



**GLICO LIFE INSURANCE CO. LTD, P.O. BOX 4251, ACCRA
TEL: 0302-246140/0302 670 335**

APPLICATION FOR MATURED PROCEEDS

Date:.....

I hereby make application for Maturity Value my Policy No:.....

Staff No:.....

Date:.....

Address:.....

Bank:.....

Sort / Branch Code:.....

Account Name:.....

Branch Name:.....

Signature:..... Date.....

HEAD OFFICE USE ONLY

Plan of Assurance:..... Age of Issue:.....

Commencement Date:..... Status Date:.....

Premium Status.....

Sum Assured:.....

Less Cash – In – Option Exercised:.....

Add Bonus:.....

Net Sum Assured Payable:.....

Processed by:.....

Approved by:.....

Date:.....