

Metropolitan House | 81 Tabon Link North Ridge Crescent | Near DHL Ghana PMB CT 456 | Cantonments | Accra | Ghana www.metropolitan.com.gh | +233 (0) 30 263 3933

## BENEFIT PAYMENT APPLICATION FORM

BRANCH:	
China Taran With Land	
Claim Type: Withdrawal Partial Surrender Maturity III Health Refund Surrender	er 🔃
Product Name: School Finance     Cash Plan     Eternity Plan     Pension Provider     Master Plan	an 🔙
MET Gold Plan MET School Plan Gold Plan Extra GAP Labba	ка
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)	
<ol> <li>I am the legal owner of this policy and competent to negotiate in respect of the policy.</li> <li>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.</li> <li>To the best of my knowledge and belief, policy has not been ceded or pledged by antenuptial contracts or otherwise.</li> <li>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.</li> </ol>	
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:  Attending Officer:	
Name & Signature    Name & Signature	
Reason for Surrender:	
Policy Document Received if applicable: YES NO	
CLIENT SOLUTIONS	
Client Signature Verified: YES NO Processed by:	
Current Investment Value:  Name & Signature	
Date (blace etemb base)	
Received: (place stamp here)  Reach Stamp  Amount Processed: Cus	
Branch Stamp  Amount Processed: GHS	
Branch Stamp  Amount Processed: GHS  Date:	
Amount Processed: GHS  Date: GHS  Comments:	
Branch Stamp  Amount Processed: GHS  Date:	
Amount Processed: GHS  Date: GHS  Comments:	