



Clientèle

INVESTMENTS

MATURITY APPLICATION FORM

Contract Details

Policy Number	<input type="text"/>	Postal address	<input type="text"/>
First name(s)	<input type="text"/>		<input type="text"/>
Surname	<input type="text"/>	Suburb	<input type="text"/>
Contact number	Work <input type="text"/>	City/Town	<input type="text"/>
	Home <input type="text"/>	Postal Code	<input type="text"/>
	Cell <input type="text"/>	ID number	<input type="text"/>
	Fax <input type="text"/>	Email	<input type="text"/>

Policy Maturity or Reinvestment

Please select applicable option:

Reinvestment	<input type="checkbox"/>	Amount	R <input type="text"/>
Partial Reinvestment	<input type="checkbox"/>	Amount	R <input type="text"/>
Full Maturity	<input type="checkbox"/>	Amount	R <input type="text"/>

Maturity Date

Banking Details

Account holder	<input type="text"/>	Branch	<input type="text"/>
Bank name	<input type="text"/>	Code	<input type="text"/>
Account number	<input type="text"/>	Account type:	<input type="text"/>

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Declaration and Authorisation

As a member and legal owner of the abovementioned contract, I declare:

1. I am/We are the legal owner(s) of this policy.
2. My/Our estate has not been sequestrated and is at present solvent.
3. I/We have not ceded or pledged the said policy to anyone either by ante-nuptial contract or otherwise.
4. I/We, the undersigned, understand and accept the terms and conditions of the maturity and confirm that I/We abandon all rights and benefits on this policy once payment has been made.
5. The information contained in this request form is true to the best of my knowledge, and I indemnify Clientèle Life Assurance Company Limited and any other party who acts on this information.
6. By my signature hereto, I confirm that I understand the requirements, definitions, processes and implications of this transaction.
7. I indemnify and do not hold Clientèle Life Assurance Company Limited responsible for any loss, fine, taxes, penalties or claims arising from or connected with payment by Clientèle Life Assurance Company Limited to any person or entity in respect of the above investment which may arise as a result of my request.

Signature _____

Date


Y	Y	Y	Y	M	M	D	D
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In order for Clientèle Life Assurance Company Limited to action your request, we require the following documentation

1. A fully completed, clear and signed notification of maturity
2. Copy of Identity Document
3. Proof of bank details (cancelled cheque, stamped bank statement not older than 3 months or letter from the bank confirming account)
4. Proof of residential address in policyholder's name - and not older than 3 months
 - Utilities account
 - Telephone account
 - Retail account
 - Bank statement
 - Affidavit from a third party confirming the address
5. If policy owner is a trust, include
 - Resolution and proof of authority and signatures
 - Copy/ies of trustee IDs
 - Proof of residential address of each trustee and authorised person - and not older than 3 months
 - Proof of bank details (cancelled cheque, stamped bank statement or letter from the bank confirming account in the name of the trust)

The documentation requested above is material to the assessment of the claim and is required to facilitate payment/transfer.

Please send this form and required documentation to:

 Fax: 011 783 0115

 email: investments@clientele.co.za

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