



SPECIAL ENCASHMENT VALUE DISCHARGE FORM

Policy/ies **Sum Assured \$** **Special Surrender Value \$**
On the life/lives of.....Born on.....
(Legal Holder(s)).....

I hereby apply for the payment of the special cash value less any debts under the above mentioned policy/ies and confirm that the payment of such proceeds by Old Mutual Life Assurance Company Zimbabwe Limited shall represent the full and final discharge of the Old Mutual Life Assurance Company Limited's obligations under the said policy/ies.

I declare that:

1. I am the legal holder of the policy.
2. My estate has not been sequestrated and is at present solvent.
3. I have not ceded the policy to anyone either by Antenuptial Contract or otherwise except in so far as it may be pledged to the Old Mutual Life Assurance Company in respect of any loan thereon.
- 4. I attach the original policy document in support of the claim**
5. I understand that the effect of this claim is to terminate the policy, all future obligations stated or implied shall fall away.
6. Should any Government taxes and levies arise, these will be settled by me.

Signed at.....this.....day of.....Year.....

Legal Holder's Signature

If the policy is ceded, the cessionary must agree to this arrangement and payment would be made to the cessionary.

Bank Official/ Cessionary

Signature.....

Capacity of signatory
Official office stamp

To avoid the risk of the cheque being intercepted and stolen, the payment will be made to your Old Mutual Unit Trust account/ bank/ building society. Please supply account details.

Old Mutual Unit Trust

A/C number.....

Bank/Building Society

A/C number

Branch

Contact telephone number.....E-mail Address.....

Payment will be credited directly to your account, hence please check for the above deposit in your account

IDENTIFICATION

This identification is called by Old Mutual as a precaution to safeguard the interest of the legal holder and should be completed by an Officer of Old Mutual, CABS, a Clergyman, justice of the Peace or a Commissioner of Oaths.

Mr/Mrs/Miss (**Full names in capitals**).....

Appeared before me and was identified by production of

And the following is his/her signature which was appended in my presence.....

Signature.....

Signed atthis.....day of.....Year.....

Official Stamp of Signatory

Signature.....Capacity.....Names.....