

# MATURITY OPTIONS FORM

KINDLY ANSWER ALL QUESTIONS IN FULL AND ATTACH SUPPORTING DOCUMENTATION AS LISTED BELOW.

- A. Certified copy of policyholder's identity document
- B. Certified copy of claimant identity document (Only if policyholder is deceased)
- C. Proof of active bank account i.e., copy of front ATM part or bank statement or crossed cheque leaf
- D. Completion of mobile money transfer indemnity form (Only if payment is through mobile money)
- E. Original policy document

## MATURITY OPTIONS

1. Partial maturity                       2. Full maturity

For option 1 partial maturity we need documentation A & C, for option 2 full maturity we need documentation A, C & E

## LIFE ASSURED DETAILS

Policy Number: \_\_\_\_\_

Name of Policyholder: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

## CLAIMANT'S DETAILS (Only if policyholder is deceased)

Claimants name: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Relationship to policyholder: \_\_\_\_\_

## PAYMENT METHOD

EFT                       Mobile Money                       Cheque

## ACCOUNT DETAILS

Name of Account Holder: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Branch Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

M-pesa Number: \_\_\_\_\_

## DECLARATION

# MATURITY OPTIONS FORM



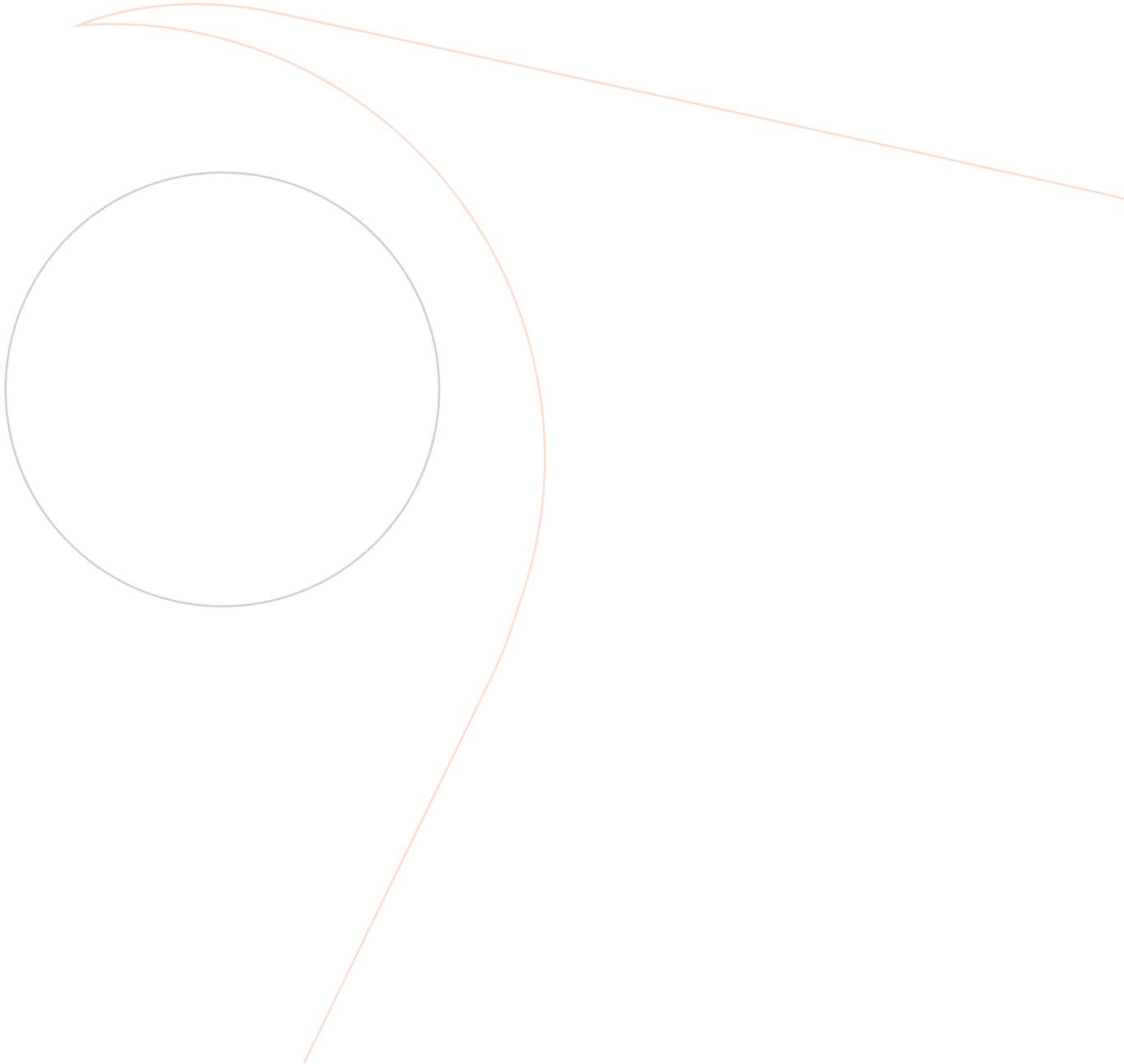
I / We hereby agree that the payment of such sums by the Company in accordance with this request shall constitute a full and absolute discharge to the Company of all liability in respect of the policy maturity value and shall be accepted in full and final settlement of all sums due and payable under and in accordance with the terms, provisions, and conditions of the policy, which has been duly delivered to the company.

I permit/authorize the Company to collect, store, communicate and process information relating to the policy and all transactions therein, by the Company and any of its affiliates wherever situated including sharing, transfer, and disclosure between them and to the authorities in and/or outside Kenya of any confidential information for compliance with any law or regulation whether domestic or foreign.

Signature of Policy Owner(s) or Person entitled to the proceeds:

Sign here

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



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Regulated by the Insurance Regulatory Authority

