OASIS CRESCENT

INSURANCE LTD

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LOCAL RATE: 0860 100 786
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Website: www.oasiscrescent.com

OASIS PENSION ANNUITY

Company Reg. No. 2010/005698/06

TRANSFER

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 and funds are received.
5. All portfolios are subject to availability.

Policy Number

Date: D D M M Y Y Y Y

POLICY HOLDER DETAILS

Title:

Initials:

Full name of Account Holder:

Residential Address:

Postal Code:

Telephone Number:

Mobile/Cell phone:

TRANSFEREE INSURER

Please provide the details below of the Insurer that will be receiving the investment

Insurer Name:

Telephone Number:

Fax :

Email:

Contact Person:

On receipt of the completed transfer form the Transferor Insurer will issue the policyholder with a written statement in respect of the information pertaining to the current policy. The Policyholder is required to submit a written consent to the Transferor Insurer in the form prescribed by the Registrar. On receipt of the written consent by the Transferor Insurer, the Policyholder's policy will be switched to the Benefit Settlement Account, pending the resolution of all the procedural matters between the Transferor and Transferee Insurer. The value of the funds transferred may differ from the value of the policy at the date of receipt of this transfer form by the Transferor Insurer.

Signature of Member

Signature of Person Assisting

Capacity of Person Assisting

D D M M Y Y Y Y

FOR OFFICIAL USE

Captured Name

Signature

D D M M Y Y Y Y

Authorised Name

Signature

D D M M Y Y Y Y