



**LIBERTY**

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## CESSION FORM

- This form is used to cede in security or transfer ownership of the policy to a third party.
- We are required to share, collect and process your Personal Information (PI). Your PI is collected and processed by our staff, representatives or sub-contractors and we make every effort to protect and secure your PI. You are entitled at any time to request access to the information Liberty has collected, processed and shared. Requests may be forwarded to [info@liberty.co.za](mailto:info@liberty.co.za).

### SEND THE COMPLETED FORM TO LIBERTY BY:

- Email: [info@liberty.co.za](mailto:info@liberty.co.za)
- Post: P O Box 10499, Johannesburg, 2000

### YOU DO NOT NEED TO SEND THIS PAGE.

The form must be completed and signed by:

1. The cedent (the cedent is the policy owner/policyholder)
2. The cessionary
3. The bank account holder

### What is a cession

A cession is a transfer of rights/ownership of policy from one party to another.

The **cedent** of the policy is the current policy owner, who transfers the rights of the policy to a third party.

The **cessionary** is the party to whom the rights have been transferred.

There are two types of cession:

#### 1. Absolute cession

- All rights to the policy are permanently transferred. The cedent has no further rights over the policy.
- The cessionary takes ownership of the policy and is liable for the premiums on the policy.
- There could be capital gains consequences for the new owner of the policy (if applicable). Please get proper financial advice to understand the implications.

#### 2. Collateral cession

- The rights in the policy are transferred to a third party as security.
- The cedent remains the owner of the policy but cannot benefit from the policy unless the cession is cancelled. Whilst the cession is in place, the cessionary can surrender the policy without the permission of the owner.
- The cedent is still responsible for the premiums on the policy.

### For absolute cessions only

### WE CAN ONLY RECORD THIS CESSION ONCE WE HAVE RECEIVED ALL THE DOCUMENTATION LISTED IN THE TABLE BELOW.

These documents must be sent for both the cedent and the cessionary.

	CEDENT	CESSIONARY
<b>Individual</b>	<ul style="list-style-type: none"> <li>• National identity document/copy of back and front of the ID smart card, national driver's licence or passport.</li> </ul>	<ul style="list-style-type: none"> <li>• Natural person FICA standard form.</li> <li>• National identity document/copy of back and front of the ID smart card, national driver's licence or passport.</li> <li>• Co-habitant Form and clear copy of National identity document /copy of back and front of the ID smart card, national driver's licence or passport of the property owner should the residential address not be in the name of the policyholder.</li> </ul>
<b>Company</b>	<ul style="list-style-type: none"> <li>• CM29</li> <li>• CM9 (name change documents where applicable).</li> <li>• Company resolution on letterhead signed by all directors giving certain directors authority to sign on their behalf if not all directors, managing directors or company secretaries have signed the cession form.</li> <li>• National identity document/copy of back and front of the ID smart card for all directors/ authorised signatories.</li> </ul>	<ul style="list-style-type: none"> <li>• Company FICA standard form.</li> <li>• CM22, CM1, CM29 or any other OFFICIAL document issued by the Registrar of Companies setting out the details of the registered name, number and registered address of the company and directors' details.</li> <li>• National identity document /copy of back and front of the ID smart card, national driver's licence or passport for each director of the company, manager of the company (i.e. managing director/general manager), each natural person, legal entity, trust or partnership with more than 25% voting rights.</li> </ul>
<b>Close Corporation</b>	<ul style="list-style-type: none"> <li>• CK1 (registration documents).</li> <li>• CK2 (name or membership change document if applicable).</li> <li>• Resolution letter on a company letterhead signed by all CC. members: <b>if</b> all members are not signing the cession form.</li> <li>• National identity documents for authorised signatories.</li> </ul>	<ul style="list-style-type: none"> <li>• Close corporation FICA standard form.</li> <li>• CK1 (registration documents).</li> <li>• CK2 (if applicable) or any other OFFICIAL document issued by the Registrar of close corporations setting out the details of the registered name, number and registered address of the close corporation.</li> <li>• National identity document/copy of back and front of the ID smart card, national driver's licence or passport for all the members of the close corporation, any other person authorised to represent the company and each natural person, legal entity, trust or partnership with more than 25% voting rights.</li> </ul>
<b>Trust</b>	<ul style="list-style-type: none"> <li>• Letter of authority.</li> <li>• Resolution letter signed by all trustees if all the trustees do not sign the cession form.</li> <li>• Trust deed showing quorum necessary to sign on behalf of the Trust.</li> <li>• National identity documents for authorised signatories.</li> </ul>	<ul style="list-style-type: none"> <li>• Trust FICA standard form.</li> <li>• Trust deed.</li> <li>• Letter of authority.</li> <li>• National identity document/copy of back and front of the ID smart card, national driver's licence or passport for trustees, founder and beneficiaries named in the trust. A death certificate will be required where the founder, trustees or beneficiaries are deceased.</li> </ul>

