ENDOWMENT PLAN

WITHDRAWAL



- > Initial any amendments made to this instruction.
- > Ensure that all information provided is accurate.
- > No instruction will be processed unless all requirements have been met.
- > The withdrawal amount will be converted to cash upon receipt of all requirements after which Capital Gains Tax will be calculated.
- > The daily cut-off for receipt of instructions is 14h00; transactions will be processed on the same day and priced on the next business day.
- > Forward your instruction to 086 206 4098 or eflows@coronation.co.za
- > Should you have any queries regarding this instruction, please contact the Coronation Client Service Centre on 0800 22 11 77.



As a security measure, a consultant from Coronation will call you to get your personal authorisation to process this instruction.

ID or Passport number:					
Contact telephone number: ()					
Contact telephone number: () Email address:					
3: WITHDRAWAL OPTIONS /We hereby request a withdrawal, subject to the ter Full withdrawal Part withdrawal	ms and conditions set out herein.				
We hereby request a regular withdrawal: Regular Withdrawal (only available once your 5 yea Monthly Quarterly Bi-annually	ar restriction period has ended) Annually				
NAME OF FUND	Rand amount	Percentage			
		5			
		9			
		5			
		5			
		2			
·	um withdrawal is limited to the amount invested plo tment exceed the maximum payment allowed by mo turity. Should the market value of the investment ex	ore than R2 500.00, the			



C: BANKING DETAILS								
If the bank details provided does not match our records, there may be a delay in processing this instruction. To ensure your security, a consultant from Coronation will call you to confirm your personal authorisation.								
Bank: Account number:								
Branch name: Branch code:								
Type of account: Current/Cheque Transmission Savings								
Account holder number:								
Signature of investor or authorised person*: * Please forward proof of authorisation. SIGN WITHIN THE BOX								
Name of authorised person:								
Capacity of authorised person:								
We are unable to use these banking details without proof thereof. Payments will not be made to third-party accounts, credit cards, money-market accounts or bond accounts. The details specified below must be in the investor's name.								
D: DEBIT ORDER DETAILS								
Existing debit order must:								
be cancelled OR continue to operate								
E: PHASING-IN DETAILS (NOT APPLICABLE IN THE CASE OF A FULL WITHDRAWAL)								
Existing phase-in must:								
be cancelled OR continue to operate								
A phase-in will automatically be cancelled with a full withdrawal.								



F: DECLARATION/WARRANTY/ACKNOWLEDGEMENT

Signed at:

- > I/We acknowledge that in terms of the regulations under section 54 of the Long-term Insurance Act, No. 52 of 1998, only one surrender may be effected during the first five (5) years of my/our Coronation Endowment Plan or during a restriction period.
- > Upon the payment of the full surrender value of the policy, Coronation Life Assurance Company Limited has no further obligations under the above policy which has been handed to Coronation Life Assurance Company Limited for cancellation.
- ▶ I hereby declare with reference to the above policy, whereof I am the legal holder, that my estate has not been sequestrated, that I am at present solvent to the best of my knowledge and belief, and that the said policy has not been ceded by me either by antenuptial contract or otherwise, except as security to the cessionary as noted in section G and I hereby declare that the said policy is still my bona fide property. I also acknowledge that the surrender of my policy may not be in my interest and that I may incur losses thereby.
- > I/We the undersigned, confirm that I/we have read this declaration, warranty and the policy terms and conditions and understand their implications, and declare that I/we have full power/authority to apply for and enter into this transaction.

on this day of year

Signature of investor or authorise * Please forward proof of authori		SIGN \	WITHIN THE BOX						
G: CONSENT OF SECURITY CESSIONARY									
I consent to the request to withdraw as applied for by the investor.									
Cessionary:									
Signed at:	on t	his	day of		year				
Signature of cessionary:	SIGN WITHIN THI	E BOX							
Name of authorised person:									
Capacity of authorised person: _									