



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 []

SURRENDER THE FOLLOWING BENEFITS

Table with 5 columns: Policy number, Benefit type, Name of insured, Premium, Cover

FULL SURRENDER (includes termination of Risk/Funeral Benefits)

Policy number []

I would like to cancel the Plan(s) and have the full surrender value, where applicable, paid to me. I am the legal owner of the Plan(s) and I have not ceded nor pledged the Plan(s) by antenuptial contract or otherwise. If there is an outstanding Zero Interest Loan this will be settled from the surrender proceeds before they are paid to me. I understand that the surrender process ends the Plan(s) and that the surrender value is the withdrawal of the cash value of the Plan(s). I understand that no further benefits are payable on the Plan(s) after the surrender is processed. I am also aware of and consent to the Surrender charge.

Policyholder's signature []

Date [] [] [] [] [] [] [] [] [] []

If you have a 2-IN-ONE SAVINGS PLAN, your Plan consists of a Long and a Short Term Pocket. You will not be able to continue with either Pocket if the other is surrendered. Both Pockets will be surrendered and closed together.

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

I declare that the information provided is correct. I will not hold Old Mutual responsible if the bank details I provided is incorrect. The amount quoted by Old Mutual may include premiums paid in advance as well as premiums paid but not cleared with my bank. Because I cannot withdraw from premiums paid in advance and unexpired, premiums, the amount that Old Mutual pays into my bank account when they process my transaction, may be less than the amount quoted.

Policyholder's signature

Date

D	D	M	M	Y	Y	Y	Y
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In times of a serious financial crisis (for instance a very bad recession), we may apply a market value adjuster to reduce the values it pays for zero interest loans, part withdrawals and surrenders as a protective measure for customers who leave their money invested in the Smoothed Bonus Fund until the end of their terms. Once the economy stabilises, we will not reduce the values anymore.

COMMISSIONER OF OATHS/STAFF MEMBER (complete for thumbprint)

I declare that I have conducted all the required document, system and procedural checks and that I have processed this payment.

I declare that I have conducted all the required releasing/authorising checks and I have released the payment.

The thumbprint below and the marks on this document are the customer's and have been placed in my presence.

Role/Job title

Signed at (place)

on (date)

D	D	M	M	Y	Y	Y	Y
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Signature

THUMBPRINT

OFFICIAL STAMP

Right thumb Left thumb

