METROPOLITAN LIFE
Together We Can

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BENEFIT PAYMENT APPLICATION FORM

BRANCH: **TEMA**

Claim Type: Withdrawal ☐ Partial Surrender ☐ Maturity ☐ Ill Health ☐ Refund ☐ Surrender ☐ Cash Back ☐

Product Name: School Finance ☐ Cash Plan ☐ Eternity Plan ☐ Pension Provider ☐ Master Plan ☐
MET Gold Plan ☐ MET School Plan ☐ Gold Plan Extra ☐ GAP ☐ Labbaika ☐

Claimant Name:

Policy Number:

Address: **Phone Number:**

Email: **Amount Required** (if applicable): GHS

Payment Source: **Staff No.:**

Name of Bank: **Bank Branch:**

Account No.: **Date:** (dd/mm/yy)

I declare that:
1. *I am the legal owner of this policy and competent to negotiate in respect of the policy.*
2. *The above account number is my personal account number and payment into the account provided will discharge Metropolitan Life Insurance Ghana from further liability in respect of the benefits claimed.*
3. *To the best of my knowledge and belief, policy has not been ceded or pledged by antenuptial contracts or otherwise.*
4. *The foregoing information in this application is true and correct, and the payment of the above mentioned claim indicates the receipt of the amount due me.*

Signature/ Thumb print if applicable:

☐ **I authorise that premiums that may have been received after the maturity/surrender claim be paid into this same account.**

IMPORTANT NOTICE: Acceptable IDs (Valid Passport, Voter's ID, Drivers' License, Government Staff ID, Students' ID or SSNIT Biometric Card).

FOR OFFICE USE ONLY

AM/BM/ZM to sign off in the case of a surrender:

Name & Signature

Reason for Surrender:

Attending Officer:

Name & Signature

Policy Document Received if applicable: YES ☐ NO ☐

CLIENT SOLUTIONS

Date Received: *(place stamp here) Branch Stamp*

Client Signature Verified: YES ☐ NO ☐

Current Investment Value:

Amount Processed: GHS

Date:

Processed by:

Name & Signature

Comments:

CLAIMS

Date Received from CS: *(place stamp here) Head Office Stamp*

Approved by: *Name & Signature*

Authorised by: *Name & Signature*

Approved Amount: GHS

Comments:

Date: