



## FUND WITHDRAWAL AGREEMENT INTEREST FREE LOAN AGREEMENT

Policy Number: \_\_\_\_\_ on the life of \_\_\_\_\_

In accordance with the terms of this policy, I am requesting a Fund Withdrawal in the amount of \_\_\_\_\_

WITHDRAWAL REQUEST DETAILS		FOR OFFICIAL USE ONLY
Cash Withdrawal Basic Fund		Cheque Number:
Cash Withdrawal Savings Fund		Cheque Date:
Cash Withdrawal Administrative Charge		Prepared by: <b>Print Name</b>
		Signature:
<b>Net Cheque Amount</b>		Authorised by: <b>Print Name</b>
		Signature:

I understand that on this policy:

- Withdrawal from the Basic Fund will negatively affect the future accumulation of the Basic Fund Balance.
- If the Basic Value, together with any premiums paid, on a monthly anniversary is not large enough to cover the monthly deduction(s), the Policy will terminate subject to the Grace Period.
- One Basic Fund Withdrawal is allowed during each policy year.
- Please take this as my/our authority to make the cheque payable to (please tick where appropriate)

Assignee \_\_\_\_\_ Policy Owner \_\_\_\_\_

The undersigned hereby certify that they are each over the age of majority.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Signature of Witness	Witness Name (Block Letters)	Signature of Policyowner/ ID Details
Signature of Witness	Witness Name (Block Letters)	Signature of Beneficiary/ ID Details
Signature of Witness	Witness Name (Block Letters)	Assignee Official Stamp and Signature

Telephone/Fax No.:	Email Address:
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