



SPECIAL SAVINGS WITHDRAWAL FORM

Please complete accurately, using CAPITAL/BLOCK LETTERS in blue or black ink. Tick blocks where appropriate.

SECTION 1 MEMBER DETAILS

Name																													
First Names																													
Identity number (passport number if foreign national)																													
Passport country of issue																													
Address																													
																									Postal code				
Suburb															City														
Telephone Code					No.					Cellphone Number																			
Email																													

Please enclose an original certified copy of your identity document.

SECTION 2 WITHDRAWAL – BENEFIT PAYMENT OPTIONS

Transfer full benefit to another approved fund*

*Attach copy of proposal or application form.

Withdrawal details

Full withdrawal

Partial withdrawal

Amount before tax \$

Or %

PLEASE NOTE:

We are unable to calculate an after-tax amount. The withdrawal amount indicated will be reduced by the tax payable on the withdrawal amount. The gross amount required must be indicated, and this must include provision for tax.

SECTION 3 YOUR BANK DETAILS

Name of account holder																													
Name of bank															Name of branch														
Account number															Bank branch code														
Type of account	Cheque	<input type="checkbox"/>	Savings	<input type="checkbox"/>																									

SECTION 4 DECLARATION BY MEMBER

- I understand that COVERLINK MICROINSURANCE will deposit my benefit into the above account upon receipt of the necessary tax clearance from ZIMRA
- I understand that payment of my full investment amount in terms of the Rules of the Special Savings Fund as requested above shall be in full and final settlement of the aforesaid Fund's liability towards me in respect of my investment therein...
- I understand that where the withdrawal is:
 - a full withdrawal; I will have no further claim against the Special Savings Fund in respect to my initial investment.
 - a partial withdrawal; I cannot take more than two withdrawals from this investment in the same year, and my balance will only be paid when the fund matures, on my death, or if I prove to the company that I am permanently disabled and cannot work.

Member's Signature	<input type="text"/>
Date	<input type="text"/>