Please note that in the event of any modification or variation of this standard form Liberty will regard this form as being invalid and of no force and effect. **Do not sign blank or incomplete forms.**





**Cessionary details**

Title \_\_\_\_\_ Full first names \_\_\_\_\_ Gender  M  F

Surname/Name of legal entity \_\_\_\_\_

ID/Passport/Registration number \_\_\_\_\_ Company registration date \_\_\_\_\_

If passport: Country of issue \_\_\_\_\_ Date of issue \_\_\_\_\_ Date of expiry \_\_\_\_\_

If company: Country of incorporation \_\_\_\_\_ Trading name \_\_\_\_\_

Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_ Country of birth \_\_\_\_\_

Country of residence \_\_\_\_\_

Marital status:  Single  Engaged  Married  Widowed  Separated  Divorced Date of marriage \_\_\_\_\_ Date of divorce \_\_\_\_\_

Email address 1 \_\_\_\_\_ Race:  Black  White

Email address 2 \_\_\_\_\_  Coloured  Indian/Asian

Contact numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Residential address \_\_\_\_\_ Postal code \_\_\_\_\_

Postal address \_\_\_\_\_ Postal code \_\_\_\_\_

Business address \_\_\_\_\_ Postal code \_\_\_\_\_

Company head office \_\_\_\_\_ Postal code \_\_\_\_\_

Company foreign trading \_\_\_\_\_ Postal code \_\_\_\_\_

Trust address (High court where trust registered) \_\_\_\_\_ Postal code \_\_\_\_\_

Nominated occupation \_\_\_\_\_ Industry of occupation \_\_\_\_\_

SA Income tax number \_\_\_\_\_

Company/CC  A non-taxable institution (**Proof of tax status i.e. SARS tax exemption certificate must be attached.**)

Source of funds:  Employment  Dividends  Interest  Pension and annuities

Real property and income e.g. rent  Royalties  Scholarship  Other grants

Distribution from a partnership

Source of wealth:  Property sale  Investment sale  Inheritance  Company sale

Divorce settlement  Savings  Lottery  Gambling

**If "Yes" to any of the questions below, please complete Section A and B:**

- Individuals only:* Are you a citizen of any country other than South Africa or have dual nationality?  Yes  No
- Individuals only:* Are you a tax resident in any other country other than South Africa?  Yes  No
- Are you a United States citizen?  Yes  No
- Entities only\*:* Is the entity organised, incorporated or resident for tax purposes outside of South Africa?  Yes  No
- Entities only\*:* Does a foreign person/entity have an equity interest in or exercise control over the entity?  Yes  No

**\*If "Yes", please complete the "Self Certification Declaration for an Entity" form:**

**Section A: Please list the country(ies) of nationality/citizenship and provide details of your foreign identification document(s) and the associated Tax Identification Number(s) (TIN) in the table below:**

Country of nationality/Citizenship	Identification document type (e.g. passport, social security, foreign identification)	Document number (e.g. passport, social security, foreign identification)	Document expiry date (if applicable)	TIN number
1.				
2.				
3.				
4.				
5.				

**Section B: Please list the country(ies) in which you are a resident for tax purposes and provide details of your foreign identification document(s) and the associated Tax Identification Number(s) (TIN) in the table below:**

Country of tax residency	Identification document type (e.g. passport, social security, foreign identification)	Document number (e.g. passport, social security, foreign identification)	Document expiry date (if applicable)	TIN number
1.				
2.				
3.				
4.				
5.				



