

SURRENDER APPLICATION FORM

(To be completed by Claimant/Policyholder)

Please note that it is essential to complete this form to prevent unnecessary delays as a result of missing information.

The following must be included:

- a. Original certified copy of identity document for the policyholder
- b. Proof of Banking account not older than three months
- c. Proof of address for the policyholder
- d. Letter from the policyholder authorising payment [Applicable to Trusts/Policyholders/Company Owned Policies]
- e. Release of Cession if the policy has been ceded
- f. Proof of income for the policyholder
- g. Original certified copy of marriage certificate document for the policyholder, applicable to marriage in COP
- h. Trust Deed where a policyholder is a Trust
- i. Letter of executorship, when claiming on behalf of a deceased policyholder
- j. Death Certificate, when claiming on behalf of a deceased policyholder

Return the completed form and the above documents to lifeclientservice@hollard.co.za or fax to 011 547 7777.

Please allow 10 working days from the effective date of termination or upgrade subject to all completed documentation being received.

Request type:

Surrender		Maturity		Upgrade	
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Policyholder

All Fields Are Mandatory

If the policyholder is a company or trust, please ignore this section and complete applicable addendum.

Policy no. _____

Tel. no. _____ Cell no. _____

Email address _____

Identity no. _____ Title _____

Full name _____

Residential address _____ Postal code _____

Postal address _____ Postal code _____

Employer _____

Occupation _____

Source of wealth _____

Source of income _____

Country of residence _____

Payment Instruction

All Fields Are Mandatory

Credit my account (I declare that I am the legal policyholder of this policy and no cession is in place)

Account holder name _____

South African banking account _____

Account no. _____

Type of account _____

Branch code _____

Declaration

All Fields Are Mandatory

• **Declaration by policyholder/cessionary**

I declare that:

1. I am the legal policyholder of the policy.
2. My estate has not been declared insolvent.
3. I have not ceded or pledged the said policy to anyone either by Antenuptial contract or otherwise.
4. The said policy is still my bona fide property.
5. I fully understand that the surrender of this policy may not be in my interest and that I may incur expenses replacing it.
6. I wish to cancel the said policy and have the surrender value paid out, if applicable.

Signed at _____

Date

D	D	M	M	Y	Y	Y	Y
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Signature
(policyholder/
cessionary) _____

In capacity of:

Owner		Cessionary	
Executor		Other	

Signature spouse
(if married in COP) _____

Please take note of the following Hollard disclosures

Protection of Personal Information Act (POPIA)

Hollard cares about your privacy. In order to provide you with our service, we and our service providers have to process the personal information you provide us with by completing this form. We will treat this information with caution and we have put reasonable security measures in place to protect it.

Financial Intelligence Centre Amendment Act (FICAA)

In accordance with applicable anti-money laundering laws in South Africa, we are required to obtain specific information and evidence to verify your identity (and in many cases the identities of related persons, such as, but not limited to, directors, beneficial owners and persons instructing us on your behalf (where applicable)) when applying for cover and on an on-going basis. If we ask you for information or documents (including originals or certified copies) you must provide them to us as soon as possible. If we do not receive adequate information and evidence within a reasonable time of our request we may be unable to provide you with cover or may cancel the policy in accordance with applicable law.

