



LIBERTY
In it with you

Stanbic Kuza Plan Withdrawal Instruction

Liberty Life Assurance Uganda Limited Reg.No. 75913
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POLICY NUMBER

Kindly answer all questions in full and attach supporting documentation as listed below.

1. Certified copy of national identity document / valid passport
2. Proof of a valid Ugandan bank account in the Policyholder's name
3. Proof of residence (Proof of residence older than 3 months will not be accepted)

Policyholder details

First name	<input type="text"/>	Initials	<input type="text"/>
Surname	<input type="text"/>		
Date of birth	<input type="text"/>	Gender	<input type="checkbox"/> M <input type="checkbox"/> F
Form of identification (tick one)	<input type="checkbox"/> Identity document <input type="checkbox"/> Valid passport	Date of issue	<input type="text"/>
National ID / Passport number	<input type="text"/>	Country of issue	<input type="text"/>
Marital status	<input type="text"/>	Nationality	<input type="text"/>
Telephone number (Work/ Home)	<input type="text"/>	Mobile	<input type="text"/>
Email address	<input type="text"/>		
Physical address	<input type="text"/>		
	<input type="text"/>	Code	<input type="text"/>
Postal address	<input type="text"/>		
	<input type="text"/>	Code	<input type="text"/>

Banking details for payments

Please attach a copy of the latest bank statement – must not be older than 3 months, or confirmation of account details from the Policyholder's Bank on the Bank's letterhead.

Name of account holder	<input type="text"/>
Name of bank	<input type="text"/>
Account number	<input type="text"/>
Branch name	<input type="text"/>
Branch code	<input type="text"/>

Terms and conditions

1. A full withdrawal can be made at any point after expiry of the lock-in period.
2. The withdrawal value will be transferred electronically to the bank account of the policyholder on record. Payment to third parties i.e. an account not in the name of the Policyholder, is not allowed. Payments can only be made to transmission, savings or current accounts.
3. Investment values change daily based on the movements in the values of the underlying assets. The effect of any withdrawal on the investment value will be based on the latest unit prices.
4. This instruction must be signed and dated by the Policyholder. Liberty Life will only accept a written instruction from the Policyholder's appointed intermediary, if the Policyholder explicitly authorised Liberty Life to accept instructions from the Policyholder's intermediary.
5. Payments will only be made in the legal currency of the Country (Liberty Life will not be responsible for any bank charges incurred).
6. The Policyholder confirms that neither Liberty Life nor any of its representatives provided him/her with any advice and that he/she has taken particular care to consider on his/her own or with the assistance of his/her appointed intermediary whether the withdrawal is appropriate considering his/her unique objectives, financial situation and particular needs.
7. We will carry out checks (including but not limited to verification of identity and sanctions screening) as required by applicable law. The Policyholder's personal information provided may be used in the detection and/or prevention of money laundering. The Policyholder authorises Liberty Life to use their Personal Data and any other such information required to perform the above checks in relation to the Policyholder's withdrawal application. In the event we become aware of any illegal activity, Liberty Life may not be in a position to release funds and may not be able to carry out the subsequent instructions received from the Policyholder.

Policyholder declaration

- I confirm that all information provided herein is true and correct and that I have read and understood the contents of this form.
- I have read, understood and agree to the relevant and latest Terms and Conditions which I understand may have changed since my original investment.
- I understand that payment of my full investment value shall be in full and final settlement of Liberty Life's liability towards me in respect of my Policy. Once a full withdrawal is made then the policy will be terminated.

Policyholder's full name and surname

Policyholder's signature

Date