

CANCELLATION REQUEST FORM

IMPORTANT NOTES

- A cancellation can only be processed upon the **Plan Holder** signing this cancellation request form
- A cancellation can only be processed with the return of this signed cancellation request form

SECTION A: PLAN HOLDER DETAILS

Title & full names:

Identity number:

Email address:

Cellular number:

The reason for my cancellation is (please tick one of the options below):

I cannot afford the cover

I have no need for the cover

I am unhappy with the service from my Broker

I am unhappy with the service from Capital Legacy

I am unhappy with my Will

Replacement cover

Other Please specify:

SECTION B: POLICYHOLDER DECLARATION

I, the Plan Holder as identified above, confirm that I am cancelling my policy with immediate effect.

Plan Holder signature

Date of signature

Please send the completed form to Capital Legacy by email: cancellations@capitallegacy.co.za