

Request for Termination of Insurance



ADVISE INSURE INVEST
Regulated by the Insurance Regulatory Authority

Liberty Life Assurance Kenya Limited
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REQUIREMENTS

1. Duly completed Termination form – Select policy has matured or I have opted to surrender
2. Identity document – ID or passport
3. Proof of banking details (copies of ATM card, cheque, bank statement) for payment via RTGS
4. The effective date of a surrender shall be considered as the date when all 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:

KRA Pin: Residential address:

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.
Date Month Year

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 of Witness Signature of Witness

PAYMENT AUTHORIZATION:

Please process my dues through the following mode::

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

CONSENT AND DECLARATION

I/We consent to Liberty Life Assurance Kenya Limited:

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;

Collecting and sharing my personal data in accordance with the privacy statement on its website (<https://www.liberty.co.ke/>);

Transferring my/our personal data to their reinsurers and affiliated companies for the purposes of insurance and as permitted by law;

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 all the statements and particulars entered in this claim form and that I have not withheld any material information, and that my/our answers herein are in my/our full knowledge and have been written by me/us or with my/our full authority.

Claimant's Signature: Date:
Date Month Year

OFFICIAL USE:

Received by: Branch Name:

Original Policy Document enclosed: Yes No Date of receipt of Policy Document
Date Month Year

Policy Maturity/ Surrender Date:
Date Month Year

Premiums paid to:
Date Month Year

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
Date Month Year

Processed by:

Date
Date Month Year