



**ENCASHMENT ON ANTICIPATED
ENDOWMENT POLICY**

POLICY OWNER : _____
POLICY NUMBER : _____
LIFE ASSURED : _____

I, the undersigned _____ hereby apply for the due encashment of 12.5% of the sum assured of my policy.

I understand and agree that P50.00 will be deducted from my encashment value as administration fee.

SIGNED AT: _____ ON THIS _____ DAY OF _____
20_____

SIGNATURE OF LEGAL OWNER

TICK WHERE APPROPRIATE	YES	NO
I would like to collect the cheque.	<input type="checkbox"/>	<input type="checkbox"/>
Please post the cheque to the following address:-	<input type="checkbox"/>	<input type="checkbox"/>

TELEPHONE: _____ (w) _____ (h)

CHECKLIST

DATE OF COMMENCEMENT	
STATUS	

ENCASHMENTS REQUIREMENTS

APPLICATION FORM COMPLETED	
IDENTIFICATION DOCUMENT AVAILABLE	

Name of staff Member Receiving documents.....

Signature of Staff Member