CASH WITHDRAWAL FORM

Sanlam

Please complete this form and send it back to us.

Note:
1. Documents must be scanned as one PDF (pictures are not advised).
2. Kindly note that unclear and insufficient documentation will delay the claim processing.

Our contact details are:
Sanlam House, Corner of Lubuto and Lungwebungu Roads,
Plot 1278 ,Rhodespark, Lusaka
PO Box 31991, Lusaka

Telephone +260 211 257713
Chatbot: 0968171258
Contact Customer Care on 7549 (MTN and Zamtel)
Customercare@zm.sanlam.com

Required Documents

1. Proof of identity of the policy holder (NRC, passport, drivers, licence).

2. Payslip showing deduction.

3. Proof of account / Bank statement.

A. Policyholder's Details

Policy Number			
Ms / Mr / Mrs		Full Names	
Surname		NRC	
Email		Contact Number	
Postal Address			

B. Policyholder's Bank Details

Name of Account Holder			
Bank Name		Branch Name	
Account Number		Branch Code	
Account Type	☐ Current Account	☐ Savings Account	Mobile Money No.

If we receive premiums after cancelling your policy, we will pay the premiums to this account.

C. Withdraw Choices (Choose what you want by ticking one of the boxes below)

☐ Cash Bonus	REFUND (Please tick applicable reason)		
☐ Part - Encashment	☐ Cancelled Policy	☐ Overdeduction	
☐ Encashment	☐ Overage	☐ Maturity	
☐ Cashback	☐ Non Policy Holder	☐ Extra Cash Bonus	

- I understand that by making a part encashment on my policy it will reduce the value of my policy. I accept that I will only be allowed to take money out once every year from the last payment, in line with the policy terms and conditions.
- I understand that all the benefits on my policy will be stopped by making an encashment.
- I am aware of the reasons why I should not cancel my policy but I still want Sanlam to cancel it.

Reason for full withdrawal: Financial problems ☐   No longer needed ☐   Replaced by new policy ☐

Other _____

D. Declaration By Policyholder

I confirm that I understand the content in this document. I confirm that the information given by me is true and correct and that Sanlam Life Insurance Zambia is allowed to update my personal information

_____   _____
Signature of Policyholder   Date