



**OASIS CRESCENT ENDOWMENT POLICY**

Company Reg. No. 2010/005698/06

**SURRENDER**

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:

**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The maximum amount that can be withdrawn is the lesser of: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period ends, unless the market value after the withdrawal is less than R2500, in which case the entire amount may be withdrawn.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 PAYEMENT**

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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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 antenuptial 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

Captured Name

Signature

FOR OFFICIAL USE

Authorised Name

Signature