Signed at \_\_\_\_\_ on \_\_\_\_\_

\_\_\_\_\_  
Signature of cessionary  
Name \_\_\_\_\_  
Capacity \_\_\_\_\_

\_\_\_\_\_  
Signature of cessionary  
Name \_\_\_\_\_  
Capacity \_\_\_\_\_

\_\_\_\_\_  
Signature of cessionary  
Name \_\_\_\_\_  
Capacity \_\_\_\_\_

\_\_\_\_\_  
Signature of cessionary  
Name \_\_\_\_\_  
Capacity \_\_\_\_\_

**Beneficiary details (only to be completed by new owner in case of absolute cession)**

**The death benefits of this policy will go to the following beneficiary/ies:**

**NOTE:** If you select the "Trust" block:

- The proceeds will be held in the Beneficiaries Trust Fund administered by Standard Executors and Trustees Ltd for the benefit of your chosen beneficiary. Please note that the Beneficiary Trust Fund option does not apply to funeral, retirement annuity and preservation fund policies.
- Whilst in trust, the trustees will make distributions for the general wellbeing, maintenance, education and advancement of the life of the beneficiary.
- You consent that all information relating to the beneficiaries or any other information required in the administration of the Trust will be provided by Liberty to Standard Executors and Trustees Ltd on request from time to time.
- **INTERNAL NOTE: To ensure that the Trust is captured correctly please capture surname followed immediately by BTF on Blueprint system and email this form to [BTF@liberty.co.za](mailto:BTF@liberty.co.za).**
- For more information you can download the deed and brochure at <http://www.standardbank.co.za> – then Home» Personal» Investing» Wills drafting» Beneficiaries Trust Fund ("BTF").

**First beneficiary**

Title \_\_\_\_\_ Full first names \_\_\_\_\_ Gender  M  F  
Surname/Name of legal entity \_\_\_\_\_  
ID/Passport/ \_\_\_\_\_ Date of birth/ \_\_\_\_\_  
Company registration number \_\_\_\_\_ Company registration date \_\_\_\_\_  
If passport: Country of issue \_\_\_\_\_ Date of issue \_\_\_\_\_ Date of expiry \_\_\_\_\_  
If company: Country of incorporation \_\_\_\_\_  
Country of residence \_\_\_\_\_ Relationship to policyholder \_\_\_\_\_  
Beneficiary split \_\_\_\_\_% **Create a trust (refer note above)** Termination age:  18  21  25

**Second beneficiary**

Title \_\_\_\_\_ Full first names \_\_\_\_\_ Gender  M  F  
Surname/Name of legal entity \_\_\_\_\_  
ID/Passport/ \_\_\_\_\_ Date of birth/ \_\_\_\_\_  
Company registration number \_\_\_\_\_ Company registration date \_\_\_\_\_  
If passport: Country of issue \_\_\_\_\_ Date of issue \_\_\_\_\_ Date of expiry \_\_\_\_\_  
If company: Country of incorporation \_\_\_\_\_  
Country of residence \_\_\_\_\_ Relationship to policyholder \_\_\_\_\_  
Beneficiary split \_\_\_\_\_% **Create a trust (refer note above)** Termination age:  18  21  25

**Third beneficiary**

Title \_\_\_\_\_ Full first names \_\_\_\_\_ Gender  M  F  
Surname/Name of legal entity \_\_\_\_\_  
ID/Passport/ \_\_\_\_\_ Date of birth/ \_\_\_\_\_  
Company registration number \_\_\_\_\_ Company registration date \_\_\_\_\_  
If passport: Country of issue \_\_\_\_\_ Date of issue \_\_\_\_\_ Date of expiry \_\_\_\_\_  
If company: Country of incorporation \_\_\_\_\_  
Country of residence \_\_\_\_\_ Relationship to policyholder \_\_\_\_\_  
Beneficiary split \_\_\_\_\_% **Create a trust (refer note above)** Termination age:  18  21  25



**Fourth beneficiary**

Title \_\_\_\_\_ Full first names \_\_\_\_\_ Gender  M  F  
 Surname/Name of legal entity \_\_\_\_\_  
 ID/Passport/ \_\_\_\_\_ Date of birth/ \_\_\_\_\_  
 Company registration number \_\_\_\_\_ Company registration date \_\_\_\_\_  
 If passport: Country of issue \_\_\_\_\_ Date of issue \_\_\_\_\_ Date of expiry \_\_\_\_\_  
 If company: Country of incorporation \_\_\_\_\_  
 Country of residence \_\_\_\_\_ Relationship to policyholder \_\_\_\_\_  
 Beneficiary split \_\_\_\_\_ % **Create a trust (refer note above)** Termination age:  18  21  25

