

Request for Policy Loan



LIBERTY

ADVISE INSURE INVEST HEALTH

Regulated by the Insurance Regulatory Authority

Liberty Life Assurance Kenya Limited
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REQUIREMENTS:

1. The form should be completed and forwarded to the headoffice or any of our branches
2. Where a physical policy document was issued, the document shall be presented together with the form
3. At presentation, the original ID/Passport of the policy owner will be required
4. The total loan shall include any existing loan(s) and their interest due or accrued
5. Interest shall be at a rate specified in the policy, or at a rate determined by the Company (currently at 15% compounded annually)

CLIENT DETAILS:

Policy Number(s): and and

Full Names

ID/Passport Number: Mobile Number:

Email address:

Current Place of Residence:

Bank Name: Branch Name:

Account Number: (Proof of banking will be requested to validate bank information)

Loan amount requested:

Amount requested (in words):

DISPATCH OF LOAN:

Please dispatch my loan through the following mode:

EFT Mpesa (Only if amount is below the Mpesa maximum limit)

Application Date: - -

Signature of PolicyOwner

REPAYMENT OF LOAN:

Loan shall be repayable in months OR Installment amounts of per month

1st repayment installment date: - -

Repayment option: Direct Debit Standing Order Salary Deduction

Please ensure that the form is accompanied by a payment mandate that is selected above.

DECLARATION:

I _____, apply for a cash loan against my policy and hereby certify that:

- a) no bankruptcy or insolvency proceedings have been commenced against me.
- b) I understand that in executing this application, I am assigning the commensurate value of the policy to Liberty as the security for outstanding loan at any given time
- c) I understand that the loan is repayable and failure to repay will result in the loan and all accrued interest being recovered from the policy benefits
- d) I understand that any loan amount that will be outstanding at the time of payment of benefits will be fully recovered from the benefits

Signature of PolicyOwner