

Request for Termination of Insurance



LIFE INVESTMENTS HEALTH CORPORATE PROPERTIES ADVICE

Liberty Life Assurance Kenya Limited
PO Box 30364-00100, Nairobi, Kenya
t 254 20 286 6000 f 254 20 271 8365
e libertylife@libertylife.co.ke
www.libertylife.co.ke

REQUIREMENTS:

1. The form should be completed and forwarded to the Head Office or any of our branches. A copy will be returned to the applicant with the claim breakdown.
2. At presentation, the original ID/Passport of the policy owner will be required. Attach copy of ID/Passport for all emailed or posted claim requests.
3. The form shall be accompanied by the original policy document. No action will be taken unless/until the original policy document is received.
4. The effective date of a surrender shall be considered as the date when all the requirements (as stipulated in 3 above) have been submitted.
5. Where premiums are paid by electronic funds transfer, ensure to issue instructions to your bank not to remit any more funds.

CLIENT DETAILS:

Policy Number: Policy has matured I have opted to surrender

First Name: Middle Name:

Last Name:

ID Number/Passport Number: Mobile Number:

Email Address:

DECLARATION:

I, on apply for the payment of the full cash/maturity value of the above policy, less any indebtedness to the company secured by the policy.

The policy is herewith delivered to you for cancellation. I agree that such payment shall constitute the full and final settlement of all claims under this policy.

Signature of Policy Owner

Name & Signature of Witness

PAYMENT AUTHORIZATION:

Please process my dues through the following mode:

Cheque Collect from Liberty Offices Mail to: Box Number Postal Code Town

M-pesa Mobile Number:

Reinvest in different policy New Existing Policy No. (if existing)

EFT Bank Name: Branch Name:
Account Number:

Signature of Policy Owner

OFFICIAL USE:

Received by: _____

Branch Name: _____

Original Policy Document enclosed: Yes No

Date of receipt of Policy Document

Policy Maturity/Surrender Date:

Premiums paid to:

Lifevest/IBP

Other policies

Fund Value:

Cash Value:

% of Fund Value:

% of face amount:

Less Premium Loan:

Reversionary Bonus:

Overpaid Premium:

Terminal Bonus:

Policy Fee:

Overpaid Premium:

Outstanding Premium:

Cash Loan:

Net Amount Due:

Outstanding Premium:

Less Premium Loan:

Policy Fee:

Net Amount Due:

Stop orders required & issued: Yes No

Date:

Processed by: _____

Date: