

Request for Part Surrender

ADVISE INSURE INVEST

Regulated by the Insurance Regulatory Authority

Liberty Life Assurance Kenya Limited
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www.libertylife.co.ke

REQUIREMENTS

1. Part surrender form - Select part surrender request or cash benefit request
2. Identity document - ID or passport
3. Proof of banking details (copies of ATM card, bank statement) for payment via RTGS

Note: - No documentation required for Claims submitted on Customer e-portal

CLIENTS DETAILS

Policy Number: Cash benefit request Part surrender request

First Name: Middle Name:

Last Name:

ID Number/Passport Number: Mobile Number

Email Address:

KRA Pin Number:

Residential Address:

DECLARATION

I/We consent to Liberty Life Assurance Kenya Limited:

- (i) Collecting, using, disclosing and/or processing and/or storing my/our personal data for purposes that are relevant to my policy and as permitted by law;
- (ii) Collecting and sharing my personal data in accordance with the privacy statement on its website (<https://www.liberty.co.ke/>);
- (iii) Transferring my/our personal data to their reinsurers and affiliated companies for the purposes of insurance and as permitted by law;
- (iv) And /Or its contracted Third parties contacting me via email/phone-call/SMS/post in regard to insurance products and/or services.

I/We hereby declare the truth and correctness of the above statements and agree that this Declaration shall be held to be promissory and the basis of the contract between me/ us and Liberty Life Assurance Kenya Limited.

I/We hereby declare that I have read and understood the provisions this Form.

Signature of PolicyOwner

Name of Witness

Signature of Witness

PAYMENT AUTHORIZATION

Please indicate below your preferred payment options and their details:

 Mpesa Mobile number Special Request Instructions: EFT Bank Name: Branch Name Account Number

Signature of PolicyOwner

OFFICIAL USE:

Received by: _____ Branch Name: _____

Original Policy Document enclosed: Yes No If No, date of receipt of Policy Document - -
Date Month Year

Premiums paid to: - -

Partial Withdrawal Amount:

APL (Automatic Premium Loan):

Outstanding Premium:

Cash Loan:

Policy fee:

Net Amount Due:

Processed by: _____ Date: - -
Date Month Year