OASIS CRESCENT
INSURANCE LIMITED

Oasis House • 96 Upper Roodebloem Road • University Estate • 7925
P.O. Box 1217 • Cape Town • 8000 • South Africa
Tel: +27-21-413 7860 • Fax: +27-21-413 7940
LOCAL RATE: 0860 100 786
Email: oci@za.oasiscrescent.com
Website: www.oasiscrescent.com

OASIS CRESCENT ENDOWMENT POLICY

SURRENDER

Company Reg. No. 2010/005698/06

1. The Terms and Conditions (Policy Document) that apply to this product, must be read in conjunction with this form and is available on www.oasiscrescent.com.
2. Kindly complete all fields in the form, using BLOCK CAPITALS.
3. This completed form, and any supporting documentation, should be submitted to Oasis as per the contact details above.
4. We will process this application once all duly completed documentation.

Policy Number

Date: D D M M Y Y Y Y

POLICYHOLDER DETAILS

Title:

Initials:

Full name of Account Holder:

Residential Address:

Postal Code:

Telephone Number:

Mobile/Cell phone:

Fax :

Email:

Policyholder Account Number:

WITHDRAWAL DURING THE TERM OF THE POLICY

Only one withdrawal may be made during the term of the policy.
Withdrawal Limitations
The conditions of the withdrawal, if the policy is in a restriction period are the lesser of the following:

The maximum amount that can be withdrawn is the lesser of:
- the contributions during the restriction period, including any market value in the policy, the day before the restriction period started plus 5% compound interest;
  or
- the market value of the Investment Portfolio less fees and charges.

Any remaining balance must stay invested until the restriction period ends, unless the market value after the withdrawal is less than R2500, in which case the entire amount may be withdrawn.
Restriction Period
The restriction period applies to:
  - the first 5 years of the policy
    OR
  - 5 years from the first day of any month during which the 120% rule takes effect.

WITHDRAWAL AT THE END OF THE TERM OF THE POLICY

If the policy is NOT in a restriction period the Policyholder may:
- Surrender the full amount of the investment value
  or
- take a partial withdrawal
  or
- request the Administrator to provide an income payment at the frequency determined by the Policyholder.

TYPE OF WITHDRAWAL

Withdrawal before end of term ☐

Surrender at end of term ☐

Amount of Partial withdrawal R

INCOME PAYMENT

R

Income Frequency: Monthly ☐ Quarterly ☐ Half Yearly ☐ Once a Year ☐

Payment Date: The payment shall take place on the 15th ☐ or 25th ☐ of the month

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SURRENDER

BANK DETAILS

Account type: CURRENT ☐   SAVINGS ☐   TRANSMISSION ☐

If the bank details are different to those currently on record of the Administrator, please support this change with a cancelled cheque or a bank statement not older than 3 months

Name of bank

Branch name

Account number

Branch code

Name of account holder

POLICYHOLDER DECLARATION

1. I am legally entitled to transact in respect of this investment.
2. My estate is solvent and has not been surrendered or sequestrated.
3. I confirm that this policy has not been ceded or pledged, either by antenuptual contract or otherwise, except as security, and that where such cession or pledge has taken place, the consent of the security cessionary has been obtained.

Signature of Policyholder

Signature of Joint Policyholder

| D | D | M | M | Y | Y | Y | Y |

Captured Name

Signature

| D | D | M | M | Y | Y | Y | Y | FOR OFFICIAL USE

Authorised Name

Signature

| D | D | M | M | Y | Y | Y | Y |