**Fifth beneficiary**

Title \_\_\_\_\_ Full first names \_\_\_\_\_ Gender  M  F  
 Surname/Name of legal entity \_\_\_\_\_  
 ID/Passport/ \_\_\_\_\_ Date of birth/ \_\_\_\_\_  
 Company registration number \_\_\_\_\_ Company registration date \_\_\_\_\_  
 If passport: Country of issue \_\_\_\_\_ Date of issue \_\_\_\_\_ Date of expiry \_\_\_\_\_  
 If company: Country of incorporation \_\_\_\_\_  
 Country of residence \_\_\_\_\_ Relationship to policyholder \_\_\_\_\_  
 Beneficiary split \_\_\_\_\_ % **Create a trust (refer note above)** Termination age:  18  21  25

**Sixth beneficiary**

Title \_\_\_\_\_ Full first names \_\_\_\_\_ Gender  M  F  
 Surname/Name of legal entity \_\_\_\_\_  
 ID/Passport/ \_\_\_\_\_ Date of birth/ \_\_\_\_\_  
 Company registration number \_\_\_\_\_ Company registration date \_\_\_\_\_  
 If passport: Country of issue \_\_\_\_\_ Date of issue \_\_\_\_\_ Date of expiry \_\_\_\_\_  
 If company: Country of incorporation \_\_\_\_\_  
 Country of residence \_\_\_\_\_ Relationship to policyholder \_\_\_\_\_  
 Beneficiary split \_\_\_\_\_ % **Create a trust (refer note above)** Termination age:  18  21  25

**Death Income Option for purchase of a fixed term monthly income**

**NOTE:** Should you wish to make use of the Death Income Option, please insert the proportion to be allocated to income per beneficiary as well as the minimum income term e.g. if 60% of the amount due will be taken as a lump sum, the remaining 40% must be inserted as the death income portion.

- This feature only applies to the Lifestyle Protector Life Cover benefit. It does not apply to Renewable Life Cover benefit, the Life Cover (Term) benefit or any Investment products.
- This feature will not be applicable while the policy is collaterally ceded.

**First beneficiary**

Title \_\_\_\_\_ Full first names \_\_\_\_\_ Gender  M  F  
 Surname/Name of legal entity \_\_\_\_\_  
 ID/Passport/ \_\_\_\_\_ Date of birth/ \_\_\_\_\_  
 Company registration number \_\_\_\_\_ Company registration date \_\_\_\_\_  
 If passport: Country of issue \_\_\_\_\_ Date of issue \_\_\_\_\_ Date of expiry \_\_\_\_\_  
 If company: Country of incorporation \_\_\_\_\_  
 Country of residence \_\_\_\_\_ Relationship to policyholder \_\_\_\_\_  
 Proportion allocated to income \_\_\_\_\_ % Minimum income term \_\_\_\_\_

**Second beneficiary**

Title \_\_\_\_\_ Full first names \_\_\_\_\_ Gender  M  F  
 Surname/Name of legal entity \_\_\_\_\_  
 ID/Passport/ \_\_\_\_\_ Date of birth/ \_\_\_\_\_  
 Company registration number \_\_\_\_\_ Company registration date \_\_\_\_\_  
 If passport: Country of issue \_\_\_\_\_ Date of issue \_\_\_\_\_ Date of expiry \_\_\_\_\_  
 If company: Country of incorporation \_\_\_\_\_  
 Country of residence \_\_\_\_\_ Relationship to policyholder \_\_\_\_\_  
 Proportion allocated to income \_\_\_\_\_ % Minimum income term \_\_\_\_\_



**Third beneficiary**

Title \_\_\_\_\_ Full first names \_\_\_\_\_ Gender  M  F  
 Surname/Name of legal entity \_\_\_\_\_  
 ID/Passport/ \_\_\_\_\_ Date of birth/ \_\_\_\_\_  
 Company registration number \_\_\_\_\_ Company registration date \_\_\_\_\_  
 If passport: Country of issue \_\_\_\_\_ Date of issue \_\_\_\_\_ Date of expiry \_\_\_\_\_  
 If company: Country of incorporation \_\_\_\_\_  
 Country of residence \_\_\_\_\_ Relationship to policyholder \_\_\_\_\_  
 Proportion allocated to income \_\_\_\_\_ % Minimum income term \_\_\_\_\_

