Liberty Group Limited and Capital Alliance Life Limited – Authorised Financial Services Providers
Liberty Life Centre, 1 Ameshoff Street, Braamfontein, Johannesburg, 2001
PO Box 10499, Johannesburg, 2000
Contact Centre number: 0860 456 789

PAYMENT REQUEST FORM

- This form is used to instruct Liberty Life to pay money from your policy.
- This form has 3 pages.
- This form must be completed and signed by the policyholder (owner of the policy).

SEND THE COMPLETED FORM TO LIBERTY LIFE BY:

- **Fax:** 086 683 9461
- **E-mail:** opspcd@liberty.co.za
- **Post:** P O Box 10499, Johannesburg, 2000

Explanation of Advance / Surrender / Maturity (Note these options are not applicable to Retirement Annuities and Preservers)

A withdrawal is dependent on the terms and conditions of your policy. Please refer to the options below and indicate which withdrawal you wish to take:

☐ **Advance** Is a withdrawal from the investment account of the policy, which does not bear interest.
Note: On interest bearing loans there is a separate form to be completed. Please contact Liberty Contact Centre for confirmation of your loan type and the necessary forms. The value of your benefits will be affected by the withdrawal.

☐ **Surrender** Is the cancellation of a policy, where the full investment (account) value is payable to you. Legislative restrictions will apply if the surrender value exceeds the premium plus 5% within the first 5 years. The accessible portion would be payable and no further access will be allowed until the expiry of the restriction period.
Note: The surrender value payable is market related. This does not apply to with-profit policies.

☐ **Maturity** Is the end of the policy term where the full investment value is payable to you, without restrictions.
Note: There are a number of options available for different financial needs. Speak to your financial adviser or call us on 011 408 4841 to discuss the best option suited for you.

Important Notes:

- **Surrender, maturity and retirement values are calculated, taking into account, the payment and allocation of the current month's premium. The Policyholder/Account holder agrees that should the last debit order collected for this policy be returned, Liberty has the right to debit the bank account into which the value was paid in order to recover the outstanding premium.**
- **Terminating your policy will result in a loss of valuable benefits and replacing such benefits is usually not in your interests as it duplicates costs. If you prefer to discuss your options before finalising this request call us on 011 408 4841 or speak to your financial advisor.**
- **If the policy is ceded as collateral security, this form must be signed by the cessionary. The proceeds will be paid to the cessionary, unless the cessionary gives written consent to make payment to the policyholder. Alternatively, proof of the cancelled cession is required.**

Personal Details (Policyholder is the owner of the policy)

Policy number/s: _____

Policyholder's full names: _____

Cessionary (if applicable): _____

ID number: _____

Policyholder's contact details:

Tel: (H) _____ (W) _____

Cell _____ Fax _____

E-mail: _____

Physical address: _____ Code: _____

Postal address: _____ Code: _____

FAIS

This is the acronym for Financial Advisory and Intermediary Services (FAIS) – Act 37 of 2002. The purpose of this Act is to protect consumers and relgulates the business of Financial Services Providers (FSP) and their representatives, by providing you with enough information to make an informed decision.

Financial Adviser's Details

Only to be completed if a financial adviser assisted the policyholder/s with the completion of this form.

Full Name: _____

Commission Code: _____

Contact number: _____

_____
Signature of Financial Adviser

Record of Advice (ROA) (To be completed by the financial adviser if blueprint online is not used.)

In terms of the Financial Advisory and Intermediary Services (FAIS), the adviser must provide a brief summary of the basis of their recommendation).

_____

Please note that in the event of any modification or variation of this standard form Liberty Life will regard this form as being invalid and of no force and effect. **Do not sign blank or incomplete forms.**

PY010103

SECTION 1 - Advance

I/We _____ (Policyholder/s full names) choose to make an advance against the cash value of the policy and keep the policy in force. I/we fully understand the consequences of this decision.

Advance amount required: R _____ OR Maximum: R _____

Please contact your Financial Adviser or our Contact Centre to confirm if the advance is interest bearing and for a quotation,

If you have decided to repay the advance taken from your premium paying account, please complete the following options:

1.1 Start regular monthly advance repayments of R _____ (R50 minimum) from ___/___/___ (date)

1.2 In two payments R _____ from ___/___/___ (date)

1.3 Once off debit-oder payment of R _____ from ___/___/___ (date)

SECTION 2 – Surrender

I/we _____ (Policyholder/s full name/s) choose to surrender this policy and fully understand the consequences of this decision.

OR

Surrender options for the following benefits (tick the selected box)

Please note: Cancelling either one of the benefits listed below, the policy will still remain in force, with the remaining benefits.

☐ High Growth benefit (only on CAL policies) ☐ PGA (Stangen policies only) ☐ Financial Protector

Note: For Corporate Medical Lifestyle – If there are remaining members the contract may not be surrendered.

