

## Notice Concerning Fiduciary Relationship

(Internal Revenue Code sections 6036 and 6903)

OMB No. 1545-0013

### Part I Identification

Name of person for whom you are acting (as shown on the tax return) Identifying number Decedent's social security no.

Address of person for whom you are acting (number, street, and room or suite no.)

City or town, state, and ZIP code (If a foreign address, see instructions.)

Fiduciary's name

Address of fiduciary (number, street, and room or suite no.)

City or town, state, and ZIP code

Telephone number (optional)

( )

### Section A. Authority

1 Authority for fiduciary relationship. Check applicable box:

- a ☐ Court appointment of testate estate (valid will exists)  
b ☐ Court appointment of intestate estate (no valid will exists)  
c ☐ Court appointment as guardian or conservator  
d ☐ Valid trust instrument and amendments  
e ☐ Bankruptcy or assignment for the benefit of creditors  
f ☐ Other. Describe ►

2a If box 1a or 1b is checked, enter the date of death ►

2b If box 1c—1f is checked, enter the date of appointment, taking office, or assignment or transfer of assets ►

### Section B. Nature of Liability and Tax Notices

3 Type of taxes (check all that apply): ☐ Income ☐ Gift ☐ Estate ☐ Generation-skipping transfer ☐ Employment  
☐ Excise ☐ Other (describe) ►

4 Federal tax form number (check all that apply): a ☐ 706 series b ☐ 709 c ☐ 940 d ☐ 941, 943, 944  
e ☐ 1040, 1040-A, or 1040-EZ f ☐ 1041 g ☐ 1120 h ☐ Other (list) ►

5 If your authority as a fiduciary does not cover all years or tax periods, check here . . . . . ► ☐  
and list the specific years or periods ►

6 If the fiduciary listed wants a copy of notices or other written communications (see the instructions) check this box . . . . . ► ☐  
and enter the year(s) or period(s) for the corresponding line 4 item checked. If more than 1 form entered on line 4h, enter the form number.

Complete only if the line 6 box is checked.

If this item is checked:	Enter year(s) or period(s)	If this item is checked:	Enter year(s) or period(s)
4a		4b	
4c		4d	
4e		4f	
4g		4h:	
4h:		4h:	

Reference : 3435275/4725344  
Page : 1  
Decision Date : 2014/11/03

MR J KOEN  
PO BOX 6100  
PAARL  
7620

Date: 2014/11/03

Dear MR J KOEN

**Your application to join Discovery Health**

For Discovery Health to assess your application, we need the following additional information:

Principal Member: JOUBERT JOHANNES KOEN

Requirement description	Form attached	Rate
FASTING BLOOD SERUM CHOLESTROL	Yes	60.60
HEALTH DECLARATION	Yes	0.00

Spouse: ANNELIE PETRONELLA KOEN

Requirement description	Form attached	Rate
GENERAL PRACTITIONERS MEDICAL REPORT	Yes	494.20

Please note that the amount under the heading "Rate" is the maximum amount that the Scheme will pay for the medical report (indicated under the section "Requirement description") needed for underwriting purposes.

If you have any further queries, please contact your Intermediary or the Intermediary Call Centre on 0860 34 56 78.

Kind regards,

**Client Management - Underwriting**

**Discovery**

**CC:- VERMEULEN,PC,MR - DISCOVERY GIC - ATTOOH CS HOLDINGS (PTY)**

**Care of: - JOFFE,HJ,MS - DCS DURBANVILLE**

Telephone numbers of the main applicant:

Home: -, Work: -, Cell: 079 - 9696396

16 Fredman Drive, Sandton, Po Box 78622, Sandton 2146; Tel 011 529 2888 (Switchboard);  
Fax 011 539 1216; healthinfo@discovery.co.za; www.discovery.co.za

**Board of Trustees:** M du Plessis van der Nest SC (Chairperson), N J Graves SC, P Maserumule,  
D Naidoo, Prof Z M van der Spuy, G Waugh, M A Streak (Principal Officer)

Discovery Health Medical Scheme registration number: 1125

# NOTICE OF CHANGE OF ADDRESS

DMV USE ONLY  
DL address  
updated by FO

24002

Please Print Characters In Capital Letters Using Black or Dark Blue Ink only.

1	2	3	4	5	6	7	8	9	0	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

**INSTRUCTIONS:**

- Enter the information as shown on the document, i.e. California driver license, ID card, or vehicle registration card, for which a change is being requested.
- Names not matching DMV records and/or unreadable information cannot be updated.
- Type or write your new address on a small piece of paper with your signature and date. Keep it with your driver license or ID card.
- A commercial licensed driver must maintain a California residence address or the driver license will be downgraded to non commercial status.

