

ASKARI LIFE ASSURANCE CO. LTD. MATURITY REQUEST FORM



Date: ___ / ___ / ___ (DD/MM/YY)

Policy #: _____

Name of Policy Owner: _____ Plan Name: _____

REQUEST TYPE

Maturity Claim

ZAKAT DEDUCTION

Do you want Zakat to be deducted from your maturity proceeds?

Yes No (Provide Zakat Affidavit) Not Eligible (Non Muslim)

Note:

- In the event of payment Maturity proceeds, 2.5% of the amount payable will be deducted as Zakat.
- To claim exemption from Zakat deduction, an appropriate affidavit must be submitted with this form.

PAYMENT OPTION

Direct Transfer Cheque/Pay order

Account Title: _____

Account Number: _____ Bank Name: _____

Verification by Authorized Official of Concerned Bank/Branch:

We do hereby verify that above particulars and signatures of our account holder.

Name of Bank/ Branch/ Authorized Official: _____ Contact No. _____

Signature & Rubber Stamp: _____

ACKNOWLEDGEMENT:

I _____ holding Policy # _____ with Askari Life hereby put forward the request for the Maturity of my policy and payment of the maturity proceeds (less any indebtedness) as per the terms and conditions of the company. I also acknowledge that the payment of the Maturity proceeds will lead towards the cessation of my policy and therefore any rights to claim.

CALL BACK CONFIRMATION STATUS (For Head Office Users Only)

Number Called On: _____ Called By: _____

Remarks: _____ Date & Time: _____

Signed on (Date): _____ Signed on (Date): _____

Policy Owner's Signature: _____ Witness Signature: _____

Policy Owner's CNIC: _____ Witness CNIC: _____

Mobile No.: _____ Mobile No.: _____

Email Address: _____ Email Address: _____