SECTION 3 – Maturity Option (including part maturity for Medical Lifestyle policies)

I/we _____ (policyholder/s full name/s) choose to mature this policy and fully understand the consequences of this decision.

Bank account details for payment

☐ Use the premium paying account on this policy. (This option is not available if the policyholder is a Trust, Company, Close Corporation or a minor and the premium payer is a third party.)

☐ If payment is to be made into a bank account that belongs to the policyholder and from which Liberty Life is collecting premiums for any other policy/s, please confirm the policy number (providing this account has been used to collect premiums for a period exceeding at least 12 months). _____

☐ For your protection payments will only be effected by Electronic Fund Transfer. **Cheque payments will not be made.** Payments will be made into the policyholder's account. Should bank details differ to the account details on record, please provide proof of account i.e. a copy of a cancelled cheque OR copy of a current bank statement on a bank letterhead OR a copy of printout from the bank with a bank stamp. Letter from bank on a letterhead.
If payment is to be made into another bank account of the policyholder other than that from which premiums are collected, please complete the details below:

Account Holder Name: _____

Bank Name: _____ Branch Name: _____

Branch Code: _____ Account Number: _____

Account Type: ☐ Current ☐ Savings ☐ Transmission

- Payments can only be made into the policyholder's bank account
- Payments cannot be made into credit cards, call accounts, home loan accounts and money market.

IMPORTANT NOTES

- In this document Liberty Life means Liberty Group Limited and all of its subsidiaries and associated companies.
- **The value of your benefits may be adjusted on early withdrawals.**
  If you withdraw funds from your policy, the value of your benefits may be adjusted downwards to bring it in line with current market values. This is known as a market value adjustment (MVA).
  The adjustment will apply if you:
  - Surrender part, or the full value of your policy (cancel the policy before it matures)
  - Take an advance against the investment value of your policy.
- Instead of terminating this policy, you may prefer taking an advance against the cash value, and retain the policy. This will eliminate future costs associated with taking out a new policy.
- The type and number of advances available, as well as the maximum amount available in terms of your policy, may be restricted. Your Financial Adviser or our Contact Centre is in a position to advise you of the options available.
- In all instances documentation is required, either by your Financial Adviser if processed via Blueprint, or by Liberty Life Head Office if you choose to deal direct.
  Note: For requests processed via Blueprint, Financial Advisers may be required to produce this documentation at any time should they be called upon to do so by Liberty Life.

IMPORTANT NOTES - continued

- Liberty Life reserves the right to call for any additional requirements deemed necessary to protect the interests of both our clients, and Liberty Life.
- In the event of the policyholder being sequestrated/insolvent, legally incapacitated or a deceased Estate, Liberty Life will confirm further requirements.
- If the policy is ceded as collateral security, this form must be signed by the cessionary. The proceeds will be paid to the cessionary, unless the cessionary gives written consent to make payment to the policyholder. Alternatively, proof of the cancelled cession is required.
- Replacing a policy with another policy is potentially prejudicial, and where a replacement is considered, you are legally entitled to comprehensive information regarding the consequences of replacement.

DECLARATION

I/We confirm that:

1. All parties that have a legal interest in this policy are solvent.
2. I/we fully understand the consequences of this decision.
3. I/we are legally entitle to these funds, free of any claim by any other party.
4. I hereby agree that on payment of the policy proceeds by Liberty Life, it is discharged from all liability under the policy.
5. I confirm that I hereby irrevocably make over all my rights, title and interest in the policy to the Millennium Individual Trust, or any assign or nominees or other person as may be duly appointed by Liberty Life.
6. The advance payment granted will be subject to Liberty Life's practice and Advance Payment Rules from time to time and agree to be bound thereby.
7. I hereby confirm that I am fully aware of the implication of taking an advance on my policy, and that I was provided with a What-If-Quote to illustrate the reduction in values/growth of my benefits. (Only applicable on non-interest bearing advance payments.)

Have you invested in a new policy in the last 4 months? ☐ Yes ☐ No

If "No", do you intend to invest in a new policy in the near future? ☐ Yes ☐ No

If "Yes", please specify with which Company _____

Signed at _____ on this _____ day of _____ 20 _____

Signature of Policyholder/s/Legally Authorised Representative/Legal Guardian/Cessionary	**Capacity**
Signature of Policyholder/s/Legally Authorised Representative/Legal Guardian/Cessionary	**Capacity**
Signature of Policyholder/s/Legally Authorised Representative/Legal Guardian/Cessionary	**Capacity**
Signature of Policyholder/s/Legally Authorised Representative/Legal Guardian/Cessionary	**Capacity**

If signing on behalf of the policyholder, please advise capacity and provide the substantiating documentation.