**Personal Information**



LAST NAME

DRIVER LICENSE/ID CARD NO.

FIRST

INITIAL

BIRTH DATE

**Voter Change of Address**

We will change your voting address if you have moved and still live in the same county. If you have moved to a new county or are not registered to vote, you must complete a new voter registration card. DMV provides the form or call 1-800-345-VOTE or logon to the Secretary of State's website at [www.sos.ca.gov](http://www.sos.ca.gov).

Use only with  
DL Change of Address

☐

Mark this box if you do not want to change your voting address.

**New or Correct Residence Address**



Do Not Use P. O. Box  
in this space

STREET NUMBER ONLY

STREET NAME

APT NO.

CITY - DO NOT ABBREVIATE - USE FIRST 22 CHARACTERS IN CITY NAME

STATE

ZIP CODE

**New or Correct Mailing Address**



If Different From  
Residence Address

STREET NUMBER ONLY

P. O. BOX OR STREET NAME OR STREET NAME AND PRIVATE MAIL BOX

APT NO.

CITY - DO NOT ABBREVIATE - USE FIRST 22 CHARACTERS IN CITY NAME

STATE

ZIP CODE

**Vehicles, Vessels, or Placards Owned By You**

Use Additional  
Forms If Necessary

CALIFORNIA PLATE/CF/PLACARD NO.

LAST 17 POSITIONS OF VEHICLE ID OR VESSEL HULL ID NUMBER

CHECK IF  
LEASED

CHECK IF  
REGISTERED  
OUTSIDE CA

**Leased Vehicles**

LEASING COMPANY'S NAME

**Location of Trailer Coach or Vessel**

If Different From  
Residence Address

STREET NUMBER

STREET NAME

CITY - DO NOT ABBREVIATE - USE FIRST 16 CHARACTERS IN CITY NAME

COUNTY - DO NOT ABBREVIATE

**Old Address**

STREET NUMBER/NAME

CITY

STATE

ZIP CODE

Your mailing address may be given to requesters providing a valid reason for requesting the information. If you receive mail at your residence, then giving DMV a separate mailing address is optional. Your residence address is restricted to authorized requesters per Vehicle Code Section 1808.21. I am the person whose name appears on the record(s) above and the mailing address shown is valid, existing and accurate. I consent to receive service of process at this mailing address pursuant to 415.20(b), 415.30, and 416.90 of the Civil Procedure Code. I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

SIGNATURE

X

M	M	-	D	D	-	Y	Y	Y	Y
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**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Employer identification number

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
(1) .....							
(2) .....							
(3) .....							
(4) .....							
(5) .....							
(6) .....							
(7) .....							
(8) .....							
(9) .....							
(10) .....							
(11) .....							
(12) .....							

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ .....
- 3** Enter total number of other organizations listed in the line 1 table ▶ .....

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 50055P

Schedule I (Form 990) (2013)

Section references are to the Internal Revenue Code unless otherwise noted.

## General Instructions

**Future developments.** For the latest information about developments related to Schedule I (Form 990), such as legislation enacted after the schedule and its instructions were published, go to [www.irs.gov/form990](http://www.irs.gov/form990).

**Note.** Terms in **bold** are defined in the *Glossary* of the Instructions for Form 990.

## Purpose of Schedule

Schedule I (Form 990) is used by an organization that files Form 990 to provide information on **grants and other assistance** made by the filing organization during the **tax year to domestic organizations, domestic governments and domestic individuals**. Report activities conducted by the organization directly. Also, report activities conducted by the organization indirectly through a **disregarded entity** or a **joint venture** treated as a partnership.

*Grants and other assistance* include awards, prizes, **contributions**, non-cash assistance, cash allocations, stipends, scholarships, fellowships, research grants, and similar payments and distributions made by the organization during the tax year. For purposes of Schedule I, grants and other assistance do not include:

- Salaries or other **compensation** to employees, or payments to independent contractors if the primary purpose of such payments is to serve the direct and immediate needs of the organization (such as legal, accounting, or fundraising services).
- The payment of any benefit by a 501(c)(9) voluntary employees' beneficiary association (VEBA) to employees of a sponsoring organization or contributing employer, if such payment is made under the terms of the VEBA trust and in compliance with section 505.
- Grants to affiliates that are not organized as legal entities separate from the filing organization, or payments made to branch offices, accounts, or employees of the organization located in the **United States**.

A **domestic organization** includes a corporation or partnership created or organized in the United States or under the law of the United States or of any state or possession. A trust is a domestic organization if a court within the United States or a **U.S. possession** is able to exercise primary supervision over the administration of the trust, and one or more U.S. persons (or persons in **U.S. possessions**) have the authority to control all substantial decisions of the trust.

