



APO policy surrender confirmation

I, the undersigned, (full name) _____, (ID number) _____, hereby confirm that I have voluntarily surrendered my non-profit paid-up APO policy (policy number), _____, for the sum assured as specified below. I understand, and accept, that this amount will be paid into my bank account (details as attached) electronically.

I hereby indemnify Lion of Africa Life Assurance Company Limited ("Lion Life") from any further liability under this policy.

Sum assured (surrender value): _____

All necessary consent has been given by all members on this policy for me to surrender this value into the nominated bank account.

I confirm that all information provided is correct and accurate.

Signed at _____ on this _____ day of _____ 20____

Policyholder

Contact number

Note:

Payment of the surrender value will be made within 4 (four) working days should all the required information (certified copy of ID, certified banking details and APO policy book,) and this signed letter, be in the possession of Lion Life

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LionLife is an authorised financial services provider FSP 15283, and a licensed insurer licensed to conduct life insurance business.
For more information visit www.lionlife.co.za