



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 are received.

Policy Number

Date:

POLICY HOLDER DETAILS

Title:

Initials:

Full Name of Account Holder:

Residential Address:

Telephone Number:

Mobile/Cell:

Postal Code:

WITHDRAWAL AT RETIREMENT

Withdrawal at taken at retirement

No withdrawal at taken at retirement

BANKING DETAILS

Account Type: CURRENT

SAVINGS

TRANSMISSION

(Payments will only be paid to the bank account specified hereunder. Payments will not be made into third party bank accounts)

Name of Bank:

Branch Name:

Account Number:

Branch Code:

Name of account holder:

On receipt of the completed withdrawal form, the Administrator will proceed with the processes required to complete the withdrawal instruction. This includes the application to the South African Revenue Services (SARS) for a tax directive. The amount withdrawn is subject to Pay as You Earn (PAYE) and any prescribed legislative limits. The Administrator will deduct such taxes before making payment.

Signature of Policyholder

Signature of Person Assisting

Capacity of Person Assisting

Captured Name

Signature

FOR OFFICIAL USE

Authorised Name

Signature