

Old Mutual is a Licensed Financial Services Provider

Date Time

PERSONAL INFORMATION

Name

Surname

Identity number

Address

Postal code

CONTACT DETAILS

Telephone
 (Work) Code No. (Home) Code No.

Fax Code No. Cellphone number

Email address

REQUESTED PREMIUM HOLIDAY

I request a Premium Holiday according to the rules of the Premium Holiday benefit, for the policy number(s):

Policy number	From the 1st of:	To the last day of:	Total number of Premium Holidays requested (1-6)

PAYMENT INSTRUCTION

If any refunds are due to me, please pay it into the following bank account:.

Name of bank

Branch code

Name of account holder

Account number Account type: Current Savings Transmission

POLICYHOLDER'S DECLARATION AND SIGNATURE

- Should we not receive premiums after all the Premium Holidays have been exhausted, the policy will, depending on the type, become paid-up or lapse with no benefits due to me
- Excess payments made by myself will be applied first to reinstate the policy (where relevant), then towards the arrears (including the grace period) and then for future Premium Holidays
- My bank details should be updated across all my Plans. I will not hold Old Mutual responsible if the bank details I provided is incorrect
- I acknowledge that my policy status can change at any time
- If I request a premium holiday in advance and my policy terminates, I will no longer qualify for the premium holiday and my request will not be processed.

Policyholder's signature

Date