PIONEER ASSURANCE

TERMINATION OF INSURANCE 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 requests.
3. The form shall be accompanied by the original policy document.
4. The effective date of surrender shall be considered as the date when all the requirements *(as stipulated in 3 above)* have been received.
5. Where premiums are paid by electronic funds transfer, ensure to issue instructions to your bank not to remit any more funds.

CLIENT DETAILS:

Policy Number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐ ☐ Policy has matured ☐ I have opted to surrender

First Name: ☐☐☐☐☐☐☐☐☐☐☐☐ Middle Name: ☐☐☐☐☐☐☐☐☐☐☐☐☐

Last Name: ☐☐☐☐☐☐☐☐☐☐☐☐

ID/Passport Number: ☐☐☐☐☐☐☐☐☐☐ Mobile Number: ☐☐☐☐☐☐☐☐☐☐

Email Address: ☐

If surrender, reason(s) for termination: _____

_____

_____

_____

DECLARATION:

I, on ☐D☐D☐M☐M☐Y☐Y☐Y☐Y do apply for the payment of the full cash/maturity value of the above Policy, less any indebtedness to the Company secured by the Policy. The Policy is herewith delivered to you for cancellation. I agree that such payment shall constitute the full and final settlement of all claims under this policy.

_____ _____

Signature of Policy Owner *Name & Signature of 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 ☐☐☐☐☐☐☐☐☐☐☐☐

- -

☐ Re-invest in a different Policy ☐ New ☐ Existing Proposal/ Policy No. *(if existing)* _____

- -

☐ EFT Bank Name: ☐☐☐☐☐☐☐☐☐☐ Branch Name: ☐☐☐☐☐☐☐☐☐☐

Account Number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Signature of Policy Owner: _____ Date: _____

FOR OFFICIAL USE :

Received by: _____   Branch Name: _____

Is the Original Policy Document enclosed?   Yes: ☐   No: ☐

Date of receipt of Policy Document: | D | D | M | M | Y | Y | Y | Y |

Stop orders required & issued: Yes: ☐   No: ☐   Date: | D | D | M | M | Y | Y | Y | Y |

Processed by: _____

Signature: _____   Date: | D | D | M | M | Y | Y | Y | Y |