TERMINATION FORM

PROSPERITY LIFE

Tel: +264 83 2999 000
E-mail queries: life@prosperitynam.com

Kindly do not use tippex in the completion of this form - kindly initial where corrections have been made and complete accordingly.

Section A - Policyholder Details

Private		Company									
Policy Number											
First Name & Surname											
Cellphone Number											
Employee Number											
Company Name											
Effective Date of Termination	0	1	M	M	Y	Y	Y	Y	**Note: One calendar month notice in advance required.**		

Reason for Termination (Compulsory)

Resigned from Employer		Joined spouse's medical aid fund			
Dismissed		Deceased (attach copy of death certificate)			
Retrenched		Premiums not affordable*			
Retired		*Were you offered an alternative option	Yes		No
Benefits		Service			
Other (Kindly stipulate reason below)					

Policyholder Signature		Date	D	D	M	M	Y	Y	Y	Y

Section B - Employer Warranty

Compulsory for Policyholders belonging to Group Scheme

Name of Company		Date	D	D	M	M	Y	Y	Y	Y
Management Representation		Company Stamp								
Name										
Designation										
Authorised Signatory Signature										

For office use only

Processed by									
Signature		Date	D	D	M	M	Y	Y	Y	Y

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