1. Important Information

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| **1.1** | Hollard Investments is a division of Hollard Life Assurance Company Limited and Hollard Investment Managers. |
| **1.2** | 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. |
| **1.3** | Outright Cessions may only be made to eligible policyholders as defined in the policy conditions. Please refer to such prior to contemplating this cession. |
| **1.4** | The outright cession of this investment to the Cessionary completed herein will be for the full value of the policy at the time of the receipt of all relevant and required documentation. |
| **1.5** | All documents can be sent via email to **customercare@hollardinvestments.co.za** or faxed to +27(0)11 351 3816. |
| **1.6** | Any instructions received on a public holiday or over a weekend will be processed on the next available working day. |
| **1.7** | Hollard will not attend to a request to process this instruction unless we receive a completed form and all required documents. |
| **1.8** | In the event that the Cessionary is a Trust, Hollard Investments is not responsible for the verification and/or validation of the Trust in question. Hollard will record the Trust’s data without expressing any opinion as to the validity or benefit thereof.  |

1. Document Checklist

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|[ ]  Completed outright cession form. |
|[ ]  Completed Hollard Linked Endowment Application form and FICA documents for the Cessionary, as per the FICA requirements list available on the Hollard website at **www.Hollard.co.za.** |

1. Policyholder/Cedent Details

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| --- | --- | --- | --- | --- |
| **3.1** | Policyholder Name: |  | **Policy Number:** |  |
|  |
| **3.2** | **Contact Details:** |
| Tel: |  | Fax: |  |
| **\*Email:** |  |
| Please indicate if these are new contact details? | [ ]  Yes | [ ]  No |

|  |  |
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| **3.3** | **Cedent Declaration:**1. I/We, as owner (Cedent) of the policy number listed herein, hereby cede, transfer and assign the right, title and interest therein, together with all the benefits and advantages to be derived therefrom, to the cessionary named herein.
2. I/We declare that my/our estate is and has not been sequestrated.
3. I/We further confirm that no other cession is currently in force on the policy detailed herein and that I/we am permitted as such to request this cession to be made now.
4. 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.
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| --- | --- |
|  | 1. I/We confirm my/our understanding of the implications of the cession of the policy to the specified cessionary.
2. I/We confirmed that this form has been completed and signed of my/our own free will and that I/we were not influenced or coerced in any manner to cede this policy as detailed herein.
3. /We confirm that all the details completed and signed herein are true and accurate at the time of completion, and agree to notify Hollard Investments in writing should any details are discovered to be false or incorrect, prior to the implementation of the cession in question
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|  |
| Signed at |  | on this |  | day of |  |
| **(Place)** | **(Day)** | **(Month & Year)** |
| Signature: |  | Signature: |  |
| Official Capacity: |  | **Official Capacity:** |  |  |
| **\* If the policyholder is under the age of 18, this signature must be that of the Person Acting on Behalf of the Policyholder** |
| ***Notification of this cession will be forwarded to the current Financial Services Provider (FSP), who will be replaced by the FSP as appointed by the Cessionary.*** |

1. Cessionary Details

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| **Please note: The cessionary is required to complete the Hollard Linked Endowment Application Form and attached it to this instruction.** |
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| **4.1** | **Individual Policyholder:** |
|  | Title: |  | Full Name & Surname: |  |
|  | ID/Passport Number: |  | Date of Birth |  |

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|  | **Contact Details:** |
|  | Telephone: |  | Fax: |  |
|  | \*Email: |  |
|  |
| **4.2** | **Trust Policyholder:** |
|  | If you are an existing policyholder with Hollard Life, please provide your investment number: |  |
|  | Registered Trust Name: |  |
|  | Registration Number: |  |
|  | Trust Registration Number: |  |
|  | **Contact Details** |
|  | Telephone: |  | Fax: |  |
|  | \*Email: |  |

1. Cessionary Declaration

|  |  |
| --- | --- |
| **5.1** | I/We, as cessionary named herein, hereby accept ownership of the policy as specified in section 3 of this form. |
| **5.2** | I/We hereby agree that the policy conditions and policyholder, as provide on acceptance by Hollard Life of this Outright Cession request, form the basis of my/our contract with Hollard Life, together with any annexures, written amendments and endorsements. Hollard Life may amend the terms and conditions of the policy after giving written notice of the proposed changes, provided that any such changes may not adversely affect any accrued right or benefit that I/we may have under the policy, unless such a change is required by legislation or a regulatory authority. |
| **5.3** | Should I be married in community of property in terms of the Matrimonial Property Act, I declare that, prior to the signature dates of this instruction, I have obtained the consent of my spouse to use the monies to facilitate this investment. |
| **5.4** | I/We confirm that we have read and understood all relevant documentation pertaining to the policy and that I/we understand the benefits, restrictions and/or risks associated therewith. In addition, I/we confirm that I/we have read all relevant documentation associated with this policy. |
| **5.5** | I/We agree with the details completed herein and, on implementation of this cession and thereafter, agree to notify Hollard in writing should any of the said details change during the period of our cessionary status. |
| **5.6** | I/We, the undersigned, confirm that I/we have read and completed, whether in my/our own handwriting or not, this declaration and understand its implications. |
| **5.7** | I/We declare that the answers to all questions and statements made herein are true and complete to the best of my/our knowledge. |

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| Signed at |  | on this |  | day of |  |
| **(Place)** | **(Day)** | **(Month & Year)** |
| Signature: |  | Signature: |  |
| Official Capacity: |  | **Official Capacity:** |  |  |

|  |  |
| --- | --- |
| Signature: |  |
| Official Capacity: |  |

**\* If the policyholder is under the age of 18, this signature must be that of the Person Acting on Behalf of the Policyholder.**