**Fourth beneficiary**

Title \_\_\_\_\_ Full first names \_\_\_\_\_ Gender  M  F  
 Surname/Name of legal entity \_\_\_\_\_  
 ID/Passport/ \_\_\_\_\_ Date of birth/ \_\_\_\_\_  
 Company registration number \_\_\_\_\_ Company registration date \_\_\_\_\_  
 If passport: Country of issue \_\_\_\_\_ Date of issue \_\_\_\_\_ Date of expiry \_\_\_\_\_  
 If company: Country of incorporation \_\_\_\_\_  
 Country of residence \_\_\_\_\_ Relationship to policyholder \_\_\_\_\_  
 Proportion allocated to income \_\_\_\_\_ % Minimum income term \_\_\_\_\_

**Fifth beneficiary**

Title \_\_\_\_\_ Full first names \_\_\_\_\_ Gender  M  F  
 Surname/Name of legal entity \_\_\_\_\_  
 ID/Passport/ \_\_\_\_\_ Date of birth/ \_\_\_\_\_  
 Company registration number \_\_\_\_\_ Company registration date \_\_\_\_\_  
 If passport: Country of issue \_\_\_\_\_ Date of issue \_\_\_\_\_ Date of expiry \_\_\_\_\_  
 If company: Country of incorporation \_\_\_\_\_  
 Country of residence \_\_\_\_\_ Relationship to policyholder \_\_\_\_\_  
 Proportion allocated to income \_\_\_\_\_ % Minimum income term \_\_\_\_\_

**Sixth beneficiary**

Title \_\_\_\_\_ Full first names \_\_\_\_\_ Gender  M  F  
 Surname/Name of legal entity \_\_\_\_\_  
 ID/Passport/ \_\_\_\_\_ Date of birth/ \_\_\_\_\_  
 Company registration number \_\_\_\_\_ Company registration date \_\_\_\_\_  
 If passport: Country of issue \_\_\_\_\_ Date of issue \_\_\_\_\_ Date of expiry \_\_\_\_\_  
 If company: Country of incorporation \_\_\_\_\_  
 Country of residence \_\_\_\_\_ Relationship to policyholder \_\_\_\_\_  
 Proportion allocated to income \_\_\_\_\_ % Minimum income term \_\_\_\_\_

*Note: Should you wish to make use of both the Death Income Option (on the Lifestyle Protector Life Cover benefit) and the Beneficiary Trust Fund option for a beneficiary, the Life Cover proceeds that will be held in the Beneficiaries Trust Fund will refer only to the lump sum portion (i.e. the sum assured less the amount allocated towards an income).*

**Immediate Expenses Benefit nomination (For Lifestyle Protector only)**

Title \_\_\_\_\_ Full first names \_\_\_\_\_ Gender  M  F  
 Surname \_\_\_\_\_  
 ID/Passport number \_\_\_\_\_ Date of birth \_\_\_\_\_  
 If passport: Country of issue \_\_\_\_\_ Date of issue \_\_\_\_\_ Date of expiry \_\_\_\_\_  
 Country of residence \_\_\_\_\_ Relationship to policyholder \_\_\_\_\_



**Banking details**

Account type:  Cheque/Current account  Savings account  Transmission  
Bank name \_\_\_\_\_ Account number \_\_\_\_\_  
Branch code \_\_\_\_\_ Branch name \_\_\_\_\_  
Full first names of account holder \_\_\_\_\_  
Surname \_\_\_\_\_  
ID/Passport number \_\_\_\_\_ Date of birth \_\_\_\_\_  
If passport: Country of issue \_\_\_\_\_ Date of issue \_\_\_\_\_ Date of expiry \_\_\_\_\_  
Country of residence \_\_\_\_\_ Relationship to policyholder \_\_\_\_\_  
Signed at \_\_\_\_\_ on \_\_\_\_\_

_____	_____
Signature of account holder	Signature of policyholder
Name _____	Name _____
Capacity _____	Capacity _____

***The cession will only be effected once it has been recorded in the records of and confirmed in writing by Liberty. Liberty, by recording the cession does not accept responsibility for the validity of the cession.***