A **domestic government** is a state, a U.S. possession, a political subdivision of a state or U.S. possession, the United States, or the District of Columbia. A grant to a U.S. government agency must be included on this schedule regardless of where the agency is located or operated.

A **domestic individual** is a person, including a foreign citizen, who lives or resides in the United States (or a U.S. possession) and not outside of the United States (or a U.S. possession).

Parts II and III of this schedule may be duplicated to list additional grantees (Part II) or types of grants/assistance (Part III) that do not fit on the first page of these parts. Number each page of each part.

Do not report on this schedule foreign grants or assistance, including grants or assistance provided to **domestic organizations, domestic governments, or domestic individuals** for the purpose of providing grants or other assistance to a designated **foreign organization, foreign government, or foreign individual**. Instead, report them on Schedule F (Form 990), Statement of Activities Outside the United States.

## Who Must File

An organization that answered "Yes" to Form 990, Part IV, *Checklist of Required Schedules*, line 21 or 22, must complete Part I and either Part II or Part III of this schedule and attach it to Form 990.

If an organization is not required to file Form 990 but chooses to do so, it must file a complete return and provide all of the information requested, including the required schedules.

## Specific Instructions

### Part I. General Information on Grants and Assistance

Complete this part if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

**Lines 1 and 2.** On line 1, indicate "Yes" or "No" regarding whether the organization maintains records to substantiate amounts, eligibility, and selection criteria used for grants. In general terms, describe how the organization monitors its grants to ensure that such grants are used for proper purposes and are not otherwise diverted from the intended use. For example, the organization can describe the periodic reports required or field investigations conducted. Use Part IV for the organization's narrative response to line 2.

### Part II. Grants and Other Assistance to Governments and Organizations in the United States

**Line 1.** Complete line 1 if the organization answered "Yes" on Form 990, Part IV, line 21. A "Yes" response means that the organization reported more than \$5,000 on Form 990, Part IX, line 1, column (A). Enter information only for each recipient **domestic organization** or **domestic government** that received more than \$5,000 aggregate of grants or assistance from the organization during the tax year.

Enter the details of each organization or entity on a separate line of Part II. If there are more organizations or entities to report in Part II than space available, report the additional organizations or entities on duplicate copies of Part II. Use as many duplicate copies as needed, and number each page. Use Part IV if additional space is needed for descriptions of particular column entries.

**Column (a).** Enter the full legal name and mailing address of each recipient organization or government entity.

**Column (b).** Enter the employer identification number (EIN) of the grant recipient.

**Column (c).** Enter the section of the Internal Revenue Code under which the organization receiving the assistance is tax-exempt, if applicable (for example, a school described in section 501(c)(3) or a social club described in section 501(c)(7)). If a recipient is a government entity, enter the name of the government entity. If a recipient is neither a tax-exempt nor a government entity, leave column (c) blank.

**Column (d).** Enter the total dollar amount of cash grants to each recipient organization or entity for the tax year. Cash grants include grants and allocations paid by cash, check, money order, electronic fund or wire transfer, and other charges against funds on deposit at a financial institution.

**Columns (e) and (f).** Enter the **fair market value** of noncash property. Describe the method of valuation. Report property with a readily determinable market value (for example, market quotations for **securities**) at its fair market value. For marketable securities registered and listed on a recognized securities exchange, measure market value on the date the property is distributed to the grantee by the average of the highest and lowest quoted selling prices or the average between the *bona fide* bid and asked prices. When fair market value cannot be readily determined, use an appraised or estimated value.

**Column (g).** For noncash property or assistance, enter a description of the property or assistance. List all that apply. Examples of noncash assistance include medical supplies or equipment, pharmaceuticals, blankets, and books or other educational supplies.

**Column (h).** Describe the purpose or ultimate use of the grant funds or other assistance. Do not use general terms such as charitable, educational, religious, or scientific. Use more specific descriptions such as general support, payments for nursing services, or laboratory construction. Enter the type of assistance, such as medical, dental, or free care for indigent hospital patients. In the case of disaster assistance, include a description of the disaster and the assistance provided (for example, "Food, shelter, and clothing for Organization A's assistance to victims of Colorado wildfires"). Use Part IV if additional space is needed for descriptions.

**TIP** If the organization checks "Accrual" on Form 990, Part XII, line 1, follows **SFAS 116** (ASC 958) (see Instructions for Form 990, Part IX), and makes a grant during the **tax year to be paid in future years to a domestic organization or domestic government**, it should report the grant's present value in Part II, line 1, column (d) or (e), and report any accruals of present value increments in future years.