

VANGUARD LIFE ASSURANCE COMPANY (PVT) LTD

2nd Floor MPICO House, Glyn Jones Road
P.O. Box 1625, Blantyre, Malawi
Tel: (265) 01 834 459/ 01 832 216 Fax: (265) 01 823 506

LIF/SUR

DECLARATION AND AUTHORITY FOR PAYMENT OF SURRENDER VALUE

Policy No.:

Life Assured:.....

I, the undersigned:.....

Ofdeclare that

- (1) I am the legal holder of the policy;
- (2) my estate has not been sequestrated;
- (3) the policy is not assigned nor pledged either by Ante-nuptial Contract or other - wise to anyone, is still bona-fide property and is not subject to any prior claim except:

(a) in favour of the company in respect of any loan thereon:

(b) *

Surrender value

Less:

Amount Due: _____

I, hereby make application to surrender this policy and request you to pay the amount due to:and confirm that payment of such amount by the VANGUARD LIFE ASSURANCE COMPANY LIMITED shall represent the full and final discharge of the Company's liability under the policy.

Dated thisday of20.....

POLICY HOLDER'S SIGNATURE :

POLICY HOLDRE'S I.D. No. :

WITNESS' NAME (in full) :

WITNESS' ADDRESS :

WITNESS OCCUPATION :

* Insert particulars of any dealing with the Policy.