

MEDIVault TRANSFER REQUEST FORM

(Only to be used if MediVault terms and conditions have already been accepted and signed)

PLEASE COMPLETE THIS FORM AND THEN PRINT, SIGN, SCAN AND
EMAIL IT TO MEDIVault@FEDHEALTH.CO.ZA



SECTION 1 DETAILS OF PRINCIPAL MEMBER

Member number	<input type="text"/>
Member name and surname	<input type="text"/>
Member Identity Number	<input type="text"/>
Member cellphone number	<input type="text" value="()"/>
Member e-mail address	<input type="text"/>

SECTION 2 MEDIVault REPAYMENT PERIOD

Repayments are calculated at a maximum of 12 equal instalments based on the amount transferred to the Wallet.

Members can select shorter repayment periods.

Twelve months: Yes

Shorter period: select between 1 – 12 months <12 months

SECTION 3 CONSENT AND ACTIVATION OF MEDIVault

I/We have previously accepted the Terms and Conditions of the MediVault Benefit and Wallet available to me and would like to transfer the following amount to my Wallet on my Flexible option:

MediVault to Wallet Transfer Amount : (Minimum R600 Maximum the MediVault Benefit)

R or Transfer my full MediVault Benefit

Acceptance of Offer by (tick the applicable box):

OR

I choose to select the Fixed option according to the recommended Wallet activation as per the flexiFED brochure and understand that this may be pro-rated as per my membership join date.

Member

Parent/Guardian (Provide certified copies of Parent's/Guardian's Identity Document)

I consent to my Financial Adviser / Broker activating the Wallet on my membership. I acknowledge that the Financial Adviser / Broker is acting on my behalf and I agree not to hold the Scheme liable for acting on the instructions of my Financial Adviser / Broker.

I/We Full Name Member/Parent/Guardian,

the undersigned, do hereby declare that I/We have read and understood the MediVault Benefit and Wallet terms and conditions and undertake to:

1. Comply with all the undertakings as set out in the MediVault and Wallet's terms and conditions; and
2. Acknowledge that I/We are responsible for the payment of the relevant MediVault instalments when activated.

Member/Parent/Guardian Signature

Date