1. Important Information

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| **1.1** | **This form is applicable to the following Hollard endowment products:** | |
| 1. Hollard Linked Endowment | 1. Hollard Fund Endowment |
| 1. Hollard Guaranteed Growth and Income Plan | 1. Hollard Safe and Secure Plan |
| 1. Hollard Wealth Accumulator | |
| **1.2** | Hollard Investments is a division of Hollard Life Assurance Company Limited and Hollard Investment Managers. | |
| **1.3** | Hollard cares about your privacy. In order to provide you with our service, we and our service provider have to process the personal information you provide us with by completing this form. We will treat this information with caution and we have put reasonable security measures in place to protect it. | |
| **1.4** | It is imperative that you familiarise yourself with the respective products Information Document (where available) and Policy Conditions. This is available from your Financial Services Provider, the Hollard Investments Client Service Centre on 0860 202 202 or on our web site at [**www.hollard.co.za**](http://www.hollard.co.za). | |
| **1.5** | The cedent and cessionary (“the parties”) request Hollard Life to note a security cession on this investment. | |
| **1.6** | This investment may not be ceded if it is already subject to a cession in favour of any other party. | |
| **1.7** | The parties agree that this form is not a deed of cession, but merely a request by the cedent and cessionary for Hollard Life to note a cession as previously agreed between the parties. | |
| **1.8** | All documents can be sent via email to **customercare@hollardinvestments.co.za** or faxed to +27(0)11 351 3816. | |
| **1.9** | Any instructions received on a public holiday or over a weekend will be processed on the next available working day. | |
| **1.10** | Hollard will not attend to a request to process this instruction unless we receive a completed form and all required documents where applicable. | |

1. Policyholder/Cedent Details

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| **2.1** | Policyholder Name: |  |
|  | **Policy Number:** |  |

1. Effective Date and Value of Security Cession

|  |  |  |  |
| --- | --- | --- | --- |
| Please indicate the percentage of the policy to be ceded to the cessionary: | **%** | OR | R |

1. Cedent Communication regarding Cession

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| **4.1** | Notification of this cession will be forwarded to your Financial Services Provider. |

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| **4.2** | You will be notified that Hollard has recorded the cession by way of a letter. Please indicate your preferred communication method: | | | | | |
| **a.** | Facsimile: |  | Attention: |  | | |
| **b.** | Email: |  | | | | |
| **c.** | Post: | | | | | |
| Attention: |  | | | | |
| Post Office: |  | **Number:** |  | **Code:** |  |
| P.O Box Private Bag Other PO Special Service | | |  | | |

1. Cessionary Details

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **5.1** | Cessionary Name: | | |  | | | | | | | | | Reg No.: | |  | |
|  | | | | | | | | | | | | | | | |
| **Contact Details:** | | | | | | | | | | | | | | | |
| Telephone: | |  | | | | | Fax: | | |  | | | | | |
| Email: |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **5.2** | **Registered Address:** | | | | | | | | | | | | | | | |
| Complex Name: | | | |  | | | | | | | | | Unit No.: | |  |
| Street/Farm Name: | | | |  | | | | | | | | | **Street No.:** | |  |
| Suburb/District: | | | |  | | | | | | | | | | | |
| City/Town: | | | |  | | | | | | | | | Code: | |  |
| **Postal Address:** | | | | | | | | | | | | | | | |
| **Postal address is as per the registered address:  Yes  No – if No, please complete a postal address below.** | | | | | | | | | | | | | | | | |
| **Post Office:** | | | |  | | | | | | | | | | | | |
| **Number:** | | | |  | | | | | | | | | **Code:** | |  | |
| P.O Box Private Bag Other PO Special Service | | | | | | | |  | | | | | | | | |
| Tax Number: | |  | | | | **Tax Office:** | | | | |  | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **5.3** | **Communication to Cessionary regarding Cession:** | | | | | | | | | | | | | | | | |
|  | **You will be notified that Hollard has recorded the cession by way of a letter. Please indicate your preferred communication method.** | | | | | | | | | | | | | | | | |
| **a.** | Facsimile: | |  | | | Attention: | | | |  | | | | | | |
| **b.** | Email: | |  | | | | | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- |
| **b.** | Post: | | | | | |
| Attention: |  | | | | |
| Post Office: |  | **Number** |  | **Code:** |  |
| P.O Box Private Bag Other PO Special Service | | |  | | |

1. Cedent Declaration

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| **6.1** | I/We, as the current owner/s (cedent) of the policy as listed in herein, hereby cede all its rights, title, and interest in this policy in the proportion specified, together with all the benefits and advantages to be derived therefrom as security, to the cessionary named herein. |
| **6.2** | Ownership of the policy does not change and will remain with the cedent, subject to the security interest of the cessionary. |
| **6.3** | Should I be married in community of property in terms of the Matrimonial Property Act, I declare that, prior to the signature date of this instruction, I have obtained the consent of my spouse for this instruction. |
| **6.4** | I declare that my estate is and has not been sequestrated. |
| **6.5** | I/We further confirm that no previous cessions are currently in force on the policy detailed herein and that I/we am permitted as such to request this cession be made now. |
| **6.6** | I/We confirm my/our understanding of the implications of the cession of the policy to the specified cessionary. |
| **6.7** | I/We confirm that I/we have signed this declaration of my/our own free will and I/we regard it as binding. |
| **6.8** | I/We confirm that I/we have not been influenced or coerced in any manner to cede this policy as detailed herein. |
| **6.9** | I/We confirm that all the details completed herein are true and accurate at the time of completion, and agree to notify Hollard Life in writing should any details be discovered to be false or incorrect, prior to the implementation of the cession in question; |
| **6.10** | I/We acknowledge and agree that all facsimile/electronic representations of all documents, including this form, and any other instructions hereafter, including mandates, consents, commitments, and the like, which purport to emanate from me/us, shall be deemed to have been given by me/us in the form received by Hollard Life. I/We hereby waive any rights I/we may have or may obtain against Hollard Life arising directly or indirectly from any losses or damages that I/we may suffer because Hollard Life acted on any purported facsimile/electronic representations, and I/we indemnify Hollard Life against any claims, demands or actions suffered by them because they acted on a facsimile/electronic representation. |

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| Signed at |  | | | | on this | |  | | day of |  | |
| **(Place)** | | | | | **(Day)** | | | | **(Month & Year)** | | |
| Signature: | |  | | | | Signature: | |  | | | |
| Cedent Name: | | |  | **Cedent Name:** | | | | |  | |  |
| **\* If the policyholder is under the age of 18, this signature must be that of the Person Acting on Behalf of the Policyholder.** | | | | | | | | | | | |

1. Cessionary Declaration

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| **7.1** | I/We, the authorised signatory, hereby confirm that I/we am duly authorised to sign on behalf of the cessionary named herein. |
| **7.2** | I/We, as cessionary named herein, hereby accept that the policy as numbered herein, has been ceded to us for security purposes. |
| **7.3** | We confirm that we have read and understood all relevant documentation pertaining to the policy and that we understand the benefits, restrictions and/or risks associated therewith. |
| **7.4** | I/We agree with the details completed herein and, on implementation of this cession and thereafter, agree to notify Hollard Life in writing should any of the said details change during the period of our cessionary status. |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Signed at |  | | | | on this |  | | day of |  | |
| **(Place)** | | | | | **(Day)** | | | **(Month & Year)** | | |
| Authorised Signature: | |  | | |  | |  | | | |
| Designation: | | |  |  | | | | |  |  |

**this signature must be that of the Person Acting on Behalf of the Policyholder.**