

Sanlam Life Insurance Limited Sanlam Tower, off Waiyaki Way, Westlands P.O. Box 44041 - 00100, Nairobi Kenya

Sanlam Life Insurance Ltd

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VERIFICATION CERTIFICATE

I										
being the a	nnuitant under the Sanlam Life Insu	urance Limited An	nuity No.		Co	onfirm receipt of my annuity dues up				
Data Prote	ction Notice									
I/We agree that Sanlam Life Insurance Limited ("Sanlam") will:										
(i) collect, and process my/our personal data for purposes that are relevant to my/our policy and as permitted by law. The collection and processing of my/our personal data is in accordance with the privacy statement on Sanlam's website (https://www.sanlam.com/kenya/privacypolicy/Pages/default.aspx);										
(ii) ensure	sure that it fulfills my/our rights as a data subject, which include my/our right to:									
(a) k	(a) be informed of the use to which my/our personal data is to be put.									
(b) a	(b) access my/our personal data in custody of Sanlam.									
(c) object to the processing of all or part of my/our personal data.										
(d) ((d) correction of false or misleading data about me/ourselves; and									
(e) deletion of false or misleading data about me/ourselves.										
(iii) transfer my/our personal data to your reinsurers, other insurance companies, regulatory agencies, and affiliated companies/parties for the purposes of my/our policy and as permitted by law.										
(iv) transfer my/our personal data to your contracted third parties for purposes of contacting me/ourselves via email/phone call/SMS/post regarding my/our policy; and										
(v) ensure that there are technical and organisational security measures taken to ensure the integrity and confidentiality of the data.										
I/we understand the collection and processing of my/our personal data is mandatory for purposes that are relevant to my/our policy and as permitted										
by law. If I/we do not provide all the requisite personal data, Sanlam will be unable to fulfil its obligations to me/ourselves under the policy.										
For any inc	uiries relating to the processing of	your personal dat	a by Sanlam, please	feel to reach out to	o us through	customerservice@sanlam.co.ke.				
Address :		Code :	Town :		Cell Phone	No :				
Email :			ID No. :		KRA	PIN:				
Signature :					Date :					
Signature .					Date.					
Note: • Failure	to sign and return this certificate t	o Sanlam Life Insu	rance Limited will le	ad to a stoppage o	of annuity pay	rments.				
Should you wish to apply for tax relief, kindly read and complete the attached tax relief request form.										
* Witness: (The witness has to be either, a clergyman, doctor, magistrate, solicitor, or your bank manager).										
withess.	trine withess has to be either, a tre	rgyman, doctor, r		-	rager).					
I			Occupati	on						
Of (address)									
Hereby cert	ify that the annuitant named above	e, who is known to	me signed the certi	ficate in my preser	nce.					
Signature :					Date :					
ID No. :		A ddross :			Collabas	no.				
ID No. :		Address :			Cell phone	IIU .				

Investments

V1.11.2022

Life Insurance

PERSONAL RELIEF REQUEST

Do you wish to apply for a tax relief from Sanlam Life If you have ticked Yes, kindly read and sign below see		es es	No				
I		ID No.					
being the annuitant under the Sanlam Life Insurance annuity payout is my main source of income, and I w source for tax purposes.	, ,	3.	f on the said income from Sa	do hereby confirm that the nlam and not from any other			
I, the above mentioned and undersigned having take to the terms set forth here follows:	n up my right to clain	m for tax relief and	hereby Indemnify Sanlam Lif	e Insurance Limited according			
I undertake that Sanlam shall not bear ultimate responsibility, whether in contract, tort (including negligence), breach of statutory duty, equity or otherwise, to myself in any respect for any principal tax, penalties and interest suffered by myself howsoever arising from the subject matter claim.							
2. I undertake to indemnify and hold Sanlam life Insurance harmless from and against any and all loss suffered by the Company howsoever arising with regard to the subject matter claim.							
3. I agree that -							
a. This declaration shall apply to my personal representatives, successors, assigns in title and any/or all authorized representatives.							
b. Nothing in this declaration shall exclude or in any way limit Sanlam Life Insurance liability for fraud or any other liability to the extent such liability may not be excluded or limited as a matter of the Laws of Kenya.							
c. If any provision of this declaration is prohibited by Law or judged by a Court to be unlawful, void or unenforceable, the provision shall, to the extent required, be severed from this Agreement and rendered ineffective as far as possible without modifying the remaining provisions of this Agreement and shall not in any way affect any other circumstance s of or the validity or enforcement of this Agreement.							
I/We hereby declare the truth and correctness of all information, and that my/our answers herein are in r	•						
Signature			Date	e (dd/mm/yy)			