

policy servicing form
(cancellation/surrender/refund/paid-up)



Underwritten by Channel Life Limited, Registration
 Number: 1969/012487/06, FSP Number : 19243
 P.O. Box 1273, Parklands, 2121

Please attach the following information:

- Proof of Identity of the Policyholder (Copy of ID / Birth Certificate / Passport)
- Proof of banking details (Cancelled cheque/Copy of bank statement/salary advice), if proceeds are payable into an account other than the collection account.
- Thumb print declaration to be completed in the presence of Commissioner of Oaths (If applicable)

Please complete all details in full and fax to 0860 480 001
Remember to print clearly in CAPITAL LETTERS and avoid contact with the edge of the box.

A. Policyholder Details

Policy Number	<input type="text"/>	Reference Number	<input type="text"/>
Title and Initials	<input type="text"/>	Date of Birth (yyyy/mm/dd)	<input type="text" value="c"/> <input type="text" value="c"/> <input type="text" value="y"/> <input type="text" value="y"/> / <input type="text" value="m"/> <input type="text" value="m"/> / <input type="text" value="d"/> <input type="text" value="d"/>
Surname	<input type="text"/>		
Full Names	<input type="text"/>		
Identity Number	Contact No (<input type="text"/>)	<input type="text"/>	
Cellphone No	Email Address	<input type="text"/>	
Postal Address	<input type="text"/>		
Province	<input type="text"/>	Postal Code	<input type="text"/>

B. Policyholder's bank details

Account Holder Name	<input type="text"/>		
Bank Name and Branch	<input type="text"/>		
Account Number	<input type="text"/>	Branch Code	<input type="text"/>
Account Type	<input type="checkbox"/> Current (Cheque) Account <input type="checkbox"/> Savings/Transmission Account		
Preferred method of payment for proceeds	<input type="checkbox"/> Posted Cheque <input type="checkbox"/> Direct Bank Deposit		

Please note that if the banking details are not supplied, proceeds will be posted to the current postal address. Channel Life Limited cannot be held responsible for postal delays.

C. Termination Option

- Cancel Policy
 Surrender Policy
 Refund

I understand that all benefits associated with my policy are hereby cancelled with immediate effect. All the reasons why I should not cancel/surrender my policy have been fully explained to me, but nevertheless, I hereby instruct Channel Life Ltd to cancel/surrender it with immediate effect. I fully appreciate and accept that by signing this letter, the full and absolute liability of the Company will be limited to the payment of the nett surrender value after deductions, if applicable. Payment of such amount will relieve the Company of any further liability hereunder.

Reason for cancellation/surrender

- Financial difficulties
 No longer required
 Replaced by new policy
 Other: _____

If the policy is being replaced by a new policy, please state the following:

Company Name: Policy Number

Note: Should your policy be replaced, your broker must provide you/us with a replacement advise record for LOA purposes.
 Payment of proceeds will only be effected on receipt of RPAR.
 This cancellation/surrender notification must be furnished to your employer as proof that your policy will be cancelled with Channel Life to ensure that no further deductions will be made in respect of this policy.

Signature/Thumbprint of policyholder

/ /
 Date

D. Paid - Up

I hereby request Channel Life Ltd to make my policy paid up and I understand that my risk benefits will cease, subject to the product specifications and policy benefits. As no further premiums are payable, the guaranteed maturity value as quoted in the policy contract (where applicable) will therefore no longer be guaranteed. I acknowledge and agree to the reduction in benefits as stated above.

E. Notes

F. Declaration

I, the undersigned, hereby acknowledge that I understand the content contained herein and certify that the above information is true and correct in every detail and that Channel Life is hereby authorised to update and amend my personal details.

Signature/Thumbprint of policyholder

c	c	y	y	/	m	m	/	d	d
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Date