or professional capacity.

Sharing for research and improvement purposes

You also confirm that we may share and combine all your personal information for any one or more of the following purposes:

- market, statistical and academic research; and
- to customise our benefits and services to meet your needs.

You agree that your personal information may be shared with third parties such as academics and researchers, including those outside South Africa. We ensure that the academics and researchers will keep your personal information confidential and all data will be made anonymous to the extent possible and where appropriate. No personal information will be made available to a third party unless that third party has agreed to abide by strict confidentiality protocols that we require. If we publish the results of this research, you will not be identified by name.

If we want to share your personal information for any other reason, we will do so only with your permission.

Obtaining and sharing personal information for credit purposes

By signing this form, you authorise us to obtain and share information about your creditworthiness with any credit bureau or credit provider's industry association or industry body. This includes information about credit history, financial history, judgements, default history and sharing of information for purposes of risk analysis, tracing and any related purposes.

Right to communicate electronically

We have the right to communicate with you electronically about any changes on your policy, including your contributions or changes and improvements to the benefits you are entitled in terms of rules of the Funds.

Duty to keep you informed

We have a duty to keep you updated about any offers and new products that we make available from time to time. Any entity within the Discovery Group and contracted third-party service providers may communicate with you about these.

Please let us know if you do not wish to receive any direct telephone marketing from us.

You have the right to know what personal information we have

You have the right to know what personal information we hold about you. If you wish to receive a copy, please complete a form called an 'Access Request Form'. This form is part of the Discovery Manual to Accessing Information and can be found on the Discovery website at www.discovery.co.za under "Legal" at the bottom of the "Home" page and specify the information you would like. We will take all reasonable steps to confirm your identity before providing details of your personal information.

We are entitled to charge a fee for this service and will let you know what it is at the time of your request.

You have the right to ask us to update, correct or delete your personal information. Where we cannot delete your personal information, we will take all steps to make it anonymous. You agree that we may keep your personal information until you ask us to delete or destroy it. This is unless the law requires us to keep it.

The following are examples of laws that require us to collect and keep personal information:

- The Financial Advisory and Intermediary Services Act (FAIS);
- The Financial Intelligence Centre Act (FICA);
- The Long Term Insurance Act (LTIA);
- The Pension Funds Act (PFA); and
- The Protection of Personal Information Act (POPIA)
- The Insurance Act

Transferring your personal information outside South Africa

You agree that we may transfer your personal information outside South Africa:

- if you give us an email address that is hosted outside South Africa; or
- to administer certain services, for example, cloud services.

We will take reasonable steps to ensure that any country, company or person that we pass your personal information to, agrees to treat your information with the same level of protection as required by the laws of the country to which the information is transferred.

Sharing your personal information for merger, acquisition or sale purposes

If we become involved in a proposed or actual merger, acquisition or any form of sale of any assets, we have the right to share your personal information with third parties in connection with the transaction. In the case of a merger, acquisition or sale, the new entity will have access to your personal information. The terms of this Privacy Statement will continue to apply.

Changing this Privacy Statement

We may change this Privacy Statement at any time. The most updated version will be always be available on www.discovery.co.za.

If you have any concerns

If you believe that we have used your personal information contrary to this Privacy Statement, you must first attempt to resolve any concerns with us

The contact details are:

Discovery Group Risk Contact Centre (0860 04 76 87)

Group_Risk_Complaints@discovery.co.za

If you are not satisfied after this process, you have the right to lodge a complaint with the Information Regulator, under POPIA.

The Information Regulator (South Africa)

SALU Building,

316 Thabo Sehume Street,

PRETORIA

Ms Mmamoroke Mphelo

Tel: 012 406 4818

Fax: 086 500 3351

infoereg@justice.gov.za

Member details

Surname																													
First names as in identity document																													
Initials					Title					Gender	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>															
Date of birth	D	D	-	M	M	-	Y	Y	Y	Y																			
Previous/maiden name																													
ID/passport number															Passport expiry date	D	D	-	M	M	-	Y	Y	Y	Y				
Employee number																													
Group scheme name																													
Group scheme number																													
Cellphone number					-																								
Email address																													

Beneficiary nomination (Life Cover Benefit) - natural persons

I nominate the following persons to receive payment in respect of the unapproved Life Cover Benefit payable on my Group Risk Life Plan policy:

Surname and first names	ID number	Date of birth	Relationship	% of benefit*	Last known address and contact number

Beneficiary nomination (Life Cover Benefit) - Institution/trust/Estate

I nominate the following institutions to receive payment in respect of the unapproved Life Cover Benefit payable on my Group Risk Life Plan policy:

Name of institution/trust	Registration number	Reference number	% of benefit*	Last known address and contact number

*The percentage in section 2 and 3 must equal 100%.

Permission to process and disclose certain information

We will keep your information and the information about all other persons covered under this benefit confidential.

- I consent to the collection, collation, storage and disclosure of the information in all sections of this form for any purpose relating to my Discovery Group Risk Life Plan, including to give relevant information to a contracted third party who requires such information to render services to me in relation to this policy, provided that such contracted third party agrees to keep the information confidential.
- I confirm that when I give Discovery Life personal information about any dependant, beneficiary or any other party on my Discovery Group Risk Life Plan, they have given me the appropriate permission to disclose that information to Discovery. This includes consent for administering this policy, the provision of any services to them as required and the provision of relevant information to a contracted third party who requires such information to render a service to them in respect of this policy.
- I confirm that when I give Discovery Life the personal information about my spouse, my dependants, family members and beneficiaries, I have received their permission to share their personal information with Discovery. I understand that when I include my spouse, dependants and beneficiaries on this form, Discovery Life will process their personal information for the administration of the policy/benefit and to pursue their legitimate interest.

Declaration

You confirm that:

- You are the principal member of the Fund/Scheme
- All information you are given in this form is accurate and complete
- You understand that you alone are responsible for any mistakes or inaccurate information.
- This form replaces and cancels any other form regarding your dependants and beneficiaries relating to Discovery Life.

Signed at (town or city)

Signature of member

Date - -

Signature of witness 1

Date - -

Signature of witness 2

Date - -