

SURRENDER FORM (Full/Partial/Investment/Bonus/Premium Pre Funder)

The following documentation must be sent with this application:

1. Certified proof of Identity for the Policyholder (Copy of ID / Birth Certificate / Passport)
2. Proof of bank account for the Policyholder (Stamped Bank Statement, Cancelled Cheque, Salary Advice), if proceeds are payable into an account other than the collection account
3. Proof of residence from the Policyholder

A. POLICYHOLDER'S DETAILS

Policy Number

Surname Title and Initials

Full Names Contact Number

Passport / ID Number..... Date of Birth (yyyy / mm / dd)

Email Address Postal Address.....

..... Postal Code

B. BANK ACCOUNT WHERE POLICY BENEFITS MUST BE PAID

Account Holder Branch Code

Bank Name and Branch.....

Account Number Type of Account

C. SURRENDER OPTION
 Investment Surrender

I understand that only the endowment portion associated with my policy is hereby surrendered and terminated with immediate effect, with only the risk benefits remaining active.

 Bonus

I hereby wish to apply for the bonus payout on my policy as associated with the Cash Bonus investment portion.

- The maximum amount available
- Other amount (if less than maximum amount) R

 Part Surrender

I hereby wish to apply for a part surrender on my policy which I understand will be less than the policy surrender value.

- The maximum amount available
- Other amount (if less than maximum amount) R

I understand that this partial withdrawal of my surrender value will decrease such value with immediate effect in accordance with the amount withdrawn. I further acknowledge that only one withdrawal will be allowed within the first five years from policy issue date as per legislation and also depending on the policy terms and conditions.

 Full Surrender

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 Sanlam Developing Markets Limited to cancel / surrender it with immediate effect.

Reason for Full 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

 Pre Funder

I hereby wish to apply for a Pre Funder Premium. I further acknowledge that I may only claim up to 1 years total premium for each successive five years if no claim or debit for missed premiums was processed within the five year period. Please see your policy terms and conditions.

- The maximum amount available
- Other amount (if less than maximum amount) R

D. DECLARATION BY POLICYHOLDER

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 Sanlam Developing Markets Ltd (hereinafter called the Company) is hereby authorised to update and amend my personal details. 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 relevant nett surrender value after deductions, if applicable. Payment of such amount will relieve the Company of any further liability hereunder

.....

SIGNATURE OF POLICYHOLDER

.....

DATE

CONTACT US

Client Contact Centre: 0861 235 433

Fax: 011 388 5084

Postal address: PO Box 1941, Houghton 2041, South Africa

Physical address: Sanlam Business Park, 13 West Street, Houghton, 2198

E-mail address: info@sanlamsky.co.za

THIS POLICY IS UNDERWRITTEN AND ADMINISTERED BY SANLAM DEVELOPING MARKETS LIMITED, AUTHORISED FINANCIAL SERVICES PROVIDER, FSP NUMBER 11230/1