



NATIONAL INSURANCE CORPORATION OF TANZANIA LIMITED

P.O. BOX 9264, DAR ES SALAAM

TEL:(022)2113823/29, FAX:(022)2113403, TELEX:41146

GROUP LIFE & PENSIONS WITHDRAWAL NOTIFICATION FORM

Serial No: _____ Date

Name of Scheme

Name of member Membership No.

Date of Joined Scheme

The above named ceased to be in our service on the

Date of20 through:-20.....

- (i) Ill health
- (ii) Discharge otherwise than for misconduct
- (iii) Voluntary resignation
- (iv) Misconduct
- (v) Death
- (vi) Early/Retirement

Contributions have been deducted from his/her salary up to and including that due for the month of20.....

In respect of (i), (ii), (iii), or (iv) above the following options have been exercised.

I. MEMBERS CONTRIBUTION

The member has elected to receive the benefits of his contributions in the form of:-

- a) a cash surrender
- b) a paid up policy
- c) an individual policy for the sum assured now in force in respect of his contributions for which he will continue to pay the premium direct to the insurer

II. EMPLOYERS CONTRIBUTIONS

The members not entitled to receive any benefit of the employer's contributions.

The members are entitled to% of the employers contribution and has elected to receive them in the form of:-

- a) A cash surrender
- b) A paid up policy
- c) An individual policy for the sum assured now in force in respect of his contributions for which he will continue to pay the premium direct to the insurer.

Any benefit to which the members is not entitled will be surrendered:

- (i) Paid to the Trustees/Company
- (ii) Credited at the next renewal date

- Notes:
- (i) Option i) (b) II (b) – Please refer to Rules concerning paid-up benefits.
 - (ii) Option 1(c) and II (c) –in the event of one of these options being exercised the member should complete a short proposal Form' which will be supplied on request.

In respect of (v) above – (a) DEATH CERTIFICATE ATTACHED
(b) EVIDENCE OF AGE (IF NOT PRODUCE EARLIER) ATTACHED

In respect of (vi) above proof of age is required if not produced earlier.

- Delete that which is inapplicable

For and on behalf of

Signature _____ Designation _____

Date _____