

CASH WITHDRAWAL FORM



Please complete this form and send it back to us by post, email, fax or your nearest Sanlam Client Service Centre.

In order for Sanlam Life Insurance Zambia to successfully assess your claim, we need the following documents from you:

Our contact details are:

Sanlam House, Zenera Office Park,
Corner of Lubuto and Lagos Roads
P.O Box 31991, Lusaka, Zambia

1. Proof of identity of the policyholder (NRC, passport, drivers License).
2. Payslip showing deduction

Customercare@sanlam.co.zm
+260 211 257 713

A. Policyholder's Details

Policy Number			
Title		Full names	
Surname		NRC	
Date		Contact Number	
Email			
Postal Address			
Code			

B. Policyholder's Bank Details

Name of Account Holder			
Bank Name		Branch Name	
Account Number		Branch Code	
Account type	<input type="checkbox"/> Current Account	<input type="checkbox"/> Savings Account	<input type="checkbox"/> Account/Other(Specify)

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)		
<input type="checkbox"/> Part - Encashment	<input type="checkbox"/> Cancelled Policy	<input type="checkbox"/>	<input type="checkbox"/> Non Policy Holder
<input type="checkbox"/> Encashment	<input type="checkbox"/> Extra Cash Bonus	<input type="checkbox"/>	<input type="checkbox"/> Overdeduction
<input type="checkbox"/> Cashback	<input type="checkbox"/> Overage	<input type="checkbox"/>	<input type="checkbox"/>

I understand that by making a part withdrawal 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.

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

D. Declaration By Policyholder

I confirm that I understand the content in this document and the implications of the cash withdrawal. 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. I fully accept that by signing this document, the Company will only be responsible to pay me the amount that remains after taking any amount owed to the Company.

Signature of Policyholder

Date