



CUSTOMER SERVICE - REQUEST FORM

RECEIPT DETAILS

Date & time of request: _____ Branch _____

Date & Time all supporting documents was submitted: _____

Mode of request : Email Walk-in Post Submitted By SM/Agent

Sales manager/Agent Name: _____ Telephone No: _____

POLICY HOLDER DETAILS

Name: _____

Policy No: _____ Premium: _____

Telephone No: _____ Email: _____

REQUEST TYPE Maturity: Surrender/Cancellation: Partial withdrawal:

Policy documents Loan Reinstatement of policy Amendment Others

How do you wish to receive Policy Document? Email SMS Post Pick up from branch

Reason for request: _____

ACCOUNT DETAILS

Bank Name _____ Account No. _____

Bank Branch _____ Momo Number _____

Payment Options: Deposit into account provided Cheque Momo Transfer

Signature: _____ Date: _____

NOTE!! Allianz Life will not be liable for payment of claim into wrong account details provided by client.

DECLARATION FOR SURRENDER/CANCELLATION

I _____ confirm that the consequence of cancellation/surrender has been duly explained to me in a language I understand and I insist on the cancellation/surrender of my policy with a surrender value of GHS _____.

Signature _____ Date: _____

CONSERVATION

Reason for change of mind: _____

Signature: _____ Date: _____

REINSTATEMENT OF POLICY

I _____ request for reinstatement of my policy numbered _____. I understand and agree to undergo _____ months waiting period from the date of reinstatement of my policy, within which I will not be entitled to any death benefits.

Signature: _____ Date: _____

OFFICE USE ONLY

ID confirmed? YES NO Amount payable: _____

Premium deduction Confirmed by: _____

Handled by & Date: _____

Comments: _____

CES Authorisation & Date: _____

Approved by & Date: _____

FINANCE USE ONLY

Authorised by & Date: _____