METROPOLITAN LIFE
Together We Can

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North Ridge Crescent | Near DHL Ghana
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BENEFIT PAYMENT APPLICATION FORM

BRANCH: **HEAD OFFICE**

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

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:** ☐☐☐☐☐☐