

# Savings withdrawal

Policy number

Dear Client. As the person claiming, you must give us all information and documents necessary and sufficient to consider and finalize this claim. Our claim rules and practice apply. Please complete this form fully and correctly, and sign it where required, in black ink. Then, give it to us with all the documents we need at any of our offices countrywide or e-mail it to [claimsenquiries@assupol.co.za](mailto:claimsenquiries@assupol.co.za) or fax it to 0861 000 395.

We pay valid claims for benefits within three work days, after we have received all required information and documents. If you need assistance about your claim, contact us on 0861 235 664, or visit any of our offices countrywide. Our offices are also open on Saturday from 08:30 to 13:00.

## Documents you must give to us

- certified copy of your ID document or birth certificate of the child on whose life this benefit was taken out
- copies of valid bank statements, not older than three months, of the bank account into which the benefit must be paid, showing the account holder and account number

## About you, the person claiming

Surname	<input type="text"/>	Initials	<input type="text"/>
ID	<input type="text"/>	Persal/ personnel no	<input type="text"/>
Cell	<input type="text"/>	Tel – work	<input type="text"/>
E-mail	<input type="text"/>	Tel – home	<input type="text"/>
Street address	<input type="text"/> <input type="text"/> <input type="text"/>	Postal address	<input type="text"/> <input type="text"/> <input type="text"/>
	Code <input type="text"/>		Code <input type="text"/>
Job title	<input type="text"/>	Employer	<input type="text"/>

## Bank account into which cash benefits must be paid

Account holder	<input type="text"/>		
ID	<input type="text"/>	Type of account	<input type="text"/> current <input type="text"/> savings <input type="text"/> transmission
Name of bank	<input type="text"/>	Name of branch	<input type="text"/>
Account number	<input type="text"/>	Branch code	<input type="text"/>

## I, the person claiming, declare

I have not withheld any information or documents that Assupol Life needs to consider and finalize this claim. This form has been completed fully and correctly. Everything in it is true, and I understand it and agree with it.

I can confirm that the process for claiming benefits has been explained to me. I confirm I had access to the applicable product information.

My signature	<input type="text"/>	Date	<input type="text"/>
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## About Assupol

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