# Cash Withdrawal Form

African Rainbow Life

Please complete this form and send it back to us by email, or your nearest African Rainbow Life Client Services.

**Our contact details are:**
**Physical address** 1 Sturdee Avenue, Rosebank 2196
**Email** service@africanrainbowlife.co.za
**Telephone** 010 880 5055

**In order for African Rainbow Life to successfully assess your claim, we need the following documents from you:**

1. We need the latest proof of banking details **only** if proceeds are to be transferred to an account different from the premium collection account

## A. Details of claimant

Policy number _____

Full names _____ Surname _____

ID/ Passport number _____ Date of birth _____

Cell number _____ Home number _____

Work number _____

Email _____

Physical Address _____ Code _____

## B. Bank Account details to which Policy Benefits must be paid

Name of account holder _____

Bank name _____ Branch name _____

Account number _____ Branch code _____

Account type ☐ Current (cheque) account ☐ Savings / transmission account ☐ Account / Other (Specify) _____

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

## C. Withdrawal choices (Choose what you want by ticking one of the choices below)

☐ **Investment** cancellation (I want to stop the investment part of my policy, while other benefit(s) continue.)
☐ **Cash Benefits** (like Cash Back, Pre-Funder, No Claims Bonus, etc) (I want my cash benefit pay-out on my policy.)
☐ **Part withdrawal** (I want a part withdrawal on my policy, which I understand will be less than the full withdrawal value.)

Write the amount (if less than the maximum amount payable) **R** _____

☐ **Full withdrawal** (I want to cancel my policy and I understand that all benefits on my policy will be stopped. I am aware of the reasons why I should not cancel my policy but I still want African Rainbow Life to cancel it.)

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

If the policy is being replaced by a new policy, please give the following;

Insurance company Name _____ Policy Number _____

Relationship to policyholder (e.g. self / spouse / child) _____

## D. Declaration by claimant

I hereby notify The Company of the above mentioned claim and confirm that all information given is true and correct. I acknowledge and agree acceptance of this statement and that the supporting documentation shall not constitute or be considered as an admission by The Company that any assurance on the life assured was in fact in force, nor waive the company's rights or defences.

_____ Y Y Y Y / M M / D D

Signature of Life Assured Date