



HEAD OFFICE:
PIONEER HOUSE, MOI AVENUE
P. O. Box 20333-00200 Nairobi-KENYA
TEL: 020-722 00 00
E-mail: info@pioneerassurance.co.ke
Website: www.pioneerassurance.co.ke

PARTIAL WITHDRAWAL REQUEST FORM

REQUIREMENTS:

1. The form should be completed and forwarded to the Head Office or to any Pioneer Assurance offices.
2. At presentation, the original ID/Passport of the Policy owner will be required. Attach this form and a copy of ID/Passport for all e-mailed or posted claim forms.
3. The effective date of cash bonus/early access shall be considered as the date a duly completed form is received.

CLIENT DETAILS:

Policy Number: Cash Bonus Early Access

First Name: Middle Name:

Last Name:

ID/Passport Number: Mobile Number:

Email Address:

DECLARATION:

I, on do apply for the partial withdrawal of the current cash value of the above Policy, less any indebtedness or penalties to the Company secured by the Policy.

Signature of Policy Owner

Name & Signature of the Witness

PAYMENT AUTHORIZATION:

Please process my dues through the following mode:

Cheque Collect from Pioneer Offices

Mail to: (Box Number) (Postal Code) (Town) _____

M-Pesa Mobile Number

Special request Instructions: _____

EFT Bank Name: Branch Name:

Account Number:

Signature of Policy Owner: _____

Date: _____

FOR OFFICIAL USE (Head Office):

Received by: _____ Branch Name: _____

Premiums paid to: _____ Date:

D	D	M	M	Y	Y	Y	Y
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Cash bonus/early access amount:

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NFL (Non-Forfeiture Loan Amount):

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Normal Loan Amount:

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Penalties Amount:

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Net Amount Due:

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Processed by: _____

Signature: _____ Date:

D	D	M	M	Y	Y	Y	Y
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