REQUEST FORM FOR POLICY MATURITY PROCEEDS

Jubilee LIFE INSURANCE

IMPORTANT INSTRUCTIONS FOR FORM COMPLETION

1. Complete the form in all respects, answer all questions with a single pen.
2. Write in Bold Legible Script within the space provided for each option.
3. If an option is not selected, please neatly write "Not Applicable".
4. Do not overwrite, mutilate, scribble, cancel or delete and do not use abbreviation, dots, crosses and dashes.
5. Use original form and sign as per signatures you affixed on proposal form, with date.
6. Attach all Bank Statements of Policy Owner for last two (2) years including Bank Statement of Policy Owner from where Premium has been paid by Policy Owner, valid documents supporting the profession/occupation and gross annual income of Policy Owner.
7. Attach attested photocopies of computerized National Identity Cards of Policy Owner, Life Assured and Beneficiary.
8. Attach original Policy Document.
9. Additional information/documents may be required if needed.
10. In case someone else ("Beneficial Owner") has been supporting the Policy Owner financially in the Premium payment then submit all documents in respect of Beneficial Owner too as are applicable to Policy Owner, as mentioned in Instruction Number 6 above.

Policy Number: _____ Policy Owner's Name: _____

Policy Owner's Place of Residence: _____ Policy Owner's Gross Annual Income: _____

Policy Owner's Profession: _____ Policy Maturity Date: _____ Maturity Proceeds (Cash Value): _____

Life Assured's Name: _____ Beneficiary Name: _____

DECLARATION BY POLICY OWNER

I _____ S/o, D/o, W/o _____ hereby declare that I am the sole Policy Owner of the Policy Number _____ ("Policy") and hereby apply to Jubilee Life Insurance Company Limited to pay Maturity Proceeds in my favour as per the Standard Policy Conditions of the Policy Document. I further acknowledge and agree that the payment of the Maturity Proceeds after all applicable deductions as per the laws of Pakistan will discharge Jubilee Life Insurance Company Limited from all liabilities and claims arising under this Policy. I also hereby certify and declare that I am wholly and solely entitled to the Maturity Proceeds under this Policy and solemnly declare that the said Policy has not been assigned or transferred to anyone else nor does any other person have rights to the said Policy or Maturity Proceeds. I, herewith, return original Policy Document to Jubilee Life Insurance Company Limited. I solemnly declare and agree that in case of any misrepresentation from myself, Jubilee Life Insurance Company Limited reserves every right to recover damages, claim compensation and initiate criminal or civil legal proceedings against me.

ZAKAT SECTION

Zakat Deduction ☐ Yes ☐ No (If 'No' please attach affidavit) ☐ Not Eligible (For Non Muslim)

NOTE:
- In the event of the payment of Maturity proceeds, 2.5% of the amount payable will be deducted as Zakat and paid over to the appropriate authority.
- To claim an exemption from Zakat deduction, an appropriate affidavit must be submitted with this form.

PAYMENT SECTION

☐ Direct Transfer into Bank Account from where Premium has been paid by Policy Owner ☐ Via Payorder / Cheque

Name of Payee (Policy Owner) _____ Account Title _____

Bank Name _____

Bank Account Number | | | | | | | | | | | | | | | | | | | | | | | |

NOTE: Maturity Proceeds will be directly transferred by Jubilee Life Insurance Company Limited to the Bank Account of Policy Owner from where Premium has been paid by Policy Owner. Kindly provide herewith the details of Bank Account from where Premium has been paid by Policy Owner. In case this option is not opted by Policy Owner then valid reason along with supporting documents have to be provided by Policy Owner.

VERIFICATION BY AUTHORIZED OFFICIAL OF THE CONCERNED BANK

We do hereby verify the above particulars and signature of our above account holder.

Name of Bank Manager / Authorized Officer _____ Contact No. _____

Signature and Rubber Stamp _____

Policy Owner's Signature: _____ Guardian Name: _____

Life Assured's Signature: _____ Guardian's Signature: _____

Beneficiary's Signature: _____ Signature of Witness No.1: _____

Signed on (Date): _____ Name of Witness No. 1: _____

Policy Owner's CNIC#: _____ CNIC# of Witness No. 1: _____

Mobile Number: _____ Signature of Witness No. 2: _____

Email Address: _____ Name of Witness No. 2: _____

CNIC # of Witness No. 2: _____

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